



The Regulation and  
Quality Improvement  
Authority

Inspector: Kieran Monaghan  
Inspection ID: IN023873

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**Announced Estates Inspection**  
  
**of**  
  
**GCRM Belfast**  
  
**on**  
  
**05 November 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
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## 1. Summary of Inspection

An announced estates inspection took place on 05 November 2015 from 10:30am. to 2:25pm. . Overall on the day of the inspection the premises supported the delivery of safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Minimum Care Standards for Independent Healthcare Establishments published by the Department of Health, Social Services and Public Safety in July 2014.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	2	0

The details of the QIP within this report were discussed with the Mr. Robert Kerr, Laboratory Director as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> GCRM BELFAST LIMITED /Dr. Anthony Ivor Traub	<b>Registered Manager:</b> Mrs. Eileen Donna Tennant
<b>Person in Charge of the Hospital at the Time of Inspection:</b> Dr. Anthony Ivor Traub, Registered Person	<b>Date Manager Registered:</b> 14 November 2013
<b>Categories of Care:</b> PT(IVF)	<b>Number of Registered Places:</b> Not applicable
<b>Number of Patients present on Day of Inspection:</b> Not applicable – Day patients only	<b>Tariff at Time of Inspection:</b> Not applicable

## 3. Inspection Focus

The inspection sought to determine if the following standards have been met:

**Standard 22: Premises and Grounds**

**Standard 24: Fire Safety**

**Standard 44: Facilities for Assisted Conception Services**

## 4. Methods/Process

Specific methods/processes used in this inspection included the following:

As part of the inspection process the statutory notifications over the past 12 months were reviewed.

Discussion with Mr. Robert Kerr, Laboratory Director.

The following records were examined during the inspection: Copies of service records and in-house log books relating to the maintenance and upkeep of the building and engineering services, legionellae risk assessment, fire risk assessment etc.

## **5. The Inspection**

### **5.1 Review of Requirements and Recommendations from Previous Inspection**

The previous inspection of this establishment was an announced primary care inspection IN022125 on 14 September 2015. The completed QIP for this inspection was returned to RQIA on 20 October 2015 and approved by the care inspector on 26 October 2015.

### **5.2 Review of Requirements and Recommendations from the last Estates Inspection**

This was the first announced estates inspection of this establishment since initial registration. A review of the requirements and recommendations from the previous estates inspection was not therefore applicable.

### **5.3 Standard 22: Premises and Grounds**

#### **Is Care Safe? (Quality of Life)**

A range of documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this Estates inspection. This supports the delivery of safe care.

A small number of issues were identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

#### **Is Care Effective? (Quality of Management)**

A range of facilities and support services is provided in the premises. This supports the delivery of effective care.

No issues were identified for attention during this Estates inspection.

#### **Is Care Compassionate? (Quality of Care)**

The areas of the premises reviewed during this Estates inspection were well presented, clean and free from malodours. This supports the delivery of compassionate care.

No issues were identified for attention during this Estates inspection.

#### **Areas for Improvement**

1. Mr. Kerr confirmed that arrangements were in place to carry out the routine annual re-verification of the ventilation installation for the critical areas of the premises in December 2015.

## Areas for Improvement Continued

2. A risk assessment in relation to legionella bacteria in the water systems was carried out by a specialist company on 13 May 2015. The water temperatures are also checked each week and the system was disinfected on 02 September 2015. In addition Mr. Kerr confirmed that he had made arrangements to attend a legionella training course. The results for recent water sample testing indicated the presence of legionella bacteria in the water systems. The thermostatic mixing valves should be serviced/disinfected and the system should be further sampled (pre and post flushing the outlets). The flexible final connections to the sanitary ware should be checked and replaced as required. A copy of the report for the servicing of the thermostatic mixing valves should be forwarded to RQIA and the results for the further water sample testing should be confirmed to RQIA. Reference should be made to requirement 1 in the attached Quality Improvement Plan.
3. The passenger lift was serviced on 17 April 2015. Mr. Kerr also confirmed that a thorough examination was carried out on 04 November 2015 and the report for this thorough examination was pending although no issues that would affect the safety of the lift were identified during this thorough examination.
4. The next routine service of the standby electrical generator should be carried out. The issue in relation to the uninterrupted power supply (UPS) equipment should also be followed up. Reference should be made to requirement 2 in the attached Quality Improvement Plan.

<b>Number of Requirements:</b>	<b>2</b>	<b>Number of Recommendations:</b>	<b>0</b>
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### 5.4 Standard: 24: Fire Safety

#### Is Care Safe? (Quality of Life)

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape. This supports the delivery of safe care.

A small number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

#### Is Care Effective? (Quality of Management)

The standard used by the registered persons to determine the overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of patients, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment. This supports the delivery of effective care.

No issues were identified for attention during this Estates inspection.

### **Is Care Compassionate? (Quality of Care)**

The standard used by the registered persons to determine the extent of fire safety protection measures that are appropriate for the premises takes into account the needs of the patients. This supports the delivery of compassionate care.

No issues were identified for attention during this Estates inspection.

### **Areas for Improvement**

1. The premises are equipped with a very comprehensive fire detection and alarm system with fire detectors in all relevant locations with the exception of the gas boiler enclosure within the plant room. Mr. Kerr advised that consideration was being given to upgrading the heating system for the premises and the installation of the fire detector in this enclosure could be completed as part of this upgrading works.
2. A fire risk assessment was carried out on 16 September 2014. The Northern Ireland Fire and Rescue Service also carried out a fire safety audit on 02 September 2015. Mr. Kerr confirmed that the issue identified by the Northern Ireland Fire and Rescue Service had been addressed and arrangements had been made to fit a 'Do not use lift in the event of fire' at the lift. It was recommended that the fire risk assessment should be reviewed on an annual basis. Mr. Kerr agreed that arrangements would be made to review the fire risk assessment in line with this recommendation.
3. The fire detection and alarm system was inspected and serviced on 01 October 2015. This system also has a twenty four hour auto dialler for contacting the Northern Ireland Fire and Rescue Service. The next inspection and test to the emergency lights is due to be completed in December 2015. Any remedial works required to the emergency lights will be completed during this inspection and test work.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## **5.5 Standard: 44: Facilities for Assisted Conception Services**

### **Is Care Safe? (Quality of Life)**

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this Estates inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. This supports the delivery of safe care.

No issues were identified for attention during this Estates inspection.

### Is Care Effective? (Quality of Management)

The nature and needs of the patients are considered as part of the risk assessment processes and this is reflected in the management of the premises. This supports the delivery of effective care.

No issues were identified for attention during this Estates inspection.

### Is Care Compassionate? (Quality of Care)

The service facilities and layout of the clinic are designed to ensure that the needs of the patients are being met. This supports the delivery of compassionate care.

No issues were identified for attention during this Estates inspection.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 5.6 Additional Areas Examined

No additional areas were examined during this estates inspection.

## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr. Robert Kerr, Laboratory Director as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

## 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Independent Health Care Regulations (Northern Ireland) 2005.

## 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Minimum Care Standards for Independent Healthcare Establishments published by the Department of Health, Social Services and Public Safety in July 2014. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

## 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered manager and it should detail the actions taken to meet the legislative requirements stated. The registered responsible person should review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP should be returned to [estates.mailbox@rqia.org.uk](mailto:estates.mailbox@rqia.org.uk) for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in this independent hospital. The findings set out are only those that came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered persons from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered persons with the necessary information to assist them in fulfilling their responsibilities and enhance practice within this independent hospital.



## Quality Improvement Plan

### Statutory Requirements

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulations 15(7) 25(2)(d)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 04 December 2015</p>	<p>The thermostatic mixing valves should be serviced/disinfected and the water system should be further sampled (pre and post flushing the outlets). The flexible final connections to the sanitary ware should be checked and replaced as required. A copy of the report for the servicing of the thermostatic mixing valves should be forwarded to RQIA and the results for the further water sample testing should be confirmed to RQIA.</p> <hr/> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Water testing carried out 16/11/2015 confirmed no presence of E.coli, Coliforms or Legionella spp. As before a slightly elevated TVC was observed in the cleaners store cold water supply. Clearwater advised a course of remedial actions be undertaken as detailed below due to a fault being detected on the expansion vessel and that re testing be carried out in Jan 2016</p> <p>Thermostatic Mixing Valves cleaned and serviced on 21/12/2015 All flexible final connections replaced with WRAS approved fittings of fixed coope pipes 23/12/2015 Lockshield valve fitted to expansion vessel 23/12/2015 and expansion vessel replaced due to fault Backflow prevention devices fitted to dishwasher and hydroboiler 23/12/2015</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 25(2)(e)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 04 December 2015</p>	<p>The next routine service of the standby electrical generator should be carried out. The issue in relation to the uninterrupted power supply (UPS) equipment should also be followed up.</p> <hr/> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> UPS system service carried out on the 13/10/2015 advised that budget should be put in place to replace UPS batteries within next 12 months. This has been done and should next six month service show further drop in battery voltage below the lower limits all battery units will be replaced. UPS backup Generator is due to be serviced by NorthGen in January 2016 and this will be carried out on an annual basis moving forward now that the warranty has expired on the unit.</p>

<b>Registered Manager Completing QIP</b>	<i>Stens.</i>	<b>Date Completed</b>	5/1/16
<b>Registered Person Approving QIP</b>		<b>Date Approved</b>	
<b>RQIA Inspector Assessing Response</b>	Kieran Monaghan	<b>Date Approved</b>	18/01/2016

*\*Please ensure this document is completed in full and returned to [estates.mailbox@rqia.org](mailto:estates.mailbox@rqia.org) from the authorised email address\**