

Announced Premises Inspection Report 20 January 2017



North West Independent Hospital

Type of Service: Independent Health Care Establishment

Sub type of service: Hospital

Address: Church Hill House, Ballykelly, BT49 9HS

Tel No: 02877763090

Inspector: K. Monaghan

1.0 Summary

An announced premises inspection of the North West Independent Hospital took place on 20 January 2017 from 10:15hrs to 15:45hrs.

The inspection sought to assess progress with any issues raised during and since the last premises inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

On the day of the inspection the premises supported the delivery of safe care. However some issues were identified for attention by the registered provider. Reference should be made to section 4.3.

Is care effective?

On the day of the inspection the premises supported the delivery of effective care.

Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care.

Is the service well led?

On the day of the inspection the management of the premises was considered to be well led. However one issue was identified for attention by the registered provider. Reference should be made to section 4.6.

This inspection was underpinned by The Independent Health Care Regulations (Northern Ireland) 2005 and the Minimum Care Standards for Independent Healthcare Establishments July 2014.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	7

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Finola Patricia Carmichael, Registered Manager and Mr Darren Madden, Estates Manager for the hospital, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent premises inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the most recent premises inspection on 30 October 2014.

2.0 Service Details

Registered Provider / Responsible Individual: North West Independent Hospital / Mr. Philip Stewart	Registered manager: Ms Finola Patricia Carmichael
Person in charge of the hospital at the time of inspection: Ms. Finola Patricia Carmichael, Registered Manager	Date manager registered: 06 April 2011
Categories of care: AH, PT(E), PT(L), AH(DS)	Number of registered places: 35

3.0 Methods/processes

Prior to this inspection the following records were reviewed:

- The report for the previous premises inspection on 30 October 2014
- The statutory notifications over the past 12 months
- The RQIA concerns log.

During this premises inspection discussions took place with the following people:

- Ms Finola Patricia Carmichael, Registered Manager
- Mr Darren Madden, Estates Manager for the hospital
- Mr Roger Brown, Sterile Services Manager (decontamination issues).

During this premises inspection the following records were reviewed:

- A range of service records and in-house records relating to the maintenance and upkeep of the premises
- The fire risk assessment report
- The legionella bacteria risk assessment report
- Support documentation in relation to the engineering services.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection on

The most recent inspection of this establishment was an announced care inspection IN025370 on 16 and 17 November 2016. The completed QIP for this inspection was returned to RQIA on 19 December 2016 and approved by the care inspector on 20 December 2016. This QIP will be validated by the care inspector at their next inspection.

4.2 Review of requirements and recommendations from the last premises inspection on 30 October 2014

Last premises inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulations 15(7) 25(2)(a) Stated: Second time	Further remedial works should be completed to make good the cracking to the wall plaster in the bedroom corridor between bedrooms 38 & 39 and 40 & 42. This area should also be closely monitored for further cracking. If further cracking takes place, a structural engineer should be consulted for advice in relation to a more permanent solution to this issue.	Met
	Action taken as confirmed during the inspection: Further remedial works had been carried out in the bedroom corridors to address these issues. These areas are also monitored to identify the need for any further remedial works.	

Last premises inspection statutory requirements		Validation of compliance
<p>Requirement 2</p> <p>Ref: Regulations 15(2)(b) 15(7) 25(2)(a)</p> <p>Stated: Second time</p>	<p>The borosilicate condensate traps for the ventilation equipment should be flushed clean and the ventilation equipment should be checked for satisfactory internal condition. The outcome of the most recent re-verification for theatre 3 ventilation should also be confirmed to RQIA.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>A sample check to the borosilicate traps indicated that some of these traps did not contain water and there was some staining to others. Mr Madden confirmed that the ventilation plant was in a satisfactory condition and explained that the staining to one of the traps had occurred due to an issue with humidification equipment that had now been resolved. It was noted that the annual verification of the theatre ventilation installations were completed in August 2016 (theatre 3) and September 2016 (theatre 1, theatre 2 and endoscopy theatre) with satisfactory outcomes. The Authorising Engineer (Ventilation) had also carried out an audit in relation to the ventilation installations in September 2016 and confirmed that the installations were safe for continued use. It was agreed that the procedures in place in relation to monitoring the borosilicate traps would be reviewed and amended to include more auditing with the involvement of the infection control nurse in the hospital. Subsequent to this premises inspection Mr Madden confirmed to RQIA that the glass traps were cleaned by two members of staff on the day of the inspection and the inside of the air handling unit had also been deep cleaned. In addition new checking and auditing procedures involving the hospital's clinical governance and infection prevention and control advisor had been put in place in relation to this issue.</p>	Met
<p>Requirement 3</p> <p>Ref: Regulations 15(7) 25(2)(a)</p> <p>Stated: Second time</p>	<p>The Registered Persons should confirm the details for replacing the water storage tank in the out patient's area of the premises.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Mr Madden confirmed that the water storage tank in the out-patients area had been removed and replaced with a direct mains water fed system.</p>	Met

Last premises inspection statutory requirements		Validation of compliance
<p>Requirement 4</p> <p>Ref: Regulation 15(7)</p> <p>Stated: Second time</p>	<p>The need to put in place a procedure for the ongoing regular testing of water samples should be considered. Guidance should be sought from the legionella risk assessor in relation to this issue.</p> <p>Action taken as confirmed during the inspection: Water samples were tested in November 2015 with satisfactory results and again more recently. The results for the testing of the most recent water samples were also confirmed as satisfactory during this premises inspection. Subsequent to this premises inspection Mr Madden confirmed to RQIA that the next water testing would include pre and post flushing samples and isolation for Pseudomonas Aeruginosa.</p>	Met
<p>Requirement 5</p> <p>Ref: Regulations 15(7) 25(2)(a)</p> <p>Stated: First time</p>	<p>The programme of work in relation to the upgrading of the clean steam installation for the autoclaves in the sterile services department including the replacement of the stainless steel water storage tank in the plant room should be confirmed to RQIA.</p> <p>Action taken as confirmed during the inspection: The new clean steam installation had been completed.</p>	
<p>Requirement 6</p> <p>Ref: Regulation 25(2)(a)</p> <p>Stated: First time</p>	<p>Remedial works should be carried out to address the cracking to the corridor floor in the surgical wing (bedrooms 24 – 32).</p> <p>Action taken as confirmed during the inspection: These remedial works had been completed.</p>	Met

4.3 Is care safe?

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this premises inspection.

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.

The standard used by the registered person 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 service users, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment which was carried out in line with the guidance issued by RQIA in relation to the competency of fire risk assessors.

This supports the delivery of safe care.

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

Comments and areas for improvement

1. The most recent fire risk assessment was completed by an independent fire safety consultant on 04 November 2016. The report for this fire risk assessment evaluated the overall risk from fire as 'Tolerable'. This report also identified a number of issues for attention in the action plan. Most of these issues had been addressed. One of these issues related to the inspection and testing of the lightning protection installation and another related to checking the operation of the fire/smoke dampers in connection with the ventilation installations. Mr. Madden confirmed that arrangements had been made to inspect and test the lightning protection installation in the week following this premises inspection. Completion of this work should be confirmed to RQIA. Subsequent to this premises inspection Mr. Madden confirmed to RQIA that the lightning protection installation was tested on 23 January 2017. The arrangements for checking the operation of the fire/smoke dampers were being considered as this will require careful co-ordination to ensure that disruption is kept to a minimum. Mr. Madden agreed to check the details in relation to the number and location of the fire/smoke dampers and how each one is activated. Contact with the installers will also be made to ensure that the most up to date information is available. The arrangements for carrying out the checks to the fire/smoke dampers and any other remaining issues from the action plan in the report for the fire risk assessment should be finalised and confirmed to RQIA. Subsequent to this premises inspection Mr. Madden confirmed to RQIA that he had spoken to the company who installed the smoke dampers and had arranged for an engineer to carry out a service and provide advice on continued maintenance and test procedures. Reference should be made to requirement 1 in the attached Quality Improvement Plan.

2. Although not referenced in the fire risk assessment as a requirement it was noted that a programme of works was underway to install free swing self-closing devices to all of the bedroom doors to enhance the level of fire safety protection to the means of escape. RQIA would encourage the registered persons to complete this programme of work. Reference should be made to recommendation one in the attached Quality Improvement Plan.
3. The fire alarm is tested weekly and the fire hydrants were checked by the fire risk assessor in August 2016. The most recent fire drill was carried out in October 2016. Fire safety training was also provided in February 2016 and July 2016. It was noted however that further fire safety training was required to ensure that all staff have attended within the last 12 months. It was also agreed that a matrix would be kept to monitor attendance at the fire drills and the fire safety training. Subsequent to this premises inspection Mr Madden confirmed to RQIA that a further session of fire safety training had been arranged for 09 February 2017.
4. The most recent inspection and service of the fire detection and alarm system was completed on 26 August 2016. Subsequent to this premises inspection Mr Madden confirmed to RQIA that arrangements had been made to carry out another inspection and service to the fire detection and alarm system on 27 January 2017. The ongoing maintenance of the emergency lights is carried out by the in-house electricians. A copy of the relevant standard for this work is retained in the hospital for reference purposes. The most recent inspection and test of the emergency lights was carried out on 21 December 2016.
5. The standby electricity generator was serviced on 11 January 2017 and the heater was replaced at that time. Mr Madden also confirmed that the standby electricity generator is checked each month on the basis of a simulated power failure. In addition to the standby generator the hospital also has uninterrupted power supplies (UPSs) for the theatres, the sterile services department, the telephone system and the information technology equipment. The UPSs for theatre 1, theatre 2, the sterile services department and the telephones were serviced in May 2016. Mr. Madden confirmed that the batteries for the UPS in the sterile services department and the telephone equipment had been replaced recently although the documentation to support this work was not presented for review during this premises inspection. This documentation should be followed up. The UPS for theatre 3 was serviced in November 2016. The service details for the UPS for the information technology should be confirmed to RQIA. Subsequent to this premises inspection Mr Madden confirmed to RQIA that he had spoken to the supplier of this UPS and received a quotation for this service. An order had been placed for the work to be carried out early in February 2017.
6. Mr Madden confirmed that an asset register was being drawn up for the portable electrical equipment. The nurse call system was serviced on 26 August 2016. This system is also checked monthly.

7. A written scheme of examination had been drawn up for the pressure equipment. The most recent examinations of this equipment were completed by the insurance engineer on 26 August 2016. The reports for these examinations were incomplete as they only covered part 1. The current position in relation to part 2 of the thorough examinations should be confirmed to RQIA. Subsequent to this premises inspection Mr Madden confirmed to RQIA that the insurance engineers had been contacted and they had confirmed that part 2 related to the written scheme of examination which was completed on 5th September 2016 ref no PS/0025/E44847.
8. An Authoring Engineer (Low Voltage) had been appointed by the hospital to provide advice and independent auditing in relation to the electrical installations. The most recent audit by the Authorising Engineer (Low Voltage) was completed in June 2016. The recommendations in the report for this audit in relation to the competency and training records for the service engineers should be followed up. Mr Madden also confirmed that annual inspections and tests were carried out to the fixed wiring installation. These inspections and tests cover representative sections of the installation and thermal imaging checks to the switchgear panels. The most recent inspection and test was carried out in November 2016. The report for this inspection and test confirmed that the overall assessment of the condition of the installation was satisfactory. The report however identified a number code C2 and C3 issues for attention. Mr Madden confirmed that the code C2 issues had been addressed and that they were working through the remaining code C3 issues. These issues included installing a new sub-mains control panel in the steam plant room. Subsequent to this premises inspection Mr Madden confirmed to RQIA that this sub-mains control panel would be replaced in April/May 2017 and the new panel would be located in a more suitable position. It was also agreed that a strategic review of the inspections and tests should be carried out to ensure that all areas of the installation are covered in each fire year period. Subsequent to this premises inspection Mr. Madden confirmed to RQIA that he had spoken to the engineer about this issue and a matrix was going to be drawn up for the inspections and tests over the next five years
9. The opening in the external wall in the steam plant room should be checked and the mesh screen should be made good. Subsequent to this premises inspection Mr. Madden confirmed to RQIA that this opening had now been covered with a 6mm square mesh to prevent any chance of vermin entering. A check should also be carried out to ensure that the cavity in this external wall is sealed at this opening. Reference should be made to recommendation 2 in the attached Quality Improvement Plan.
10. Some minor fire stopping should be carried out to the ceiling in the UPS store for theatre 3. Completion of this work should be confirmed to RIQA. Reference should be made to recommendation 2 in the attached Quality Improvement Plan.
11. It was noted during the review of the premises that the newer areas of the hospital have low surface temperature radiators in place. The older sections of the premises have standard radiators. Some of these radiators, for example; in the corridor in the day case ward adjacent to the pharmacy department exceeded the current 41°C standard for safe hot surfaces. A risk assessment should be carried out in relation to hot surfaces. The outcome of this risk assessment should be confirmed to RQIA. Reference should be made to recommendation 3 in the attached Quality Improvement Plan.

12. The medical gas pipe line systems (MGPSs) were serviced by a specialist engineer on 05 August 2016 and on 19 January 2017. An audit in relation to the MGPSs was also carried out by the Authorising Engineer (MGPS) in September 2016. The report for this audit confirmed that the MGPSs were safe for continued use. This report however identified a number of issues for attention. Completion of these issues should be confirmed to RQIA. The outcome of the January 2017 service should also be confirmed to RQIA. Subsequent to this premises inspection Mr Madden confirmed to RQIA that the medical gas pipeline systems service engineer had been contacted and the issues from the January 2017 service will be resolved during the next planned preventative maintenance visit. Reference should be made to recommendation 4 in the attached Quality Improvement Plan.
13. There are five lifts in the hospital. An audit by the Authorising Engineer (Lifts) was carried out in September 2016. The report for this audit confirmed that the lifts were safe for continued use. This report also identified a number of issues for attention. Completion of these issues should be confirmed to RQIA. Reference should be made to recommendation 5 in the attached Quality Improvement Plan. A sample of the maintenance and thorough examination documentation for the most recent lift (main lift) was also reviewed during this inspection. This lift was serviced on 04 January 2017 and a thorough examination was carried out on 22 December 2016. The report for the thorough examination that was carried out on 22 December 2016 included one observation in relation to monitoring the condition of the lift cable. Mr Madden confirmed that this was being monitored.
14. The annual verifications of the theatre ventilation installations were completed in August 2016 (theatre 3) and September 2016 (theatre 1, theatre 2 and endoscopy theatre) with satisfactory outcomes. The High-efficiency particulate air (HEPA) filter for the ultra-clean ventilation installation for theatre 3 was replaced in August 2016. The Authorising Engineer (Ventilation) also carried out an audit in relation to the ventilation installations in September 2016 and confirmed that the installations were safe for continued use. The report for this audit identified issues for attention in relation to labelling and the schematic information for the system. Completion of these issues should be confirmed to RQIA. Subsequent to this premises inspection Mr Madden confirmed to RQIA that he was working through these issues. Reference should be made to recommendation 6 in the attached Quality Improvement Plan.
15. Although the reports for the annual verifications confirmed that the ventilation installations were satisfactory, these reports were not set out in accordance with '*Appendix 2 – Operating suite annual verification*' in '*Health Technical Memorandum 03-01: Specialised ventilation for healthcare premises Part B: Operational management and performance verification*'. Reports for the annual inspections and the quarterly inspections of the ventilation installations in accordance with '*Appendix 1 – Annual inspection of critical ventilation systems – AHU and plant room equipment*' in '*Health Technical Memorandum 03-01: Specialised ventilation for healthcare premises Part B: Operational management and performance verification*' were also not presented for review during this premises inspection. The support documentation for the ventilation installations should be reviewed and amended in line with the guidance contained in '*Health Technical Memorandum 03-01: Specialised ventilation for healthcare premises Part B: Operational management and performance verification*'. Subsequent to this premises inspection Mr Madden confirmed to RQIA that future reports for the inspections and annual verifications to the ventilation installations would be in accordance with these appendices.

16. A Legionella risk assessment was completed by a specialist company on 09 November 2016. Mr Madden also confirmed that all of the water storage tanks that are currently in use and the standby tank in the most recent section of the hospital were cleaned and disinfected by the specialist company in November 2016. The report for the legionella risk assessment identified four issues for attention. Mr Madden confirmed that three of these issues had been addressed and the remaining issue which related to the installation of non-return valves would be addressed within the next month. Subsequent to this premises inspection Mr Madden confirmed to RQIA that these non-return valves had been ordered and that they would be fitted as soon as possible.
17. During this premises inspection the issue of pseudomonas aeruginosa was discussed. It was agreed that the need to carry out a risk assessment in relation to this issue should be considered. This is primarily an issue of clinical governance and should accordingly be led by infection control and microbiology specialisms supported by estates as necessary. Subsequent to this premises inspection Mr Madden confirmed to RQIA that this issue had been referred to the hospital's clinical governance and infection prevention and control advisor.
18. A new system for keeping the shower heads clean had been implemented. This involved the replacement of all flexible shower hoses and heads with a new type of unit which has a replacement colour coded insert. This insert is replaced on a quarterly basis. As this is a new system the support information from the supplier and the legionella risk assessor should be followed up and retained in the hospital available for future inspections. Subsequent to this premises inspection Mr Madden confirmed to RQIA that he had contacted the supplier and the legionella risk assessor and a new quarterly routine in relation to the shower heads had been agreed.
19. Mr. Madden confirmed that as a precaution all outlets in the hospital are flushed at least twice each week. The records for this activity are kept by the cleaning staff (not reviewed during this premises inspection). All of the water outlets were also checked in December 2016. The record for these checks indicated that remedial works were required to some outlets. This included bath and shower outlets. Confirmation of completion in relation to these issues should be provided to RQIA. In addition, documentation to support the ongoing servicing of the thermostatic mixing valves should be developed. Subsequent to this premises inspection Mr Madden confirmed to RQIA that the thermostatic mixing valve (TMV) for the outlet in room 12 had been serviced and reset to supply water at 41°C. Mr. Madden also confirmed that he had implemented a new TMV service sheet and changed the way issues from the planned preventative maintenance are reported. In addition all members of the maintenance team have been instructed on the importance of reporting faults.
20. Sample checks to the fire doors during this premises inspection indicated that the fire doors were satisfactory. Mr Madden also confirmed that the fire doors are checked on a monthly basis and the hospital estates department employ a full time joiner who carries out any remedial works that are required to the fire doors. A new acoustic hold open device is being used on some of the fire doors. The support documentation for this device should be followed up and forwarded to the fire risk assessor for approval. The fire risk assessor's approval for this device should be confirmed to RQIA. Subsequent to this premises inspection Mr Madden confirmed to RQIA that he had spoken to the fire risk assessor and made contact with the supply company in relation to these new acoustic hold open devices and he had been assured that they comply with British Standard EN 1155:1997 + A1:2002. The documentation to support that this is the appropriate standard and that compliance has

been achieved should be followed up with the fire risk assessor and the supplier. This documentation should be available for review during future inspections.

- 21. The decontamination equipment was checked by the specialist outside maintenance engineers in December 2016 and January 2017. The hospital has appointed an Authorising Engineer (Decontamination) to provide ongoing advice and independent auditing. The most recent audit by the Authorising Engineer (Decontamination) was carried out on 27 September 2016. The report for this audit confirmed that all machines had been installed and were operating satisfactorily as per technical investigations and they adhere to the required performance standards. Although not reviewed during this premises inspection Mr. Brown confirmed that the ongoing routine checks and sample testing were being carried out as required and that there were currently no issues to be addressed or incidents in relation to the decontamination facilities. It was noted that the reverse osmosis water treatment equipment was serviced on 19 January 2017.
- 22. Two waste bags were being temporarily stored at the top of the stairs at bedroom 28. These stairs should be kept clear. It was also noted that a number of small oxygen cylinders were being stored unsecured in the store at the Nurse Rest Room. Ms. Carmichael undertook to ensure that these issues would be followed up. Subsequent to this premises inspection Mr Madden confirmed to RQIA that these issues had been addressed.
- 23. Window controls were discussed during this premises inspection. Subsequent to this premises inspection Mr. Madden confirmed to RQIA that an audit of all windows throughout the entire hospital had been started to ensure they comply with current guidelines. Repairs will be carried out as necessary and all openings will be restricted to 100mm using tamperproof screws.

Number of requirements	1	Number of recommendations:	6
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4.4 Is care effective?

There are arrangements in place for routine premises management and upkeep as well as timely breakdown/repair maintenance.

This supports the delivery of effective care.

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.5 Is care compassionate?

The areas of the premises reviewed during this premises inspection were well presented, comfortable, clean, free from malodours and adequately lit.

This supports the delivery of compassionate care.

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises and has been adequately supported and resourced by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.

This supports a well led service.

The ongoing management and maintenance of the premises that are being used for the purposes of the hospital are complex tasks that require considerable resources and expertise. The hospital employs a small team of estates personnel that is supported by independent consultants and specialist contractors that assist with the extensive range of engineering services.

As set out in sections 4.2 and 4.3 of this report a range of observations and issues for attention were noted during this premises inspection. Many of the issues identified for attention during this premises inspection were dealt with quickly either on the day of the premises inspection or shortly afterwards. In this regard an action plan was submitted to RQIA detailing the actions that had been completed and the actions that will be taken.

The complexity of the engineering services associated with the hospital continues to increase. In view of the challenges that this presents it would be prudent to review the level of support and resources that are allocated to the estates team to ensure that these remain adequate to meet current and future demands. One significant issue that should be included in this review is the future fitness for purpose of the ventilation installations in the older sections of the hospital premises. Some of these installations are over 20 years old. Although the Authorising Engineer (Ventilation) has confirmed in the most recent audit that they remain safe for continued use the hospital management should be considering how provision should be made to upgrade these installations to ensure that they remain robust into the future. The outcome of this review should be confirmed to RQIA. Reference should be made to recommendation 7 in the attached Quality Improvement Plan.

Number of requirements	0	Number of recommendations:	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms. Finola Patricia Carmichael, Registered Manager and Mr. Darren Madden, Estates Manager for the hospital as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the establishment. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises, RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

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

5.2 Recommendations

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

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to Estates.Mailbox@rqia.org.uk for review by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements	
<p>Requirement 1</p> <p>Ref: Regulation 25</p> <p>Stated: First time</p> <p>To be completed by: 24 March 2017</p>	<p>The arrangements for carrying out the checks to the fire/smoke dampers and any other remaining issues from the action plan in the report for the fire risk assessment that was carried out on 04 November 2016 should be finalised and confirmed to RIQA.</p> <p>Response by registered provider detailing the actions taken: The arrangements for carrying out the checks to the fire/smoke dampers can now be finalised and we can forward the details of same to RQIA. The operational and maintenance instructions for the safe operation of the dampers have been received from the installer of the ductwork/air handling units. The Estates Manager has spoken to Mr Stephen Dawson from Whitehouse engineering and he advised that the dampers shouldn't be closed with out the plant being shut down to prevent damage to them. The inspection of these dampers will be completed during our next planned filter change which is due mid April. At this time the Estates Manager D Madden had scheduled the ventilation plant audit from appendix 1 of HTM 03.01 part B. I understand that the 24th March 2017 is the completion date for this work but we would request an extension to mid April to facilitate the other works planned and reduce the disruption to our services to a minimum</p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 24</p> <p>Stated: First time</p> <p>To be completed by: Ongoing</p>	<p>RQIA should be kept up to date with the programme of work to fit the free swing self-closing devices to the bedroom doors.</p> <p>Response by registered provider detailing the actions taken: We will inform RQIA of the programme of work that includes installing the free swing self-closing devices to the bedroom doors in surgical 2 as recommended.</p>
<p>Recommendation 2</p> <p>Ref: Standard 24</p> <p>Stated: First time</p> <p>To be completed by: 24 February 2017</p>	<p>A check should be carried out to the opening in the external wall in the steam plant room to ensure that the cavity in this external wall is sealed at this opening. Some minor fire stopping should be carried out to the ceiling in the UPS store for theatre 3. Completion of this work should be confirmed to RIQA.</p> <p>Response by registered provider detailing the actions taken: The Estates Manager D Madden has confirmed that the cavity at the external wall has been filled where the steam pipes enter the steam plant room. The Estates Manager D Madden has confirmed that the fire stopping required in the UPS room for Theatre 3 has been completed using fire retardant paste</p>

<p>Recommendation 3</p> <p>Ref: Standard 22</p> <p>Stated: First time</p> <p>To be completed by: 24 March 2017</p>	<p>A risk assessment should be carried out in relation to hot surfaces. The outcome of this risk assessment and proposed action should be confirmed to RQIA.</p>
	<p>Response by registered provider detailing the actions taken: A yearly risk assessment has been completed by Deputy Ward Manager Ms I Kyle (Review date Oct 2017) The out come of the risk assessment was to only allocate the rooms with radiators that are not low surface temperature to adult patients. Caution signage is to be installed to high light the risk and radiators are to be monitored on a regular basis to ensure the thermostatic valves are functioning.</p>

Quality Improvement Plan

Recommendations	
<p>Recommendation 4</p> <p>Ref: Standard 22</p> <p>Stated: First time</p> <p>To be completed by: 24 March 2017</p>	<p>Completion of the issues identified for attention in the report for the audit of the medical gas pipeline systems that was completed by the Authorising Engineer (MGPS) in September 2016 should be confirmed to RQIA.</p>
	<p>Response by registered provider detailing the actions taken: The Estates Manager D Maddenhas confirmed that the issues raised in the audit report of medical gas pipeline systems has been addressed. 3.5- Review of High Hazzard Permits to Work: -Each job will have its own individual PTW. 4.4 -PRV schedules: BOC have provided us with a schedule of our PRV's complete with replacement dates 4.6 AP room: PTW are now stored under lock and key.</p>
<p>Recommendation 5</p> <p>Ref: Standard 22</p> <p>Stated: First time</p> <p>To be completed by: 24 March 2017</p>	<p>Completion of the issues identified for attention in the report for the audit of the lift installations that was completed by the Authorising Engineer (Lifts) in September 2016 should be confirmed to RQIA.</p>
	<p>Response by registered provider detailing the actions taken: The maintenance company has provided up to date competency certificates for inclusion in my operational file. There will be additional information incorporated into Estates Operational Policy which will be rewritten April 17 to address the management changes with in NWH</p>

<p>Recommendation 6</p> <p>Ref: Standards 20 & 22</p> <p>Stated: First time</p> <p>To be completed by: 24 March 2017</p>	<p>Completion of the issues identified for attention in the report for the audit of the ventilation installations carried out by the Authorising Engineer (Ventilation) in September 2016 should be confirmed to RQIA.</p> <hr/> <p>Response by registered provider detailing the actions taken: The Estates Manager has confirmed that a survey has been completed of the air handling unit plant rooms. The plant and duct work with areas served filter type and air flow direction has new labels as requested in the audit report</p>
<p>Recommendation 7</p> <p>Ref: Standards 9 & 22</p> <p>Stated: First time</p> <p>To be completed by: 14 April 2017</p>	<p>The outcome of the review in relation to the level of support and resources that are allocated to the estates team to ensure that these remain adequate to meet current and future demands should be confirmed to RQIA. This should also include the outcome of the considerations in relation to the ventilation installations in the older sections of the premises.</p> <hr/> <p>Response by registered provider detailing the actions taken: There are regular Management Meetings that allow open discussion re the needs of the various Departments. The needs will be addressed to ensure that there is adequate support and use of resources to enable each Department to run efficiently and meet the needs of the business now and in the future.</p> <p>The Estates Manager has completed a review of the older ventilation plant ie installation of glass traps filter pressure differential gauges - with improved labelling. Although the units are not fully compliant to current HTM standards they are well maintained and have been included in our AE audits and are still performing well and providing adequate air changes.</p>

Please ensure this document is completed in full and returned to Estates.Mailbox@rqia.org.uk from the authorised email address



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews