



The Regulation and
Quality Improvement
Authority

Prospects Beacon Centre
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Inspector: Phil Cunningham
Inspection ID: IN021404

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**Announced Estates Inspection
of
Prospects Beacon Centre**

12 May 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An announced estates inspection took place on 12 May 2015 from 10.00 to 12.30. 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 HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Day Care Settings Regulations (Northern Ireland) 2007
- The Day Care Settings Minimum Standards (DHSSPS, 2012)

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
Total number of requirements and recommendations made at this inspection	1	0

The details of the QIP within this report were discussed with Centre Manager Ciara Collins, Fiona Hegarty, Corporate Services Manager, NIAMH and Martina McLaughlin, Project Worker Prospects Beacon Centre as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: William Henry Murphy, Director of Mental Health, NIAMH	Registered Manager: Ciara Collins
Person in Charge of the Premises at the Time of Inspection: Ciara Collins	Date Manager Registered: 13 September 2014
Categories of Care: DCS-LD, DCS-MP	Number of Registered Places: 26
Number of Service Users Accommodated on Day of Inspection: 4	Weekly Tariff at Time of Inspection: <i>Not applicable</i>

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and themes have been met:

Standard 25: Premises and Grounds

Standard 27: Safe and Healthy working Practices

Standard 28: Fire safety

4. Methods/Process

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

Prior to inspection the following records were analysed:

Previous estates inspection report, previous care report, previous 12 months' statutory notifications.

During the inspection the inspector met with one member of care staff, Martina McLaughlin, and one visiting professional, Fiona Hegarty.

The following records were examined during the inspection:

Maintenance and service records by external specialist contractors and WHSCH Estates Department, Risk assessments, in-house log books for safety checks and maintenance routines

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the Prospects Beacon Centre was an unannounced care inspection on 16 March 2015. The completed QIP was approved by the specialist inspector on 06 May

2015. The provider's response to the two requirements and two recommendations in the QIP were assessed by the inspector as satisfactory.

5.2 Review of Requirements and Recommendations from the last Estates Inspection on 3 August 2012

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 26 (4)(a)	Liaise with the landlord to ensure that specific fire safety issues in the centre have been fully considered within the scope of the fire risk assessment. Forward confirmation of this to RQIA.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that the fire risk assessment which is carried out on behalf of the landlord gives due consideration of the centre.	
Requirement 2 Ref: Regulation 26 (4)(d)(iv)	Liaise with the landlord to ensure that the fire alarm and emergency lighting installations have been subjected to service checks in line with the requirements of BS5839 and BS5266 respectively. Forward confirmation of this to RQIA.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that certification and log books relating to servicing of the centre's fire alarm and emergency lighting installations were available and up to date at the time of inspection.	
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 25.1	Replace worn and stained floor coverings as appropriate.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that floor covering has been replaced with sheet vinyl.	

Recommendation 2 Ref: Standard 25.5	Provide suitable highlighting to the nosing of the external step at the side exit door.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that highlighting has been provided to external steps.	

5.3 Standard 25: Premises and grounds - *The premises and grounds are safe, well maintained and remain suitable for their stated purpose*

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.

A 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)

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

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

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.

Areas for Improvement

Documentation presented indicated that the legionellae risk assessment was last reviewed on 7 July 2011. This should be subjected to a comprehensive review.

Records presented indicate that the water at hot water outlets was measured and recorded at temperatures in excess of recognised safe temperatures. It was not clear how the water temperatures were controlled although the manager stated that there had been some work carried out on the temperature controls in recent months. See requirement 1 on the Quality Improvement Plan below.

Number of Requirements	1	Number Recommendations:	0
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5.4 Standard 27: Safe and healthy working practices - *The Centre is maintained in a safe manner, and safe and healthy working practices are promoted in all aspects of its work.*

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.

Is Care Effective? (Quality of Management)

The nature and needs of the residents 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.

Is Care Compassionate? (Quality of Care)

There are health and safety procedures and control measures in place which support the delivery of compassionate care.

Areas for Improvement

There were no areas identified for improvement.

Number of Requirements	0	Number Recommendations:	0
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5.5 Standard 28: Fire safety - *Fire safety precautions are in place that reduce the risk of fire and protect service users, staff and visitors in the event of fire.*

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.

Is Care Effective? (Quality of Management)

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 residents, 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.

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 recognises the need to maintain a homely, non-institutionalised environment. This supports the delivery of compassionate care.

Areas for Improvement

There were no areas identified for improvement.

Number of Requirements	0	Number Recommendations:	0
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5.6 Additional Areas Examined

No additional areas were examined.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Centre Manager Ciara Collins, Fiona Hegarty, Corporate Services Manager, NIAMH and Martina McLaughlin, Project Worker Prospects Beacon Centre 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 Day Care Settings Regulations (Northern Ireland) 2007

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Day Care Settings Minimum Standards (DHSSPS, 2012). 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 to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to estates.mailbox@rqia.org.uk and assessed 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 the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager 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 person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 14 (1)(c)</p> <p>Stated: First time</p> <p>To be Completed by: 7 July 2015</p>	<p>Carry out a review of the legionellae risk assessment and undertake any remedial measures deemed appropriate. This should include clarification on the method of control for the hot water services and subsequent adjustment of temperatures in line with recognised guidance – both for the purposes of control of legionellae bacteria and prevention of scalding.</p>
	<p>Response by Registered Manager Detailing the Actions Taken:</p> <p>We have requested the Landlords of the building, Derg Valley Care to undertake a Legionellae survey to inform any remedial measures which are required. Upon receipt of the report we will implement any actions required to ensure safe water through control of legionellae bacteria and hot water temperatures. The date for the survey has been confirmed as 19/08/15.</p>

Registered Manager Completing QIP	Susan Foster	Date Completed	15.07.15
Registered Person Approving QIP	Billy Murphy	Date Approved	20/08/2015
RQIA Inspector Assessing Response	P Cunningham	Date Approved	*18/9/15

** Follow up required on requirement*