



The Regulation and
Quality Improvement
Authority

Woodvale Beacon Centre
RQIA ID: 11061
32 Ballymoney Road
Ballymena
BT43 5BY

Inspector: Colin Muldoon
Inspection ID: IN021488

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**Announced Estates Inspection
of
Woodvale Beacon Centre**

05 August 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 05 August 2015 from 10.30 to 13.30. 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 | 4 | 1 |

The details of the QIP within this report were discussed with Catherine Mulholland (Project Worker) as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

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| Registered Organisation/Registered Person: Northern Ireland Association for Mental Health/ Mr W H Murphy | Registered Manager: Mr Alexander McKeown |
| Person in Charge of the Premises at the Time of Inspection: Ms Catherine Mulholland | Date Manager Registered: 21 October 2013 |
| Categories of Care: DCS-MP, DCS-MP(E) | Number of Registered Places: 25 |
| Number of Service Users Accommodated on Day of Inspection: 16 AM, 18 PM | Weekly Tariff at Time of Inspection: Trust Rates |

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, and previous care inspection report.

During the inspection the inspector met with Ms Catherine Mulholland.

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.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an announced care inspection dated 28 April 2014. The completed QIP was returned and the responses were considered acceptable by the care inspector.

5.2 Review of Requirements and Recommendations from the last Estates Inspection on 01 March 2012

| Previous Inspection Statutory Requirements | | Validation of Compliance |
|---|---|--------------------------|
| Requirement 1 Ref: Regulation 14.-(1)(c) | <p>A copy of the up to date legionella risk assessment should be retained in the centre.</p> <p>The provider must confirm that the outcome of the assessment was a scheme of action to address any shortfalls including ongoing control and monitoring measures. The control and monitoring measures should be in line with the requirements of HSE document L8 (Legionnaires' disease (Control of legionella bacteria in water systems Approved Code of Practice and guidance))</p> <p>The provider must confirm that the scheme of action has been fully implemented.</p> | Met |
| | <p>Action taken as confirmed during the inspection:</p> <p>This requirement referred to a legionella risk assessment carried out in February 2012. In line with good practice a further legionella risk assessment was carried out in April 2014. There is a system in place for a specialist contractor to carry out legionella control and monitoring tasks monthly. It is understood that the results of this work is held on a tablet and it was not available on the day of inspection. The status of some remedial works identified in the risk assessment could not be confirmed.</p> | |
| Requirement 2 Ref: Regulations 26.-(2)(c) 26.-(2)(l) | <p>The provider must obtain valid safety certificates which confirm that all the gas appliances and installations, including the barbecue, are in satisfactory condition and safe to use.</p> <p>The certificates must be issued by someone who is on the Gas Safe register.</p> | Met |
| | <p>Action taken as confirmed during the inspection:</p> <p>Addressed. The inspector was informed that the barbecue has been removed.</p> | |

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| Requirement 3 Ref: Regulation 26.-(4)(e) | The provider must arrange for the fire training of all staff to be brought up to date. Staff must receive fire safety information, instruction and training which is appropriate to their role and responsibility. | Not Met |
| Action taken as confirmed during the inspection: The information available indicated that some staff require their fire safety training to be updated. | | |
| Requirement 4 Ref: Regulation 26.-(4)(d)(iv) | The provider must arrange for the emergency lighting to be maintained in accordance with current good practice. Reference should be made to BS 5266. | Met |
| Action taken as confirmed during the inspection: Addressed. | | |
| Requirement 5 Ref: Regulation 26.-(4)(a) | A copy of the emergency fire procedures should be posted at the fire panel. | Met |
| Action taken as confirmed during the inspection: Addressed. | | |

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.

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

Areas for Improvement

It should be confirmed that a responsible person is managing the scheme for the control of legionella including the results of the monthly monitoring and arranging for any remedial works to be carried out within timescales acceptable to the legionella risk assessor.

Refer to Quality Improvement Plan, Requirement 1.

There did not appear to be thermostatic mixing valves at hot water outlets accessible to service users.

Refer to Quality Improvement Plan, Recommendation 1.

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| Number of Requirements | 1 | Number Recommendations: | 1 |
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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

No issues identified.

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| 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.

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)

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.

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 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.

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

Areas for Improvement

The fire training for all staff who may work at Woodvale Beacon Centre should be brought up to date.

Refer to Quality Improvement Plan, Requirement 2.

Notes in the last service sheets for the fire alarm system and the emergency lighting indicate that some necessary remedial work was identified relating to a sounder and some emergency light units. On the day of inspection it could not be confirmed that the necessary repairs had been carried out.

Refer to Quality Improvement Plan, Requirement 3.

There is a room for the use of service users on the first floor and staff have offices on the second floor. There is an emergency exit from the landing between the first and second floors which leads across a roof and requires a ladder to be manhandled into position. The fire escape plan from the upper floors should be clarified with staff and appropriate training and practice drills carried out.

Refer to Quality Improvement Plan, Requirement 4.

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| Number of Requirements | 3 | Number Recommendations: | 0 |
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5.6 Additional Areas Examined

Not applicable.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Catherine Mulholland (Project Worker) 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 | |
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| Statutory Requirements | |
| <p>Requirement 1</p> <p>Ref: Regulation 13.-(7)</p> <p>Stated: First time</p> <p>To be Completed by: 05 September 2015</p> | <p>It should be confirmed that a responsible person is managing the scheme for the control of legionella including the results of the monthly monitoring and arranging for any remedial works to be carried out within timescales acceptable to the legionella risk assessor.</p> <p>Response by Registered Manager Detailing the Actions Taken: The Responsible Person for Legionella Control for the Niamh Group is Vincent Lavery. Head of Corporate Services. All Legionella is subject to risk assessment and review under the Guidance Documentation L8(Fourth Edition) including review of each assessment. This and the monthly Monitoring is undertaken by professional contractors who are Members of the Legionella Control Association (LCA) and must meet as a minimum the requirements of the following:</p> <ul style="list-style-type: none"> • Health & Safety at Work Order (NI) 1978 (as amended 2000) • Management of Health & Safety at Work Regulations (NI) 2000 as amended 2003 & 2006 • Control of Substances Hazardous to Health Regulations (NI) 2003 as amended 2005 • CIBSE TM13 – Minimising the risk of Legionnaires’ Disease • UK HSE document L8 – Legionnaires Disease, The control of Legionella bacteria in water systems: Approved Code of Practice and Guidance • BS8558:2011 - Design, Installation, Testing & Maintenance of services supplying water for Domestic Use within buildings and their curtilages. <p>Monitoring of the water systems is monthly and the Manager has access to an online system which gives detail of the water temperatures from sentinel points. If there is variance in either the bwater temepratures or the TVCs this is fed to the cheme and to Corporate Services who investigate and ubdertake any remedial action as required.</p> |
| <p>Requirement 2</p> <p>Ref: Regulation 26.-(4)(e)</p> <p>Stated: Second time</p> <p>To be Completed by: 05 September 2015</p> | <p>The fire training for all staff who may work at Woodvale should be brought up to date.</p> <p>Response by Registered Manager Detailing the Actions Taken: Fire Safety Training up dated as follows; AMcK, 17/08/15; EG, 10/08/15; CM, 10/05/15; JT, 18/08/15/; ER, 12/08/15.</p> |
| <p>Requirement 3</p> <p>Ref: Regulation 26.-(4)(b) and (c) and</p> | <p>In relation to the fire alarm system and the emergency lighting it should be confirmed that the necessary remedial works identified during the last service visit have been addressed.</p> |

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| <p>(d)(ii)</p> <p>Stated: First time</p> <p>To be Completed by: 05 September 2015</p> | <p>Response by Registered Manager Detailing the Actions Taken: Replacement of luminaire at 2nd floor exit as identified in service visit of 14/04/15 replaced on 23/07/15. Flashing alarm light on fire panel identified in service visit of 14/04/15 does not affect the safe operation of the fire alarm system.</p> |
| <p>Requirement 4</p> <p>Ref: Regulation 26.-(4)(a) and (c) and (d)(iii) and (e) and (f)</p> <p>Stated: First time</p> <p>To be Completed by: 05 September 2015</p> | <p>The fire escape plan from the upper floors should be clarified with staff and appropriate training and practice drills carried out.</p> <p>Response by Registered Manager Detailing the Actions Taken: The Registered Manager will undertake a drill. However, the Fire Risk assessment (attached) has deemed there are adequate means of escape in the event of a catastrophic fire. The Fire Management plan and liaison with NIFRS is robust and mitigates against any concerns of delayed escape from the upper floor.</p> |

| Recommendations | | | |
|---|---|---|--------------------------|
| <p>Recommendation 1</p> <p>Ref: Standard 25</p> <p>Stated: First time</p> <p>To be Completed by: 05 September 2015</p> | <p>A risk assessment should be carried out in relation to unblended hot water at wash hand basins, etc. which are accessible to service users. Reference should be made to the Health Guidance Note '<i>Safe hot water and surface temperatures</i></p> | <p>Response by Registered Manager Detailing the Actions Taken: As part of the new contract a full assessment of the hot water and TMVs will be undertaken. This will ensure that all unblended hot water is risk managed on site. Signage should be in place to caution hot water.</p> | |
| <p>Registered Manager Completing QIP</p> | <p>Alex McKeown</p> | <p>Date Completed</p> | <p>02/09/15</p> |
| <p>Registered Person Approving QIP</p> | <p>Billy Murphy</p> | <p>Date Approved</p> | <p>02/09/2015</p> |
| <p>RQIA Inspector Assessing Response</p> | <p>Colin Muldoon</p> | <p>Date Approved</p> | <p>25/09/2015</p> |

Please ensure the QIP is completed in full and returned to estates.mailbox@rqia.org.uk from the authorised email address