

Announced Premises Inspection Report 15 September 2016



Beech Hall Centre

Type of service: Day Care Service
Address: 21 Andersonstown Road, Belfast, BT11 9AF
Tel No: 028 9504 9395
Inspector: Gavin Doherty

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Beech Hall Centre took place on 15 September 2016 from 10:30 to 12:00.

The inspection sought to assess progress with any issues raised during and since the last premises inspection and to determine if the premises was supporting the delivery of 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. Refer 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.

This inspection was underpinned by The Day Care Settings Regulations (Northern Ireland) 2007 and The Day Care Settings Minimum Standards (DHSSPS, 2012).

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr William Briggs, Acting Manager and Mr Danny McCartney, BHSCCT Estates as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not 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 QIP there were no further actions required to be taken following the most recent premises inspection.

2.0 Service details

Registered organisation/registered person: Belfast HSC Trust/Mr Martin Joseph Dillon	Registered manager: N/A
Person in charge of the home at the time of inspection: Mr William Briggs	Date manager registered: Mr William Briggs - Acting
Categories of care: DCS-A, DCS-LD, DCS-PH, DCS-SI	Number of registered places: 35

3.0 Methods/processes

Prior to inspection the following records were analysed: Previous premises inspection report, statutory notifications over the past 12 months, duty call log.

During the inspection the inspector met with Mr William Briggs, Acting Manager, and Mr Danny McCartney, BHSCT Estates.

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, and fire risk assessment.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 01/09/15

The most recent inspection of the establishment was an unannounced primary care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be validated by the care inspector at the next care inspection.

4.2 Review of requirements and recommendations from the last premises inspection dated 28/08/13

Last premises inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 26 (2)(b)(d) Stated: First time	The wall finishes in the corridor areas of the day centre should be made good and redecorated. Consideration should be given to the provision of suitable wall and corner protection in these areas.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that the corridor walls had been upgraded with suitable protection at the time of inspection.	
Requirement 1 Ref: Regulation 26 (4)(e)(f) Stated: First time	Ensure that all staff receive suitable fire safety training and participate in a fire drill at least annually.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that fire the fire safety training records were available and up to date at the time of inspection.	

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. 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 'areas for improvement' section below.

Areas for improvement

1. The risk assessment with regards to the control of legionella bacteria in the premises hot and cold water systems was reviewed on 12 September 2016. Ensure that the control measures currently implemented within the premises remain valid and that any remedial actions required are implemented within the timescales stipulated in the risk assessment. (Refer to recommendation 1 in the Quality Improvement Plan).
2. It was noted that the periodic inspection of the premises Fixed Electrical Installation is now overdue for completion. Mr Danny McCartney confirmed that this has been programmed for completion in the current financial year. (Refer to recommendation 2 in the Quality Improvement Plan).
3. Ensure that any storage lockers are suitably secured to their backing wall. (Refer to recommendation 3 in the Quality Improvement Plan).
4. At the time of the inspection the ambient temperature in the Training Kitchen was noted at 29⁰c. The manager explained that this renders the room unusable for activities as it is too hot and uncomfortable for service users. This excessive temperature appears to be a result of the room being directly above the boiler installation and also because it is an internal room with no capability for natural ventilation. The registered provider should ensure that suitable action is taken to enable the temperature in this area to be maintained at a level which is comfortable for the service users. (Refer to recommendation 4 in the Quality Improvement Plan).

Number of requirements	0	Number of recommendations:	4
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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. Service users are involved where appropriate in decisions around the upkeep of the premises.

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.

Service users are consulted about decisions around décor where appropriate.

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.

Arrangements are in place for managing premises related incidents/notifiable events and Medical Device and Equipment Alerts.

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.

No areas for improvement were identified during the inspection.

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

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr William Briggs, Acting Manager, and Mr Danny McCartney, BHSCCT Estates, 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 day care service. 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007.

5.2 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 provider/manager 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 and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to 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 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

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 25.7</p> <p>Stated: First time</p> <p>To be completed by: 10 November 2016</p>	<p>The risk assessment with regards to the control of legionella bacteria in the premises hot and cold water systems was reviewed on 12 September 2016. The registered provider should ensure that the control measures currently implemented within the premises remain valid and that any remedial actions required are implemented within the timescales stipulated in the risk assessment.</p> <p>Response by registered provider detailing the actions taken: Job request C659448 was forwarded to BAC Controls to supply and install 2 number High Limit Stats followed by tests and temp checks to ensure correct control, work satisfactorily completed 22-09-2016</p>
<p>Recommendation 2</p> <p>Ref: Standard 25.7</p> <p>Stated: First time</p> <p>To be completed by: 10 November 2016</p>	<p>The registered provider should ensure that the periodic inspection of the premises Fixed Electrical Installation is undertaken in a timely manner and that any resultant remedial works are fully implemented within the stipulated timescales.</p> <p>Response by registered provider detailing the actions taken: The Periodic Inspection for Fixed Wire testing is programmed to be completed within this financial year, and will be carried out by BHSCT Electrical MTC Contractor JD McGowen. BHSCT Estates Risk team plan and manage this work.</p>
<p>Recommendation 3</p> <p>Ref: Standard 25.7</p> <p>Stated: First time</p> <p>To be completed by: 10 November 2016</p>	<p>The registered provider should ensure that any storage lockers are suitably secured to their backing wall.</p> <p>Response by registered provider detailing the actions taken: Job requests have been made to have all storage lockers within centre fixed to wall. Job number C661067, 29-09-2016 forwarded to BHSCT MTC Contractor Killowen Contracts for completion</p>
<p>Recommendation 4</p> <p>Ref: Standard 25.2</p> <p>Stated: First time</p> <p>To be completed by: 10 November 2016</p>	<p>The registered provider should ensure that suitable action is taken to enable the temperature in the Training Kitchen be maintained at a level which is comfortable for the service users.</p> <p>Response by registered provider detailing the actions taken: Seasonal temperatures appear to influence this area, plans are in place to monitor temps over the following month, with a view of highlighting the issue to BHSCT SMT to agree and financially approve the way forward.</p>

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



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