



The **Regulation** and
Quality Improvement
Authority

Magherafelt Day Centre
RQIA ID: 10718
57 Hospital Road
Magherafelt
BT45 5EG

Inspector: Gavin Doherty
Inspection ID: IN021562

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**Announced Estates Inspection
of
Magherafelt Day Centre**

18 June 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 18 June 2015 from 10.30 to 12.00. 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;

- 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	2

The details of the QIP within this report were discussed with Mrs Eileen Doyle, registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Dr Tony Stevens, NHSCT	Registered Manager: Mrs Eileen Doyle
Person in Charge of the Premises at the Time of Inspection: Mrs Eileen Doyle	Date Manager Registered: 24 September 2008
Categories of Care: DCS-DE, DCS-LD, DCS-MP, DCS-PH, DCS-SI	Number of Registered Places: 30
Number of Service Users Accommodated on Day of Inspection: 22	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 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 Estate's inspection report
- Statutory notifications received over the past 12 months.

During the inspection the inspector did not meet with any service users, care staff, visiting professionals or service users' representatives. The inspector met Mr Mark Morrow, Sector estates manager and Mr Paul Wilson, Graduate engineer with the Northern HSC Trust.

The following records were examined during the inspection:

- Fire risk assessment
- Fire safety service records and in-house log books
- Electrical certificates & associated records.
- LOLER reports
- Legionella risk assessment and controls records.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was a primary announced care inspection dated 5 March 2015. The completed QIP was returned and considered to be acceptable by the specialist inspector on 22 April 2015.

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

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 26 (2)	The centre continues to be very well maintained. However, wall surfaces in the more heavily used parts of the centre were marked and grubby in places. A suitable time bound program for the redecoration of these wall surfaces should be put in place and implemented.	Met
	Action taken as confirmed during the inspection: The centre had been completely redecorated since the last estates inspection on 16 February 2012.	
Requirement 2 Ref: Regulation 26 (4)	The minibus seats currently stored in the electrical switch room should be removed and stored in a more suitable location. It is essential that this room is kept clear of stored items so as to maintain a minimal fire loading.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that these seats had been removed and that the Electrical switch room was not being used for storage.	

Previous Inspection Recommendations		Validation of Compliance
Recommendation Ref: Standard 27	Consideration should be given to the possibility of incorporating the conservatory area into the existing dining room in the Dementia Unit. This would add valuable floor space to the dining room and help maintain the minimum standards now in place in relation to day centres.	Not Met
	Action taken as confirmed during the inspection: No funding is currently available to enable this work to proceed. It is therefore restated for a second time in the QIP attached to this report.	

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.

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. One issue was however identified for attention during this Estates inspection. This is 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

A recommendation was made during the previous estates inspection on 16 February 2012, asking that consideration be given to the possibility of incorporating the conservatory area into the existing dining room in the Dementia Unit. Due to ongoing financial pressures within the trust, no funding has been available to allow this work to proceed. However, the inspector still believes that this change would add valuable floor space to the dining room. It is therefore restated again in the attached quality improvement plan. (Item 2 in the attached quality improvement plan)

Number of Requirements	0	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. 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 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. 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)

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

Areas for Improvement

The inspection and test of the centre's fixed electrical installation is due in November 2015. The estates manager confirmed that an order was raised for this inspection on 16 June 2015 and will be undertaken in a timely manner. It is essential that any remedial works required as a result of this inspection are undertaken and that the fixed electrical installation is left in a 'satisfactory' condition. (Item 1 in the attached quality improvement plan)

Discussion took place with the manager of the centre regarding the bath currently installed in the centre which is no longer required. It was agreed that if possible this bath should be removed along with any associated pipework so as to reduce the risk from the proliferation of legionella bacteria within the centre. (Item 3 in the attached quality improvement plan)

Number of Requirements	1	Number Recommendations:	1
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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

No areas for improvement were identified as a result of this inspection.

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

No additional areas were inspected during this inspection.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Eileen Doyle, registered manager 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				
Requirement 1 Ref: Regulation 26 (2) Stated: First time To be Completed by: 31 October 2015	Ensure that any remedial works required as a result of the imminent inspection and test of the centre’s fixed electrical installation are undertaken and that the installation is left in a ‘satisfactory’ condition.			
	Response by Registered Manager Detailing the Actions Taken: Fixed electrical installation testing undertaken 7th July 2015. Awaiting report however no significant deficiencies have been reported.			
Recommendations				
Recommendation 2 Ref: Standard 27 Stated: Second time To be Completed by: 17 December 2015	Consideration should be given to the possibility of incorporating the conservatory area into the existing dining room in the Dementia Unit. This would add valuable floor space to the dining room and help maintain the minimum standards now in place in relation to day centres.			
	Response by Registered Manager Detailing the Actions Taken: Minor works request to re-evaluate this proposal has been submitted to Estates Department 22/7/15			
Recommendation 3 Ref: Standard 27 Stated: First time To be Completed by: 31 October 2015	Consideration should be given to the removal of the bath along with any associated pipework, so as to reduce the risk from the proliferation of legionella bacteria within the centre.			
	Response by Registered Manager Detailing the Actions Taken: Minor works request (MCW413291E) submitted 23/6/15 and currently being costed.			
Registered Manager Completing QIP		Eileen Doyle	Date Completed	27.07.15
Registered Person Approving QIP		Dr Tony Stevens Una Cunning	Date Approved	31.07.15
RQIA Inspector Assessing Response		P Cunningham	Date Approved	18/8/15

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