



The Regulation and  
Quality Improvement  
Authority

**Enler Day Centre**  
**RQIA ID: 10744**  
**9 The Enler Complex**  
**Craigleith Drive**  
**Dundonald**  
**BT16 2QG**

**Inspector: Colin Muldoon**  
**Inspection ID: IN021485**

**Tel: 02895042790**  
**Email:**

**[gerry.robinson@belfasttrust.hscni.net](mailto:gerry.robinson@belfasttrust.hscni.net)**

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**Announced Estates Inspection  
of  
Enler Day Centre**

**07 January 2016**

**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](http://www.rqia.org.uk)**

## 1. Summary of Inspection

An announced Estates inspection took place on 07 January 2016 from 10.00 to 13.15. 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
<b>Total number of requirements and recommendations made at this inspection</b>	2	2

The details of the QIP within this report were discussed with Mr Gerry Robinson (Registered Manager) as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Belfast HSC Trust Mr Martin Dillon	<b>Registered Manager:</b> Mr Gerry Robinson
<b>Person in Charge of the Premises at the Time of Inspection:</b> Mr Gerry Robinson	<b>Number of Registered Places:</b> 50
<b>Categories of Care:</b> DCS-I, DCS-MP(E)	<b>Number of Service Users Accommodated on Day of Inspection:</b> 38

## 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, statutory notifications over the past 12 months, the report on the last care inspection.

Discussion with Mr Gerry Robinson (Registered Manager) and Mr Mark Gunning (Trust Fire Safety Officer).

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 19 May 2015. The completed QIP was returned and approved by the specialist inspector.

### 5.2 Review of Requirements and Recommendations from the last Estates Inspection on 21 December 2011.

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 14.-(1)(c)	It should be confirmed that there is a current legionella risk assessment which has been actioned as necessary.	Partially Met
	<b>Action taken as confirmed during the inspection:</b> The QIP returned after the last Estates inspection confirmed that a water risk assessment was carried out on 30 June 2011. On the day of inspection there was a water risk assessment dated November 2013. This assessment included a recommended review date of November 2014. Refer also to section 5.3 item 1 and requirement 1 in quality improvement plan.	
<b>Requirement 2</b>  <b>Ref:</b> Regulation 14.-(1)(c)	It should be confirmed that there are measures in place for controlling and preventing legionella and that there are procedures for monitoring the effectiveness of the control measures.	Partially Met
	<b>Action taken as confirmed during the inspection:</b> There were records of some legionella control measures currently in place. It could not be confirmed that all actions in a scheme for the effective control of legionella are in place, for example water temperature checks. Refer also to section 5.3 item 1 and requirement 1 in quality improvement plan.	

<p><b>Requirement 3</b></p> <p>Ref: Regulation 26.-(2)(c)</p>	<p>It should be confirmed that all the client hoisting equipment is subject to periodic thorough examination and that the servicing of the equipment is up to date.</p>	Partially Met
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector was provided with current documentation relating to the service and examination of the hoisting equipment. Refer also to section 5.3 item 2 and requirement 2 in quality improvement plan.</p>		
<p><b>Requirement 4</b></p> <p>Ref: Regulation 26.-(2)(l)</p>	<p>It should be confirmed that the thermostatic mixing valves are being maintained in accordance with the manufacturer's guidance.</p>	Met
<p><b>Action taken as confirmed during the inspection:</b></p> <p>There were records relating to the servicing of the thermostatic mixing valves.</p>		
<p><b>Requirement 5</b></p> <p>Ref: Regulation 26.-(2)(l)</p>	<p>It should be confirmed that someone on the Gas Safe register has provided a valid safety certificate for the gas appliance and installation.</p>	Met
<p><b>Action taken as confirmed during the inspection:</b></p> <p>There were valid Gas Safe records for the gas installation.</p>		
<p><b>Requirement 6</b></p> <p>Ref: Regulation 26.-(4)(f)</p>	<p>Records should be kept of staff who take part in practice fire drills. Arrangements should be made which will ensure that all staff participate in practice evacuation drills.</p>	Met
<p><b>Action taken as confirmed during the inspection:</b></p> <p>There were records relating to a drill carried out in the middle of 2015. The inspector was informed that a full evacuation drill is planned for January 2016.</p>		

<b>Requirement 7</b>  <b>Ref:</b> Regulations 26.-(4)(d)(iv) 26.-(4)(d)(v)	It should be confirmed that the emergency lights are being function tested and maintained in accordance with good practice (BS 5266).	Partially Met
	<b>Action taken as confirmed during the inspection:</b> The inspector was provided with records confirming that the emergency lights were duration tested in September 2015. There were no records relating to monthly function tests. Refer also to section 5.5 item 1 and recommendation 2 in quality improvement plan.	
<b>Requirement 8</b>  <b>Ref:</b> Regulation 26.-(4)(d)(iv)	It should be confirmed that the fire detection and alarm system is being maintained in accordance with good practice (BS 5839).	Met
	<b>Action taken as confirmed during the inspection:</b> There were records of the fire alarm system being tested and maintained.	

### 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.

The premises are modern, bright and spacious. They were well presented on the day of inspection.

#### 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

1. It should be confirmed that a scheme for the effective control of legionella is being fully implemented. The legionella risk assessment should be reviewed as recommended by the legionella risk assessor.  
The centre has a hairdressing room which is now infrequently used.  
Refer to requirement 1 in quality improvement plan.
2. The records indicate that the last interval between thorough examinations of the hoisting equipment may have exceeded that set out in the Lifting Operations and Lifting Equipment Regulations (NI) 1999. The documents provided to the inspector appeared to relate to the hoists only. It should be ensured that any associated equipment such as slings also have valid and satisfactory LOLER thorough examination reports.  
Refer to requirement 2 in quality improvement plan.

<b>Number of Requirements</b>	2	<b>Number Recommendations:</b>	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

No issues were identified during this inspection.

<b>Number of Requirements</b>	0	<b>Number Recommendations:</b>	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.

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

### **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.

One issue was however identified for attention during this Estates inspection. This is detailed in the 'areas for improvement' section below.

### **Areas for Improvement**

1. There were no records relating to the monthly function testing of the emergency lights. Refer to recommendation 1 in the quality improvement plan.
2. Many fire doors in the centre are fitted with stand open devices to facilitate service user movement around the centre. It is recommended that consideration be given to also fitting the doors to the courtyard room with stand open devices. Refer to recommendation 2 in the quality improvement plan.

<b>Number of Requirements</b>	0	<b>Number Recommendations:</b>	2
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## **5.6 Additional Areas Examined**

No other issues were identified during this inspection.

## **6. Quality Improvement Plan**

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Gerry Robinson (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@rqia.org.uk](mailto:estates@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  
13.-(7)

Stated: First time

To be Completed by:  
07 February 2016

It should be confirmed that a scheme for the effective control of legionella is being fully implemented.

The legionella risk assessment should be reviewed, as recommended by the legionella risk assessor. The action plan arising from the risk assessment should be implemented within timescales acceptable to the risk assessor.

The water outlets in the hairdressing room should be added to the flushing routine.

#### Response by Registered Manager Detailing the Actions Taken:

It can be confirmed that an alternate day flushing scheme rota for the hairdressing room commenced on 14/1/16. Staff document dates/times of flushing action and this is audited by the manager on a monthly basis and inspected by Estates.

#### Requirement 2

Ref: Regulation  
26.-(2)(c)

Stated: First time

To be Completed by:  
07 February 2016

It should be ensured that all associated equipment such as slings are included in the thorough examination of hoisting equipment and that the intervals between examinations are in accordance with LOLER.

#### Response by Registered Manager Detailing the Actions Taken:

Bureau Veritas completed inspections of 2nr track hoists and slings on Tuesday 2<sup>nd</sup> February with report to be forwarded to Estates Department.

### Recommendations

#### Recommendation 1

Ref: Standard 28

Stated: First time

To be Completed by:  
07 February 2016 and  
ongoing

The emergency lights should be function tested in accordance with good practice. The advice of the fire risk assessor should be sought and followed.

#### Response by Registered Manager Detailing the Actions Taken:

Trust Fire Officer Mark Gunning was contacted on 27/1/16, he in return sent Emergency Lighting Log Book which instructs staff to test lights on a monthly basis. Staff have commenced testing and recording on 02/02/16.

#### Recommendation 2

Ref: Standard 28

Consideration should be given to fitting the doors to the courtyard room with stand open devices linked to the fire alarm system.  
The advice of the fire risk assessor should be sought.

<b>Stated:</b> First time	<b>Response by Registered Manager Detailing the Actions Taken:</b> Trust Fire Officer Mark Gunning advised on 27/01/16 that this had been given due consideration with assessment completed by contractors. Report and costings are currently with Estates Department for consideration
<b>To be Completed by:</b> Ongoing	

<b>Registered Manager Completing QIP</b>	Janette Hewitt	<b>Date Completed</b>	27/1/16
<b>Registered Person Approving QIP</b>	Martin Dillion	<b>Date Approved</b>	12/2/16
<b>RQIA Inspector Assessing Response</b>	C Muldoon*	<b>Date Approved</b>	03/03/16*

*\*Please ensure the QIP is completed in full and returned to [estates@rqia.org.uk](mailto:estates@rqia.org.uk) from the authorised email address\**

\* Clarification or follow up required on some items