



The **Regulation** and
Quality Improvement
Authority

Ards Training and Resource Centre
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205 South Street
Newtownards
BT23 4JY

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Announced Estates Inspection
of
Ards Training and Resource Centre

02 June 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An announced estates inspection took place on 02 June 2015 from 10.00 to 11.30. Overall on the day of the inspection the premises were well presented and 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 Setting 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	6	0

The details of the QIP within this report were discussed with Mrs Elaine Crawford (Manager) and Mr David Currie (Trust Estates Officer) as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: South Eastern HSC Trust	Registered Manager: Mrs Elaine Crawford
Person in Charge of the centre at the Time of Inspection: Mrs Elaine Crawford	Date Manager Registered: 06 January 2009
Categories of Care: DCS-LD, DCS-LD(E)	Number of Registered Places: 50
Number of Service Users Accommodated on Day of Inspection: 41	Weekly Tariff at Time of Inspection:

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: The previous estates inspection report, statutory notifications over the past 12 months and the report on the last care inspection.

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.

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 09 April 2014. The completed QIP was returned and the responses were considered to be acceptable by the care inspector.

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)(c) 26.-(2)(l)	The provider should obtain a current and valid Gas Safe certificate which confirms that the gas appliances and installation are in satisfactory condition and safe to use.	Partially Met
	Action taken as confirmed during the inspection: There was current documentation relating to a service and inspection of the gas appliance and installation on 22 May 2015. The servicing contractor should be asked to verify that the appliance and installation are safe to use.	
Requirement 2 Ref: Regulation 26.-(2)(b)	The leaks in the roof of the conservatory should be permanently repaired.	Met
	Action taken as confirmed during the inspection: The manager confirmed that repairs have been carried out and the roof is not leaking.	
Requirement 3 Ref: Regulation 14.-(1)(c)	The provider must ensure that the plans to review and action the legionella risk assessment are progressed without delay.	Partially Met
	Action taken as confirmed during the inspection: The legionella risk assessment was reviewed by a specialist contractor in February 2013, after the last Estates inspection. There are actions and monitoring measures in place towards the control of legionella. The last risk assessment identified some issues requiring attention. The status of this work could not be confirmed on the day of inspection. A further review of the legionella risk assessment should be carried out.	

Requirement 4 Ref: Regulation 26.-(4)(d)(v)	It should be confirmed that the emergency lighting is being tested in accordance with current good practice (Ref: BS 5266)	Met
Action taken as confirmed during the inspection: Addressed.		
Requirement 5 Ref: Regulation 26.-(4)(a)	The review of the fire risk assessment should be completed and arrangements made to address any issues identified RQIA should be advised of issues identified in the review.	Partially Met
Action taken as confirmed during the inspection: The centre has a fire risk assessment which was carried out in February 2015 by the Trust fire safety officer. The overall risk was deemed to be moderate and a number of significant findings were identified. Some of the issues have been addressed.		
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 28	Consideration should be given to the fitting of stand open devices (linked to the fire detection system) to fire doors which are required to stand open for operational reasons.	Met
Action taken as confirmed during the inspection: The manager confirmed that this remains under consideration.		

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

The servicing contractor should be asked to verify that the gas appliance and installation are safe to use.

The legionella risk assessment should be reviewed.

The electrical installation was last tested and inspected in March 2009. The inspector was informed that test and inspection has been arranged and will take place within a month.

Although there was no current LOLER (Lifting Operations and Lifting Equipment Regulations (NI) 1999) documentation on site the inspector was informed that thorough examination of the hoisting equipment took place the week prior to this inspection.

While some of the labels on the portable electrical appliances were current some appeared to indicate that inspection was overdue.

Number of Requirements	5	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

No issues identified during this inspection.

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 issues in the fire risk assessment action plan which remain outstanding should be addressed within timescales acceptable to the fire risk assessor.

Number of Requirements	1	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 Mrs Elaine Crawford (Manager) and Mr David Currie (Trust Estates Officer) 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 Setting 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 26.-(2)(l)</p> <p>Stated: First time</p> <p>To be Completed by: 02 July 2015</p>	<p>The gas servicing contractor should provide verification that the gas appliance and installation are safe to use.</p> <p>Response by Registered Manager Detailing the Actions Taken: Boiler service sheet now indicates that the job is safe . 2.7.15</p>
<p>Requirement 2</p> <p>Ref: Regulation 13.-(7)</p> <p>Stated: Second time</p> <p>To be Completed by: 02 October 2015 and ongoing</p>	<p>The legionella risk assessment should be reviewed. The scheme of legionella control and action plan of remedial work arising from the risk assessment should be addressed within timescales acceptable to the legionella risk assessor.</p> <p>Response by Registered Manager Detailing the Actions Taken: Legionall Risk Assessment was reviewed on 17.7.15. The Action Plan will be implemented asap.</p>
<p>Requirement 3</p> <p>Ref: Regulation 26.-(2)(l)</p> <p>Stated: First time</p> <p>To be Completed by: 02 August 2015</p>	<p>It should be ensured that the test and inspection of the electrical installation is carried out as planned and that any work necessary to restore the installation to a safe and satisfactory condition is carried out in a timely manner.</p> <p>Response by Registered Manager Detailing the Actions Taken: Test and inspection of electrical installation was carried out on 4/5 July 2015</p>
<p>Requirement 4</p> <p>Ref: Regulation 26.-(2)(c)</p> <p>Stated: First time</p> <p>To be Completed by: 02 July 2015</p>	<p>It should be ensured that the reports on the recent LOLER thorough examination of the hoisting equipment are obtained. The reports should verify that all the equipment is without defects.</p> <p>Response by Registered Manager Detailing the Actions Taken: Loler report received 1.7.15</p>

Requirement 5 Ref: Regulation 26.-(2)(c) Stated: First time To be Completed by: 02 July 2015	It should be confirmed that the test and inspection of all the portable electrical appliances is up to date.		
	Response by Registered Manager Detailing the Actions Taken: PAT Testing carried out. 16.7.15		
Requirement 6 Ref: Regulation 26.-(4)(a) Stated: Second time To be Completed by: Within timescales acceptable to the fire risk assessor	The issues in the fire risk assessment action plan which remain outstanding should be addressed within timescales acceptable to the fire risk assessor.		
	Response by Registered Manager Detailing the Actions Taken: 26.6.15 Work completed to install door closure and intumescent smoke seals to main kitchen door. Installation of a fire rated roller shutter interfaced to the fire alarm system has been noted in the Fire Risk assessment as a consideration only , and is to be reviewed in twelve months time. Fire Drill carried out 1.7.15		
Registered Manager Completing QIP	Elaine Crawford	Date Completed	20.7.15
Registered Person Approving QIP	Bria Mongan	Date Approved	22/7/15
RQIA Inspector Assessing Response	C Muldoon	Date Approved	21/10/2015

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