



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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ANNOUNCED ESTATES INSPECTION

Inspection No: IN018027
Establishment ID No: 10794
Name of Establishment: Ravara Training and Resource Centre
Date of Inspection: 15 January 2015
Inspector's Name: Colin Muldoon

1.0 GENERAL INFORMATION

Name of Day Care Centre:	Ravara Training and Resource Centre
Address:	14 Ravara Gardens, Bangor, BT19 1SD
Telephone Number:	02891 271304
Registered Organisation/Provider:	South Eastern HSC Trust Mr H McCaughey (Responsible Person)
Registered Manager:	Mrs Belinda McCormack
Person in Charge of the centre at the time of Inspection:	Mrs Belinda McCormack
Other person(s) consulted during inspection:	Mr David Currie (Trust Estates Officer)
Type of establishment:	Day Care Centre
Date and time of Estates inspection:	15 January 2015 10am – 1.35pm
Date of previous Estates inspection:	19 December 2011
Name of Inspector:	Colin Muldoon

2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect Day Care Settings.

This is a report of an announced inspection to assess the quality of the premises and grounds in which the service is being provided including the upkeep of the building and engineering services and equipment. The report details the extent to which the standards measured during inspection were met.

3.0 PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the premises and grounds were safe, well maintained and remain suitable for their stated purpose in compliance with legislative requirements and current minimum standards. This was achieved through a process of evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards.

The aims of the inspection were to examine the estates related policies, practices and monitoring arrangements for the provision of Day Care Settings, and to determine the provider's compliance with the following:

- 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)

Other published standards which guide best practice may also be referenced during the Inspection process.

4.0 METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- Discussion with Mrs Belinda McCormack and Mr David Currie
- Examination of records
- Inspection of the centre internally and externally
- Evaluation and feedback

Any other information received by RQIA about this Registered Provider has also been considered by the Inspector in preparing for this inspection.

5.0 CONSULTATION PROCESS

During the course of the inspection, the Inspector spoke to Mrs Belinda McCormack and Mr David Currie.

6.0 INSPECTION FOCUS

The inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Day Care Centre's Minimum Standards and to assess progress with the issues raised during and since the previous inspection:

Standards inspected:

- Standard 25 - Premises and grounds
- Standard 27 - Safe and healthy working practices
- Standard 28 - Fire safety

7.0 PROFILE OF SERVICE

Ravara TRC is a single storey purpose built centre set within the Kilcooley housing development on the outskirts of Bangor. Accommodation includes a number of activity rooms and areas, a dining room, toilets, shower rooms, laundry and kitchen. There is an enclosed courtyard area.

8.0 SUMMARY

Following the Estates Inspection of Ravara TRC on 15 January 2015 improvements are required to comply with the Day Care Settings Regulations (Northern Ireland) 2007 and the criterion outlined in the following minimum standards:

- Standard 25 - Premises and grounds
- Standard 28 - Fire safety

This resulted in seven requirements and one recommendation. These are outlined in the Quality Improvement Plan appended to this report.

The Estates Inspector would like to acknowledge the assistance of Mrs Belinda McCormack and Mr David Currie during the inspection process.

9.0 INSPECTOR'S FINDINGS

9.1 Recommendations and requirements from previous Estates inspection on 19 December 2011.

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
9.1.1	Regulation	The legionella risk assessment should be reviewed and the scheme for the control and prevention of legionella should be updated and actioned as necessary.	The centre has a legionella risk assessment which was carried out by a specialist contractor in April 2013. The risk assessment identified necessary remedial work. It is understood this work remains outstanding. There are ongoing actions and monitoring measures in place towards the control of legionella.	The plans for attending to the remedial work identified in the legionella risk assessment should be confirmed. (Item 1 in Quality Improvement Plan)
9.1.2	Regulation 14.-(1)(c)	It should be confirmed that there are measures in place for controlling and preventing legionella and that there are effective procedures for monitoring the control measures.	Refer to item 9.1.1	(Item 1 in Quality Improvement Plan)
9.1.3	Regulation 26.-(2)(c)	It should be confirmed that the client hoisting equipment is subject to periodic thorough examination.	There was an entry in the on-site records relating to the thorough inspection of hoists in November 2014 although the certificates were not available.	It should be confirmed that valid LOLER (Lifting Operations and Lifting Equipment Regulations (NI) 1999) Schedule 1 certificates were obtained for the hoists and hoisting equipment. (Item 2 in Quality Improvement Plan)

9.1.4	Regulation 26.-(4)(f)	Arrangements should be made which will ensure that all staff participate in practice evacuation drills.	The last fire drill was carried out in January 2014. Records of attendance and an assessment of the drill were not completed.	Records should be kept which confirm that all staff participate in practice fire drills. Post drill assessment records should also be maintained. (Item 7 in Quality Improvement Plan)
9.1.5	Regulation 26.-(4)(d)(i)	The doors at the entrance to the main unit and to the kitchen/dining room are designated fire doors. However, the floor springs allow the doors to stand open and there is no mechanism for automatically closing the doors upon activation of the fire detection system. These, and any other similarly fitted fire doors, should be upgraded so that they will provide an effective fire barrier.	These doors have been replaced and are fitted with stand open devices linked to the alarm system.	N/A

No	Standard	Recommendation	Action taken - as confirmed during this inspection	Inspector's Comments
9.1.6	Standard 23.	It is recommended that a program of minor repairs be implemented to deal with internal tiling and paintwork defects.	There are some areas of the centre which would benefit from attention.	<p>There is some wall damage in the therapy room and bathrooms. Consideration should be given to protective wall cladding.</p> <p>The paint to external features such as the fascia, gutters and downspouts is in poor condition. (Item 6 in Quality Improvement Plan)</p>

9.2 Standard 25 - Premises and grounds - *The premises and grounds are safe, well maintained and remain suitable for their stated purpose*

9.2.1 There was a large hole in the plant room ceiling which was creating a significant draught in the main activity area.
(Item 3 in Quality Improvement Plan)

9.2.2 It is understood that the frequency at which portable electrical appliances are checked varies according to the appliance. However, the due test date on some appliance labels was September 2014.
(Item 4 in Quality Improvement Plan)

9.2.3 On the day of inspection there were no Gas Safe certificates available.
(Item 5 in Quality Improvement Plan)

These are detailed in the section of the attached quality improvement plan titled '**Standard 25 - Premises and grounds**'.

9.3 Standard 27 - Safe and healthy working practices - *The centre is maintained in a safe manner*

9.3.1 No issues identified.

9.4 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.*

9.4.1 There was a significant amount of combustible material stored in the electrical switch- room.
(Item 8 in Quality Improvement Plan)

This issue is detailed in the section of the attached Quality Improvement Plan titled '**Standard 28: Fire safety**'.

10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Belinda McCormack and Mr David Currie as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (Northern Ireland) 2007 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the centre to improve the quality of life experienced by service users.

The registered provider is required to record comments on the Quality Improvement Plan.

11.0 Enquiries

Enquiries relating to this report should be addressed to:

**Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT**



Quality Improvement Plan sign off sheet for estates inspectors

Name of Home	Ravara TRC
Date of Inspection	15 January 2015
	C Muldoon

QIP Position Based on Comments from Registered Persons		QIP Closed		Estates Officer	Date
		Yes	No		
A.	All items confirmed as addressed.				
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.				
C.	Clarification or follow up required on some items.	√	√	C Muldoon	12/03/2015

Estates Inspection – QIP sign off sheet

Informing and Improving Health and Social Care

NOTES:

The details of the Quality Improvement Plan were discussed with Mrs Belinda McCormack and Mr David Currie as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (Northern Ireland) 2007 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the centre to improve the quality of life experienced by clients.

The registered provider is required to record comments on the Quality Improvement Plan.

The quality improvement plan is to be completed by the registered provider and registered manager and returned to estates@rqia.org.uk.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Belinda McCormack
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Mandy Irvine Acting Director of Adult Services and Prison Healthcare (obo Brendan Whittle)

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Assurance, Challenge and Improvement in Health and Social Care

Standard 25 - Premises and grounds

The following requirements and recommendations should be noted for action in relation to Standard 25 - Premises and grounds

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
1	Regulation 13.-(7)	It should be confirmed that firm plans have been made to address the remedial works identified in the legionella risk assessment. (Item 9.1.1 in report)	1 Month	Estates have been informed of requirement and all remedial works will be completed by 1/4/15
2	Regulation 26.-(2)(c)	It should be confirmed that valid LOLER (Lifting Operations and Lifting Equipment Regulations (NI) 1999) Schedule 1 certificates were obtained and that they verify that the hoists and slings are without defects. (Item 9.1.3 in report)	1 Month	Bureau Veritas confirmed with Estates last check was 3/11/14
3	Regulation 26.-(2)(b)	The hole in the plant room ceiling should be repaired and the roof space doors securely closed. (Item 9.2.1 in report)	2 Weeks	Expected completion by 28/2/15 as per Estates Manager
4	Regulation 26.-(2)(c)	The portable electrical appliances with lapsed test due dates should be followed up. (Item 9.2.2 in report)	1 Month	Last completed Sep 2014
5	Regulation 26.-(2)(c) and (l)	It should be confirmed that there are valid Gas Safe certificates. The certificates should verify that the gas appliances and their associated pipework installations are in a safe and satisfactory condition. (Item 9.2.3 in report)	1 Month	Estates Manager confirmed boiler serving modular building last serviced on 21/07/14

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Item	Standard	Recommendation	Timescale	Details Of Action Taken By Registered Person (S)
6	Standard 25	A program to survey, repair and redecorate surfaces should be drawn up and implemented. (Item 9.1.6 in report)	Ongoing	Surveys are carried out quarterly by hotel services, redecoration is prioritised on these scores, defects are also reported to the estates helpdesk for repair.

Standard 28 - Fire Safety				
The following requirements and recommendations should be noted for action in relation to Standard 28 - Fire Safety				
Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
7	Regulation 26.-(4)(f)	Records should be kept which confirm that all staff participate in practice fire drills. Post drill assessment records should also be maintained. (Item 9.1.4 in report)	Ongoing	Record of any fire drill is recorded in Fire manual. The fire training officer will issue a report assessing any issues which arise. This to be completed by 30/03/15. Fire drill took place on 26th January 2015. A new template has been introduced by Centre Management and used to demonstrate staff who participated in the evacuation.
8	Regulation 26.-(4)(b)	The advice of the fire safety officer should be sought and followed regarding the storage of combustible material, particularly in the electrical switch room. (Item 9.4.1 in report)	1 Month	The storage of combustible materials should be avoided with all electrical switch rooms. Expected removal of combustible materials by 6/03/15

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