



The **Regulation** and
Quality Improvement
Authority

City Way Day Centre
RQIA ID: 10988
2a Boyne Court
Sandy Row
Belfast
BT12 5BL

Inspector: Gavin Doherty
Inspection ID: IN021377

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Announced Estates Inspection
of
City Way Day Centre

13 April 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 13 April 2015 from 10.30am to 12.30pm. 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 | 3 | 0 |

The details of the QIP within this report were discussed with the Mrs Eshelle Love, 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: Mr Martin Dillon Belfast HSC Trust | Registered Manager: Ms Eshelle Love Belfast HSC Trust |
| Person in Charge of the Premises at the Time of Inspection: Ms Eshelle Love | Date Manager Registered: 8 April 2009 |
| Categories of Care: DCS-I, DCS-PH, DCS-PH(E) | Number of Registered Places: 50 |
| Number of Service Users Accommodated on Day of Inspection: 50 | Weekly Tariff at Time of Inspection: Trust Rate |

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.

During the inspection the inspector did not meet with any service users, care staff, visiting professionals or service user's representatives. The inspector met the Belfast HSC Trust's Fire Officer, Mr Mark Gunning and Estates Officer, Mr Alan Kerr.

The following records were examined during the inspection:

- Fire risk assessment
- Fire safety service records and in-house log books
- Control of Legionella risk assessment and associated records
- Mechanical and electrical certificates and associated records
- Thorough examination certificates for Lifting Equipment

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the centre was an announced care inspection dated 12 June 2014. No requirements or recommendations were made as a result of this inspection and therefore no Quality Improvement Plan was necessary.

5.2 Review of Requirements and Recommendations from the last Estates Inspection

The previous estates inspection was undertaken on 2 March 2012.

| Previous Inspection Statutory Requirements | | Validation of Compliance |
|--|--|--------------------------|
| Requirement 1 Ref: Regulation 26 (2)(b)(d) | The laminate faced toilet stalls in the main male WC facility were damaged and should be made good or replaced. | Met |
| | Action taken as confirmed during the inspection: Inspector confirmed work had been completed to a high standard. | |
| Requirement 2 Ref: Regulation 14 (2)(a)(c) | In relation to the 'Control of Legionella bacteria in the hot and cold water systems', suitable systems should be put in place for the quarterly descaling and disinfection of the shower heads and associated hoses within the facility. (HTM04-01) | Met |
| | Action taken as confirmed during the inspection: Inspector confirmed that suitable systems have been implemented and records were examined. | |
| Requirement 3 Ref: Regulation 26 (4)(d)(v) | Ensure that a suitable monthly function check of the emergency lighting is carried out within the centre (BS5266-8:2004). Suitable records of this function check should be maintained and available for inspection. | Met |
| | Action taken as confirmed during the inspection: Inspector confirmed that these checks are in place and records were available within the centre. | |
| Previous Inspection Recommendations | | Validation of Compliance |
| Recommendation 1 Ref: Standard 25 | The communications cabinet recently installed in the main office should be closely monitored with regards to the heat and noise levels produced and the adverse effects these conditions will have on staff. If possible this equipment should be relocated to a non-habitable room. | Met |
| | Action taken as confirmed during the inspection: No further action required. | |

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. A redecoration scheme is currently being implemented throughout the centre and the lighting is programmed for upgrading in the next number of months. This supports the delivery of compassionate care.

Areas for Improvement

The percentage of male service users has significantly increased since the last estates inspection was undertaken and can now account for approximately 25-30 of the service users on a daily basis. This is putting increased pressure on the existing toilet provision and is leading to queues forming at certain times throughout the day. It is essential that this shortcoming is appropriately dealt with in accordance with current best practice guidance and in a timely manner. BS6465-1:2006 +A1:2009 'Sanitary Installations – Part 1: Code of practice for the design of sanitary facilities and scales of provision of sanitary and associated appliances' would offer such best practice guidance. A detailed proposal should be prepared and forwarded to RQIA for approval prior to implementation.

| | | | |
|-------------------------------|----------|--------------------------------|----------|
| Number of Requirements | 1 | Number Recommendations: | 0 |
|-------------------------------|----------|--------------------------------|----------|

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 service users are considered as part of the risk assessment processes and this is reflected in the management of the home. 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 for attention by the registered manager as a result of this Estates inspection. This is to be commended.

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|-------------------------------|----------|--------------------------------|----------|
| Number of Requirements | 0 | Number Recommendations: | 0 |
|-------------------------------|----------|--------------------------------|----------|

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 service users, the management policies and the availability of adequately trained staff. This is recorded 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 non-institutionalised environment. This supports the delivery of compassionate care.

Areas for Improvement

The positioning of the smoke detectors on the sloping ceiling in the dining area of the centre was discussed with the Trust's fire officer during the inspection. It is essential that these detectors are located in the correct position to ensure the earliest possible detection should a fire start in this area.

The door to the main function room is currently fitted with a 'Dorguard' hold open device. This is proving ineffective in daily use. As there is a recognised need for this door to be regularly held open to assist service users with limited mobility, it is essential that this door is fitted with a suitable hold open device linked to the centre's fire detection and alarm system.

| | | | |
|-------------------------------|----------|--------------------------------|----------|
| Number of Requirements | 2 | Number Recommendations: | 0 |
|-------------------------------|----------|--------------------------------|----------|

5.6 Additional Areas Examined

No additional areas were examined 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 the Registered Manager, Ms Eshelle Love 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 will 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: 06 July 2015 | Prepare a detailed proposal for increasing the male toilet provision at the premises (in accordance with current best practice guidance) and forward to RQIA for approval prior to implementation. | | |
| | Response by Registered Manager Detailing the Actions Taken: A proposal for increased provision and refurbishment of the male toilets is currently being drawn up by Estate Services Dept and will be forwarded to RQIA for approval within the agreed timeframe. | | |
| Requirement 2 Ref: Regulation 26(4) Stated: First time To be Completed by: 06 July 2015 | Ensure that the smoke detectors in the dining room are located in the correct position to ensure the earliest possible detection should a fire start in this area. | | |
| | Response by Registered Manager Detailing the Actions Taken: Estate Services agreed to ensure relocation of smoke detectors within the timeframe. | | |
| Requirement 3 Ref: Regulation 26(4) Stated: First time To be Completed by: 06 July 2015 | Ensure that the door to the main function room is fitted with a suitable hold open device, linked to the centre's fire detection and alarm system. | | |
| | Response by Registered Manager Detailing the Actions Taken: Estate Services agreed to provide appropriate hold open device as required within the timeframe. | | |
| Registered Manager Completing QIP | Eshelle Love | Date Completed | 4/06/15 |
| Registered Person Approving QIP | Michael McBride | Date Approved | 04/06/15 |
| RQIA Inspector Assessing Response | Gavin Doherty | Date Assessed | 02/07/2015 |

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