



The Regulation and  
Quality Improvement  
Authority

Avondale Day Centre  
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203 South Street  
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BT23 4JY

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**Announced Estates Inspection  
of  
Avondale Day Centre**

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

## 1. Summary of Inspection

An announced estates inspection took place on 02 June 2015 from 11.30 to 13.00. 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 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
<b>Total number of requirements and recommendations made at this inspection</b>	3	0

The details of the QIP within this report were discussed with Ms Jennifer Zebedee (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> Fold Housing Association Mrs Fiona McAnespie	<b>Registered Manager:</b> Ms Jennifer Zebedee
<b>Person in Charge of the Premises at the Time of Inspection:</b> Ms Jennifer Zebedee	<b>Date Manager Registered:</b>
<b>Categories of Care:</b> DCS-LD DCS-LD(E)	<b>Number of Registered Places:</b> 20
<b>Number of Service Users Accommodated on Day of Inspection:</b> 14	<b>Weekly Tariff at Time of Inspection:</b>

## 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, 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 pharmacy inspection dated 09 February 2015. There were no requirements or recommendations arising from that inspection.

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

Previous Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 1</b></p> <p>Ref: Regulation 14.-(1)(c)</p>	<p>The provider should get a competent person to investigate the temperature of the unblended hot water, which is outside the range for effective legionella control.</p> <p>The provider must ensure that effective remedial action is taken to ensure that hot water is stored, circulated and delivered at a temperature which is in line with ACoP L8.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Addressed.</p>	Met
<p><b>Requirement 2</b></p> <p>Ref: Regulation 26.-(2)(b)</p>	<p>The loose ceiling tiles should be repaired.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> On the day of inspection a number of the ceiling tiles in the main reception area appeared to be not fully secured. The inspector was informed that a contractor had surveyed the ceilings with suspended tiles. In his report the contractor considers the tiles to be in poor condition and advises that many cannot be secured adequately and are in danger of falling. The contractor recommends urgent replacement of the ceiling tiles.</p>	Not met
<p><b>Requirement 3</b></p> <p>Ref: Regulations 26.-(4)(d)(iv) 26.-(4)(d)(v)</p>	<p>It should be confirmed that the emergency lighting is being tested and maintained in accordance with current good practice (Ref: BS 5266).</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Addressed.</p>	Met

<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 26.-(4)(a)</p>	<p>The provider must ensure that they receive a copy of the fire risk assessment and that arrangements are made to address issues which are identified in the assessment.</p> <p>A copy of the assessment should be forwarded to RQIA.</p>	Met
<p><b>Action taken as confirmed during the inspection:</b></p> <p>There was a current fire risk assessment in place which was carried out by an accredited fire risk assessor. The assessor considered the overall risk to be tolerable.</p> <p>The action plan arising from the assessment has been marked up with the issues addressed.</p>		
<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulation 26.-(4)(e)</p>	<p>Arrangements should be made for all staff to receive suitable fire safety information, instruction and training from a competent person.</p>	Met
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Addressed.</p>		
<b>Previous Inspection Recommendations</b>		<b>Validation of Compliance</b>
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 25</p>	<p>Consideration should be given to the adequacy of the heating system.</p>	Met
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Addressed – a new low surface temperature radiator has been installed.</p>		
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 28</p>	<p>Consideration should be given to the fitting of fire door hold open devices (linked to the fire detection system) to facilitate client movement around the facility.</p>	Met
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Addressed.</p>		

**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**

A plan of action to address the issues with the suspended ceiling tiles should be confirmed and implemented.

The inspector was informed that the test and inspection of the electrical installation had been arranged for 15 June 2015.

The water system is shared with and largely managed by the adjoining South Eastern HSC Trust day centre. The legionella risk assessment relating to the whole water system requires to be reviewed.

<b>Number of Requirements</b>	3	<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 identified during this inspection.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>0</b>
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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 issues identified during this inspection.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>0</b>
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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 Ms Jennifer Zebedee (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 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](mailto: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><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 26.-(2)(b)</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> 02 July 2015 and ongoing</p>	<p>A plan of action to restore the suspended ceiling tiles to a safe and satisfactory condition should be confirmed and implemented. The advice of a competent health and safety advisor should be sought and followed regarding the current situation, the proposed remedial works and the arrangements which must be made to ensure the safety of the service users prior to and during the works.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> The Landlord for Avondale Day Centre premises is Gateway. All the information has been forwarded to them for implementation and for a plan to address the ceiling. Fold are meeting with the HSCT who commission the service to discuss requirements as stated above.</p>		
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 26.-(2)(l)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 02 July 2015</p>	<p>It should be ensured that the test and inspection of the electrical installation is carried out as planned and that any remedial work necessary to restore the installation to a satisfactory condition is fully addressed.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> Gateway (Landlords) have made arrangements for an electrician to attend week beginning 22/6/15 to complete the works.</p>		
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 13.-(7)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 02 October 2015</p>	<p>It should be ensured that the legionella risk assessment is reviewed and that arrangements, which are to the satisfaction of a competent person, are made to address any identified issues which relate to this establishment.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> The Registered Manager has discussed this with Gateway, who will make plans to address this requirement by the due date.</p>		
<b>Registered Manager Completing QIP</b>	Jennifer Zebedee	<b>Date Completed</b>	26/6/15
<b>Registered Person Approving QIP</b>	Fiona McAnespie	<b>Date Approved</b>	9/7/15
<b>RQIA Inspector Assessing Response</b>	Colin Muldoon	<b>Date Approved</b>	*17/08/2015

\* Clarification or follow up required on some items

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