



The **Regulation** and
Quality Improvement
Authority

Newington Day Centre
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Announced Estates Inspection
of
Newington Day Centre

14 April 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 14 April 2015 from 10.30am to 14.00pm. Overall on the day of the inspection the centre was found to be delivering 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 DHSSPS Day Care Settings Minimum Standards 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	2

The details of the QIP within this report were discussed with Mrs Margaret McCrudden (Manager) as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Newington Day Centre Rev Paul Strain	Registered Manager: Mrs Margaret McCrudden
Person in Charge of the Centre at the Time of Inspection: Mrs Margaret McCrudden	Date Registered: 07/03/2011
Categories of Care: DCS-DE, DCS-E, DCS-I, DCS-LD, DCS-LD(E), DCS-MP, DCS-MP(E), DCS-PH(E)	Number of Registered Places: 50
Number of Service Users Accommodated on Day of Inspection:	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 returned Quality Improvement Plan relating to the previous Estates inspection.
The report and Quality Improvement Plan relating to the last Care inspection.

The following records were examined during the inspection:

Fire and legionella risk assessments, fire safety installation test and maintenance records, water safety records, engineering services records, eg, gas, electric, lifts, etc., fire training records.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of Newington Day Care Centre was an announced care inspection dated 03 July 2014. The completed QIP was returned and the care inspector considered that the registered person's response to the QIP was acceptable.

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)	The frequency of the thorough examination of the bath hoist should be reviewed in line with LOLER.	Met
	Action taken as confirmed during the inspection: This bath is no longer in use and plans are being made for its removal.	
Requirement 2 Ref: Regulation 26.-(2)(c)	Arrangements should be made for the small stair lift to be thoroughly examined and serviced. Reference should be made to LOLER.	Met
	Action taken as confirmed during the inspection: This stair lift is no longer in use as the rooms it led to are no longer used by service users.	
Requirement 3 Ref: Regulation 14.-(1)(c)	Robust, non-disengagable restrictors should be fitted to all opening windows. The aperture should be limited to 100mm.	Partially Met
	Action taken as confirmed during the inspection: The manager confirmed that all windows were fitted with restrictors following the last Estates inspection. A random selection was reviewed during this inspection. In one room, currently being decorated, one window was not restricted. The manager undertook to attend to this.	
Requirement 6 Ref: Regulation 14.-(1)(c)	A legionella risk assessment should be carried out. The outcome of the assessment should be a written scheme which details the remedial and periodic actions to be taken for the control and prevention of legionella.	Partially Met

	<p>Action taken as confirmed during the inspection:</p> <p>There are actions in place towards the control of legionella and a report on the water system and a schedule of legionella control measures was provided by a specialist contractor in December 2014. This documentation should be revisited and reviewed to ensure that the risk from legionella is fully assessed and that an appropriate scheme for the effective control of legionella is fully implemented. The inspector advised Mrs McCrudden of the recently published Health and Safety Executive guidance document HSG274 Part 2 (Legionnaires' disease Part 2: The control of legionella bacteria in hot and cold water systems).</p>	
<p>Requirement 7</p> <p>Ref: Regulation 26.-(4)(a)</p>	<p>The fire risk assessment and emergency plan should be reviewed and actioned as necessary.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The last fire risk assessment was carried out by a specialist contractor on 30 January 2012. The assessor considered the overall fire risk to be tolerable. Mrs McCrudden informed the inspector that the fire risk assessment was reviewed by the same contractor in April 2015. The report on this assessment had not been received by the time of this inspection.</p>	<p>Met</p>
<p>Requirement 8</p> <p>Ref: Regulation 26.-(4)(e) 26.-(4)(f)</p>	<p>It should be confirmed that all staff and volunteers have participated in fire training and an evacuation drill.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Mrs McCrudden provided records relating to fire safety training led by the fire safety advisor which took place on 02 March 2015. It is understood that all staff and some volunteers attended this training. Mrs McCrudden informed the inspector that practice drills are carried out twice a year although there were no records of who attended on each occasion.</p>	<p>Partially Met</p>

6. Previous Inspection Recommendations		Validation of Compliance
Recommendation 4: Ref: Standard 23	A hot surface risk assessment should be carried out.	Met
	Action taken as confirmed during the inspection: Mrs McCrudden confirmed that the risk from hot surfaces is kept under constant review.	
Recommendation 5: Ref: Standard 23	Where trailing multi-way electrical sockets are needed, consideration should be given to the installation of additional permanent wall outlets.	Met
	Action taken as confirmed during the inspection: Additional fixed socket outlets have been installed.	
Recommendation 9: Ref: Standard 26	A daily check should be carried out before the arrival of clients to ensure that the key for the back gate is ready for use.	Met
	Action taken as confirmed during the inspection: The key for the back gate is kept in a break glass unit as recommended by the fire risk assessor.	

5.3 Standard 25: Premises and Grounds

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.

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.

Areas for Improvement

It is recommended that a routine be established to periodically check that window restrictors are intact and effective.

The report on the condition of the water system and the legionella control measures in place should be revisited and reviewed to ensure that the risk from legionella is fully assessed and that an appropriate scheme for the effective control of legionella is fully implemented.

Number of Requirements	1	Number Recommendations:	1
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5.4 Standard 27: Safe and Healthy Working Practices**Is Care Compassionate? (Quality of Care)**

There are health and safety procedures and control measures in place which support the delivery of compassionate care.

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 home. This supports the delivery of effective care.

Areas for Improvement

No issues identified under this standard.

Number of Requirements	0	Number Recommendations:	0
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5.5 Standard 28: Fire Safety

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.

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 is recorded 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.

Areas for Improvement

Records, including staff attendance, should be kept of each fire drill. Learning points from each drill should be noted and used to inform subsequent training. The advice of the fire safety advisor should be sought regarding procedures to be used for evacuating service users from the upper floors.

The fire risk assessment available on the day of inspection was dated January 2012. Mrs McCrudden informed the inspector that a review had been carried out by a specialist contractor in April 2015 but the report was not yet available.

The inspector recommended that the fire procedure be posted at the fire panel.

Number of Requirements	2	Number Recommendations:	1
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5.6 Additional Areas Examined

N/A

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Margaret McCrudden (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 DHSSPS Day Care Settings Minimum Standards 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 home. 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 home.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 13.-(7) Stated: First time</p> <p>To be Completed by: 14 May 2015 and ongoing</p>	<p>The report on the condition of the water system and the legionella control measures in place should be revisited and reviewed to ensure that the risk from legionella is fully assessed and that an appropriate scheme for the effective control of legionella is fully implemented. Reference should be made to the Health and Safety Executive document HSG274 Part 2 (Legionnaires' disease – The control of legionella bacteria in hot and cold water systems)</p>
	<p>Response by Registered Manager Detailing the Actions Taken: Mrs McCrudden has revisited the current report with the company who carried out the Risk Assessment. They looked at her notes taken from discussions with the Inspector during his visit and will implement them within the report. We thank the Inspector for forwarding further information to help with this process. We will ensure this report is updated on an ongoing basis and a complete revamp will take place following the next inspection of the water system.</p>
<p>Requirement 2</p> <p>Ref: Regulation 26.-(4)(f) Stated: First time</p> <p>To be Completed by: 14 May 2015 and ongoing</p>	<p>Records, including staff attendance, should be kept of each fire drill. Learning points from each drill should be noted and used to inform subsequent training. The advice of the fire safety advisor should be sought regarding procedures to be used for evacuating service users from the upper floors.</p>
	<p>Response by Registered Manager Detailing the Actions Taken: We now record all fire drills with the time, date and people involved in the drill and their names are recorded. All learning points following the drill and subsequent training to be undertaken is recorded and put in place.</p>
<p>Requirement 3</p> <p>Ref: Regulation 26.-(4)(a) Stated: First time</p> <p>To be Completed by: 14 May 2015 and ongoing</p>	<p>The report on the latest fire risk assessment should be obtained and any issues identified in the action plan should be addressed within timescales acceptable to the fire risk assessor.</p>
	<p>Response by Registered Manager Detailing the Actions Taken: The latest Fire Risk Assessment took place on 2nd April 2015. All recommendations have been completed and a copy will be forwarded to the Inspector. Actions to be taken are minimal but never the less, as with all Risk Assessments, these are very important.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 25 Stated: First time</p> <p>To be Completed by: Ongoing</p>	<p>A routine should be established to periodically check that all the opening windows which require to be restricted have intact and robust fittings which are in line with the relevant safety alerts issued by the Northern Ireland Adverse Incident Centre.</p>
	<p>Response by Registered Manager Detailing the Actions Taken: Windows have all been checked and secured. The window may have been</p>

	damaged during renovation works. Windows are now fire checked weekly during other checks to ensure compliance.		
Recommendation 2 Ref: Standard 28 Stated: First time To be Completed by: 14 May 2015	An emergency plan setting out, among other things: <ul style="list-style-type: none"> - Details of the action to be taken by staff in the case of fire - The procedure to be followed in the evacuation of the premises in case of fire. - The arrangements for calling the Northern Ireland Fire and Rescue Service. should be posted at the fire panel.		
	Response by Registered Manager Detailing the Actions Taken: The centre has an emergency plan in the event of a fire. These fire instructions form part of our Staff Handbook, Policy & Procedures for fire drills and are included in our Statement of Purpose. Instructions have now been displayed at the fire panel in the downstairs sitting room. All staff and volunteers will be issued with a copy to refresh their memory. Regular Fire Safety Training is in place at the centre for all staff and volunteers.		
Registered Manager Completing QIP	Margaret McCrudden	Date Completed	14/8/2015
Registered Person Approving QIP	Fr Paul Strain	Date Approved	14/8/2015
RQIA Inspector Assessing Response	Colin Muldoon	Date Approved	25/09/2015

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