



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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ANNOUNCED ESTATES INSPECTION

Inspection No:	IN016765
Establishment ID No:	11006
Name of Establishment:	Lowtherstown Court DCS
Date of Inspection:	27 November 2014
Inspector's Name:	Raymond Sayers

1.0 GENERAL INFORMATION

Name of Day Care Centre:	Lowtherstown Court
Address:	55 Bridge St Irvinestown BT94 1DT
Telephone Number:	(028) 6862 1525
Registered Organisation/Provider:	Northern Ireland association of Mental Health (NIAMH)
Registered Manager:	Ms Margaret Tanner
Person in Charge of the centre at the time of Inspection:	Ms Margaret Tanner
Other person(s) consulted during inspection:	Ms Fiona Hegarty(Northern Ireland Association of Mental Health) & Ms Wendy Knox (Oaklee Housing Association)
Type of establishment:	Day Care Centre
Date and time of inspection:	27 November 2014 from 10.20 – 12.45hrs
Date of previous inspection:	5 October 2011
Name of Inspector:	Raymond Sayers

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 Ms Margaret Tanner, Ms Fiona Hegarty & Ms Wendy Knox ;
- Examination of records;
- Inspection of the centre internally and externally;
- Evaluation and feedback.

Any other information received by RQIA about this regulated establishment 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 Ms Margaret Tanner, Ms Fiona Hegarty & Ms Wendy Knox.

6.0 INSPECTION FOCUS

The inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Day Care Centres 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

Lowtherstown Court Day Centre is managed by NIAMH. The DCS has a large multi-function room, adjoining kitchen, two wheelchair accessible WCs, a shower & hair-dressing/Chripody room located on on the ground floor. The Centre has access to a bedroom on the first floor which can be utilized for personal care.

8.0 SUMMARY

Following the Estates Inspection of Lowtherstown Court on 27 November 2014 improvements are required to comply with the Day Care Settings Regulations (Northern Ireland) 2007 and the criteria outlined in the following minimum standards:

- Standard 27 - Safe and healthy working practices;
- Standard 28 - Fire safety.

This resulted in three requirements listed in the quality improvement plan appended to this report. One requirement is restated for the first time.

The facility is well decorated and the building services are maintained to a satisfactory standard. The BS7671 electrical installation Periodic Inspection Report was completed in excess of five years ago and therefore it is recommended that retesting of the electrical installation should be completed.

The Estates Inspector would like to acknowledge the assistance of Ms Margaret Tanner, Ms Fiona Hegarty & Ms Wendy Knox during the inspection process.

9.0 INSPECTOR'S FINDINGS

9.1 Recommendations and requirements from previous inspection

It is noted that a number of issues raised in the report of the previous estates inspection on 5 October 2011 have been addressed. One issue requires further attention and is re-stated in the relevant section of the attached quality improvement plan sub-titled 'restated recommendations/requirements'.

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
1	Regulation 14.(1)	Complete a legionellosis control risk assessment and confirm that hot and cold water storage system is compliant with L8 Legionnaires disease Approved Code of Practice and Guidance .	Legionella risk assessment completed September 2011 & recommended report actions implemented.	Compliant
2	Regulation 14.(1)	Submit verification that the electrical installation Periodic Inspection Report is currently valid and compliant with BS7671.	Evidence not submitted; works not actioned	Non- compliant Requirement will be stated for second time Refer to QIP item 1
3	Regulation 26.(4)(b)	Verify that the fire-fighting equipment has been subjected to annual service test/inspection.	Verified by examination of documents; last certificate dated 21 November 2014.	Compliant

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 evidence of maintenance activity and the centre appeared clean and well decorated. There were no issues noted as requiring attention in respect of this standard.

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

9.3.1 Safe and healthy working practices are evident in the centre in accordance with this standard although some issues have been identified for attention by the user. These are detailed in paragraphs 9.3.2 & 9.3.3 and in the section of the attached quality improvement plan titled '**Standard 27 - Safe and healthy working practices**'.

9.3.2 Thermostatic Mixing Valve (TMV) periodic maintenance verification certificates were not available for examination.
(Reference: Quality Improvement Plan Item 2)

9.3.3 The BS7671 Periodic Inspection report for the electrical installation was not available for examination.
(Reference: Quality Improvement Plan Item 1)

9.3.4 Shower head chlorination was last completed on 30 October 2014 (Quarterly maintenance regime).

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 Fire Safety procedures in the centre are compliant with this standard. Records inspected demonstrate satisfactory attention to fire safety precautions.

9.4.2 A number of minor issues were identified in the 31 October 2014 Fire Risk Assessment report. Facility management report that the recommended actions are being prioritized and will be addressed.
(Reference: Quality Improvement Plan Item 3)

9.4.3 The Northern Ireland Fire & Rescue Service completed an inspection & audit on 6 August 2014; Issues identified as requiring attention related to the supported living accommodation and not the day care accommodation.

9.4.4 The issue which needs to be addressed is detailed in report paragraph 9.4.2 and 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 Ms Margaret Tanner, Ms Fiona Hegarty and Ms Wendy Knox during 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 residents.

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

Announced Estates Inspection

Lowtherstown Court Day Care Centre (ID 11006)

27 November 2014

QIP Position Based on Comments from Registered Persons (for RQIA use only)			QIP Closed		Estates Officer	Date
			Yes	No		
A.	All items confirmed as addressed.	x	x		Raymond Sayers	27/11/2015
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.					
C.	Clarification or follow up required on some items.					

NOTES:

The details of the quality improvement plan were discussed with Ms Margaret Tanner during 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	Margaret Tanner
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Billy Murphy

Announced Estates Inspection to Lowtherstown Court Day Care Centre on 27 November 2014

Assurance, Challenge and Improvement in Health and Social Care

Standard 27 - Safe and healthy working practices

The following requirements and recommendations should be noted for action in relation to Standard 27 - Safe and healthy working practices

Item	Regulation Reference	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (S)
1.	Regulation 14.(1)	"Submit verification that the electrical installation Periodic Inspection Report is currently valid and compliant with BS7671." (Reference: Report sections 9.1.2 & 9.3.3) Requirement stated for second time.	8 weeks	Compliant - Inspection completed on 11.12.14. Please see attached.
Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
2.	Regulation 14.(1)	Submit verification that the Thermostatic Mixing Valves are maintained in compliance with a valid Health & Safety Policy and Risk Assessment. (Reference: Report section 9.3.2)	8 weeks	Compliant - Inspection completed on 05.12.14. Please see attached.

Announced Estates Inspection to Lowtherstown Court Day Care Centre on 27 November 2014

Assurance, Challenge and Improvement in Health and Social Care

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)
3.	Regulation 26.(4)(a)	Implement the fire risk assessment report recommendations in accordance with the prioritized Fire Risk Assessment works action plan. (Reference: Report section 9.4.2)	ongoing	Commenced Implementation on 06.01.15.

Announced Estates Inspection to Lowtherstown Court Day Care Centre on 27 November 2014

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