



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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ANNOUNCED ESTATES INSPECTION

Inspection No:	18071
Establishment ID No:	11054
Name of Establishment:	Glenshane Care Association Day Care Centre, Dungiven
Date of Inspection:	08 July 2014
Inspector's Name:	K. Monaghan

1.0 GENERAL INFORMATION

Name of Centre:	Glenshane Care Association Day Care Centre
Address:	Unit 4 50 Glenshane Business Park Lezavallon Road Dungiven BT47 4QL
Telephone Number:	028 77 74 29 48
Registered Responsible Person:	Ms. Margaret Grieve, Glenshane Care Association
Registered Manager:	Ms. Amanda Kelly
Person in Charge of the Centre at the time of Inspection:	Ms. Amanda Kelly, Registered Manager
Other person(s) present during inspection:	Ms. Anne Marie Convery, Day Care Worker
Categories of Care:	DCS-PH(E), DCS-PH, DCS-LD(E) & DCS-LD
Conditions of Registration:	Registered to provide services on a routine basis to a maximum number of users with needs as specified in the statement of purpose and as confirmed in accompanying letter of registration (Ref. 11054/081113).
Number of Registered Places:	20
Date of previous Estates Inspection:	21 September 2011
Date and time of inspection:	08 July 2014 (2:00pm – 3:10pm.)
Name of Inspector:	K. Monaghan

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 Centres.

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 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 the 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, 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
- Day Care Centre, Minimum Standards (DHSSPS) January 2012

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

4.0 METHODS/PROCESSES

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

- Discussions with, Ms. Amanda Kelly, Registered Manager and Ms. Anne Marie Convery, Day Care Worker
- Examination of records
- Inspection of the centre internally.
- Evaluation and feedback

Any other relevant 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. Amanda Kelly, Registered Manager and Ms. Anne Marie Convery, Day Care Worker.

6.0 INSPECTION FOCUS

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

Glenshane Care Association Day Care Centre is located on the outskirts of Dungiven town, in purpose built premises within Glenshane Business Park.

The centre currently operates for members three days per week (Mondays, Wednesdays and Thursdays), although the registered manager is employed on a full time basis. The centre is currently funded partly by Trust provision, with the remainder of finance required raised from the local community via various fund raising initiatives. The centre provides support for members with a learning disability and members with a physical disability. Registration is for twenty places per day.

The centre is a single storey building and is 'industrial' in appearance. The building provides good accessibility for the categories of members attending. The layout is open plan with a large activity/kitchen/dining area. The centre also provides a smaller room where members can go for quiet time. There is an adequate supply of toilet and washing facilities.

Access is also given to the garden area where "Kastle Kraft's", a community horticultural enterprise, owned by Glenshane Care Association, is operated on a non-profit basis. Transport to and from the centre is provided via the centre's mini bus.

8.0 SUMMARY

The premises being used for the purposes of Glenshane Care Association Day Care Centre in Dungiven were in good order. This is to be commended.

Following the Estates Inspection of this day care centre on 08 July 2014, some improvements are required to comply with the Day Care Settings Regulations (Northern Ireland) 2007 and the criteria outlined in the following minimum standards:

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

This resulted in five 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 Ms. Amanda Kelly, Registered Manager and Ms. Anne Marie Convery, Day Care Worker, throughout the inspection process.

9.0 INSPECTION FINDINGS

9.1 Recommendations and requirements from previous inspection 21 September 2011

9.1.1 No issues were identified for attention in the report for the previous Estates inspection to these premises that was completed on 21 September 2011.

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 It is good to report that the premises being used for the purposes of Glenshane Care Association Day Care Centre in Dungiven were in good order, clean and offered comfortable facilities for the service users. The following issues were identified for attention in relation to this standard during this Estates inspection:

9.2.2 It is good to report that the premises included a sensory garden. The surface of the small area of concrete at the entrance to this garden had deteriorated. This should be reviewed and remedial works should be carried out as required. In the interim a risk assessment should be carried out until the remedial works are completed. Reference should be made to item 1 in the Quality Improvement Plan.

9.0 INSPECTION FINDINGS CONTINUED

9.2 Standard 25 - Premises and grounds continued

9.2.3 There was evidence of water ingress at low level to the wall at the exit door from the conservatory. Remedial works should be carried out to address this issue. Reference should be made to item 2 in the Quality Improvement Plan.

9.2.4 The above issues are detailed in the section of the attached quality improvement plan entitled 'Standard 25 - Premises and grounds'

9.3 Standard 27 - Safe and healthy working practices

The day care setting is maintained in a safe manner

9.3.1 Two issues were identified for attention in relation to this standard as follows:

9.3.2 The fixed wiring installation was inspected and tested on 16 March 2010 and again on 08 June 2011. The reports for these inspections and tests identified two code 4 issues for attention. In addition the frequency for re-inspection and re-testing was indicated as one year. These certificates should be reviewed with the inspecting engineer to decide what action should be taken regarding the two code 4 issues and when the installation should re-inspected and re-tested. The date for the most recent inspection and test to the electrical equipment should also be clarified. In addition the date for the most recent service of the heating boiler should be confirmed to RQIA. Reference should be made to item 3 in the Quality Improvement Plan.

9.3.3 A risk assessment for the prevention or control of legionella bacteria in the water systems was carried out in October 2008. The shower was being flushed weekly and a record for this activity was being kept. All of the water outlets were also being flushed every Monday. The action plan for the risk assessment that was carried out in October 2008 was not signed off. This risk assessment should be reviewed, updated and actioned as required. As part of this review the action plan from the previous risk assessment that was completed in October 2008 should reviewed and signed off. Reference should be made to item 4 in the Quality Improvement Plan.

9.3.4 The above issues are detailed in the section of the attached quality improvement plan entitled 'Standard 27 - Safe and healthy working practices'

9.0 INSPECTION FINDINGS CONTINUED

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 It is good to report that the fire detection and alarm system and the emergency lighting were inspected and tested on 14 May 2014. The reports for these inspections and tests which indicated a satisfactory outcome were presented for review during this Estates inspection. This is to be commended.

9.4.2 The following issues were identified for attention in relation to this standard during this Estates inspection:

9.4.3 The records for the in-house testing of the fire alarm and the monthly checks to the emergency lighting and the first aid fire-fighting equipment were presented for review during this Estates inspection. The record for the checks to the fire alarm should be amended to include a note of the break-glass used for each of the weekly tests. Reference should be made to item 5 in the Quality Improvement Plan.

9.4.4 Fire training was provided for the staff on 06 January 2014. In addition to the fire training, a fire drill should also be carried out for the premises. Reference should be made to item 5 in the Quality Improvement Plan.

9.4.5 A fire risk assessment was carried out on 10 December 2012. This was reviewed in-house in July 2014 and no issues were identified for attention. In addition to this in-house review it is recommended that the annual fire risk assessment reviews should be carried out by a person or a company certified by a third party UKAS accredited certification body or a person who is registered with one of the fire safety professional bodies. Reference should be made to the correspondence issued by RQIA to all Registered Persons on 13 January 2013 and the following guidance contained therein:

http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carryi%20out%20Fire%20Risk%20Assessment.pdf

http://www.rqia.org.uk/cms_resources/A%20Guide%20to%20Choosing%20a%20Competent%20Fire%20Risk%20Assessor.pdf

Reference should be made to item 6 in the Quality Improvement Plan.

9.4.6 The above issues are detailed in the section of the attached quality improvement plan entitled 'Standard 28: Fire safety'.

10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement plan appended to this report were discussed with, Ms. Amanda Kelly, Registered Manager and Ms. Anne Marie Convery, Day Care Worker, 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 day care 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:

Kieran Monaghan
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	Glenshane Care Association Day Centre, Dungiven, RQIA ID 11054
Date of Inspection	08 July 2014
Estates Inspector	Kieran Monaghan

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.	√	–	√	K. Monaghan	22 September 2014

Estates Inspection – QIP sign off sheet

Informing and Improving Health and Social Care

NOTES:

The details of the quality improvement plan were discussed with of, Ms. Amanda Kelly, Registered Manager and Ms. Anne Marie Convery, Day Care Worker, 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 day care centre to improve the quality of life experienced by service users.

The registered provider is required to record comments on the quality improvement plan.

The quality improvement plan is to be signed below 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	<i>AMANDA KELLY Amanda Kelly</i>
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	<i>MARGARET GRIEVE Margaret Grievie</i>

Announced Estates Inspection to Glenshane Care Association Day Care Centre, Dungiven RQIA ID 11054 on 08 July 2014 (K. Monaghan)

Standard 25 - Premises and grounds

The following requirements 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.	Regulations 14(1)(a) 14(1)(c) 26(2)(b)	The surface of the small area of concrete at the entrance to the sensory garden should be reviewed and remedial works should be carried out as required. In the interim a risk assessment should be carried out until the remedial works are completed. Reference should be made to paragraph 9.2.2 in the report.	1 Month & Ongoing	<i>RISK ASSESSMENT PUT IN PLACE FOR ALL WHEELCHAIR USERS 19/8/14 .</i>
2.	Regulations 14(1)(a) 14(1)(c) 26(2)(b)	Remedial works should be carried out to address the issue in relation to the water ingress at low level to the wall at the exit door from the conservatory. Reference should be made to paragraph 9.2.3 in the report.	3 Months	<i>CONSERVATORY DECORATED . w/c 11/8/14 . LANDLORD ADVISED OF WATER INGRESS PRIOR TO INSPECTION JUNE 2014 .</i>

Standard 27 - Safe and healthy working practices

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

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
3.	Regulations 14(1)(a) 14(1)(c) 26(2)(l)	The certificates for the inspections and tests to the fixed wiring installation that were completed on 16 March 2010 and 08 June 2011 should be reviewed with the inspecting engineer to decide what action should be taken regarding the two code 4 issues and when the installation should re-inspected and re-tested. The date for the most recent inspection and test to the electrical equipment should also be clarified. In addition the date for the most recent service of the heating boiler should be confirmed to RQIA. Reference should be made to paragraph 9.3.2 in the report.	1 Month	LANDLORD CONTACTED 21/8/14.
4.	Regulations 13(7) 14(1)(a) 14(1)(c) 26(2)(l)	The legionella risk assessment should be reviewed, updated and actioned as required. As part of this review the action plan from the previous risk assessment that was completed in October 2008 should be reviewed and signed off. Reference should be made to paragraph 9.3.3 in the report.	1 Month	REVIEW ARRANGED. FOR OCTOBER 2014.

Announced Estates Inspection to Glenshane Care Association Day Care Centre, Dungiven RQIA ID 11054 on 08 July 2014 (K. Monaghan)

Standard 28 - Fire Safety

The following requirement 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)
5.	Regulations 26(4)(b) 26(4)(d)(iv) 26(4)(f)	The record for the checks to the fire alarm should be amended to include a note of the break-glass used for each of the weekly tests. In addition to the fire training, a fire drill should also be carried out for the premises. Reference should be made to paragraphs 9.4.3 and 9.4.4 in the report.	1 Month	FULL FIRE POLICY REVIEW HAS TAKEN PLACE FOR WHOLE BUSINESS PARK PROCEDURE NOW IN PLACE NOTING BREAK GLASS POINTS & FIRE DRILL TOOK PLACE 2/9/14.

Standard 28 - Fire Safety

The following recommendation should be noted for action in relation to Standard 28 - Fire Safety:

Item	Standard Reference	Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
6.	Standard 28.1	<p>It is recommended that the annual fire risk assessment reviews should be carried out by a person or a company certified by a third party UKAS accredited certification body or a person who is registered with one of the fire safety professional bodies. Reference should be made to the correspondence issued by RQIA to all Registered Persons on 13 January 2013 and the following guidance contained therein:</p> <p>http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf</p> <p>http://www.rqia.org.uk/cms_resources/A%20Guide%20to%20Choosing%20a%20Competent%20Fire%20Risk%20Assessor.pdf</p> <p>Reference should be made to paragraph 9.4.5 in the report</p>	Ongoing	<p>CONTACTED 2/9/14 . TO ARRANGE REVIEW OF FIRE POLICY WITH . DRY ARCH CENTRE OF WHOLE SITE - WILL BE DOCUMENTED IN DUE COURSE .</p>