

Announced Premises Inspection Report 16 January 2018



Conlig Day Services incorporating 'Cookie Company', 'Garden's Group' & 'Green Road'

Type of service: Day Care Setting
Conlig Presbyterian Church,
Main Street, Conlig,
BT23 7PT
Tel No: 028 9147 9832
Inspector: Gavin Doherty

www.rqia.org.uk

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a day care setting for 35 service users providing care for service users living with a learning disability.

3.0 Service details

Organisation/Registered Provider: South Eastern Health and Care Service/ Andrew James Mayhew	Registered Manager: Ciarna McGlone
Person in charge at the time of inspection: Ciarna McGlone	Date manager registered: 07 July 2013
Categories of care: DCS-LD(E), DCS-LD	Number of registered places: 35

4.0 Inspection summary

An announced inspection took place on 16 January 2018 from 10.00 to 12.00.

This inspection was underpinned by The Day Care Setting Regulations (Northern Ireland) 2007 and the Department of Health, Social Services and Public Safety (DHSSPS) Day Care Settings Minimum Standards (2012).

The inspection assessed progress with any areas for improvement identified during and since the last premises inspection and to determine if the service was delivering safe, effective and compassionate care and if the service was well led.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

Details of the Quality Improvement Plan (QIP) were discussed with Ciarna McGlone, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent estates inspection

Other than those actions detailed in the QIP no further actions required to be taken following the most recent inspection on 22 January 2015.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- recent inspection reports and returned QIPs
- recent correspondence with the service
- the establishment related incidents reported to RQIA since the last premises inspection

The following records were examined during the inspection:

- 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

During the inspection we met with Ciarna McGlone, Registered Manager.

Areas for improvements identified at the last premises inspection were reviewed and the assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 25 January 2017

The most recent inspection of the service was an unannounced care inspection. This QIP will be validated by the care inspector at the next care inspection.

6.2 Review of areas for improvement from the last premises inspection dated 22 January 2015

Areas for improvement from the last premises inspection		
Action required to ensure compliance with The Day Care Settings Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 26 (2)(a) Stated: First time	The provider should ensure that plans for new accommodation, which meets the needs of service users and is in line with the current Minimum Standards, are progressed through to fruition.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that an application for new premises had been lodged with the Planning Service. However, there have been delays in the planning process due to a request for a flood risk assessment to be undertaken. It is hoped that planning approval will be granted in the coming months which will enable the provider to provide and register the proposed replacement premises.	
Area for improvement 2 Ref: Regulation 13(7) Stated: First time	The legionella risk assessment for the church sites should be reviewed. Reference should be made to the Health and Safety Executive document Legionnaires' disease. The control of legionella bacteria in water systems including HSG274 Part 2.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that a current Legionella risk assessment was in place and available at the time of inspection.	

<p>Area for improvement 3</p> <p>Ref: Regulation 26(2)(l)</p> <p>Stated: First time</p>	<p>A competent person should provide written verification that the electrical installation in the church halls is in a safe and satisfactory condition.</p> <p>Action taken as confirmed during the inspection: Inspector confirmed that an inspection of the premises fixed electrical installation was undertaken on 27 January 2017 and noted that it was in a 'satisfactory' condition.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 14(1)(a)</p>	<p>The safety of the hot water accessible to service users should be assessed and action taken as appropriate.</p> <p>Reference should be made to Health Guidance Note 'Safe' hot water and surface temperatures.</p> <p>Action taken as confirmed during the inspection: Inspector confirmed that suitable safeguards were in place at the time of inspection.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 26(2)(b)</p> <p>Stated: First time</p>	<p>The paving at the entrance to the garden cabin and the church car park require attention to remove tripping hazards.</p> <p>Action taken as confirmed during the inspection: Inspector confirmed that this work had been completed at the time of inspection.</p>	<p>Met</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Day Care Settings Minimum Standards (2012)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Regulation 26(4)</p> <p>Stated: First time</p>	<p>The council should be asked to confirm that the fire detection and alarm system and the emergency lights at the Green Road premises are currently being tested and maintained in accordance with current good practice.</p> <p>Action taken as confirmed during the inspection: Inspector confirmed that records were now available and up to date at the time of inspection.</p>	<p>Met</p>

Area for improvement 2 Ref: Regulation 26(4) Stated: First time	The frequency of the servicing of the fire alarm system in the church halls should be reviewed in relation to the British Standard 5839.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that the fire detection and alarm system is inspected at intervals not exceeding six months at the time of inspection.	
Area for improvement 3 Ref: Regulation 26(4) Stated: First time	The defective fire detector in the Cookie Co. cabin should be replaced.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that this work had been completed at the time of inspection.	
Area for improvement 4 Ref: Regulation 26(4)(a) Stated: First time	It should be ensured that the fire risk assessment and emergency action plan, specific to the service and clients at Green Road, is completed and actioned as appropriate.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that this work had been completed at the time of inspection.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

A range of documentation in relation to the maintenance and upkeep of the establishment was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the engineering services, and risk assessments.

Documentation relating to the safe operation of the establishments installations and engineering services was also presented for review during this premises inspection.

A range of fire protection measures are in place for the establishment. This includes a fire detection and alarm system, emergency lighting installation, first aid fire-fighting equipment, structural fire separation and protection to the means of escape. The standard used by the registered person to determine the overall level of fire safety within the establishment 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.

A current fire risk assessment, completed on 31 May 2017, was in place and was available at the time of the inspection. It was good to note that the significant findings for this assessment had been addressed and signed-off accordingly.

These measures support the delivery of safe care.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

There are arrangements in place for routine premises management and upkeep, as well as timely breakdown/repair maintenance. It is good to note that since the previous inspection, the Church have carried out significant works to the Hot and cold water systems, including the replacement of the storage tanks. Service users are involved where appropriate in decisions around the upkeep of the establishment.

This supports the delivery of effective care.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

The areas of the establishment reviewed during this premises inspection were well presented, comfortable, clean, free from malodours and adequately lit. Service users are consulted about decisions around décor and their private accommodation where appropriate.

This supports the delivery of compassionate care.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

Arrangements are in place for managing premises related incidents/notifiable events and Medical Device and Equipment Alerts.

The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises and has been adequately supported and resourced by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.

This supports a well led service.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care