



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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ANNOUNCED ESTATES INSPECTION

Inspection No: IN020978

Establishment ID No: 11055

Name of Establishment: Conlig Workskills incorporating Cookie Company,
Garden's Group and Green Road

Date of Inspection: 22 January 2015

Inspector's Name: Colin Muldoon

1.0 GENERAL INFORMATION

Name of Day Care Centre:	Conlig Workskills incorporating Cookie Company, Garden's Group and Green Road
Address:	Conlig Presbyterian Church, Main Street, Conlig BT23 7PT
Telephone Number:	02891 467157
Registered Organisation/Provider:	Praxis Care Group Mr N Ringland (Responsible Person)
Registered Manager:	Ms Ciarna McGarry
Person in Charge of the centre at the time of Inspection:	Ms Ciarna McGarry
Other person(s) consulted during inspection:	N/A
Type of establishment:	Day Care Centre
Date and time of Estates inspection:	22 January 2015 10.30am – 3.00pm
Date of previous Estates inspection:	23 May 2012
Name of Inspector:	Colin Muldoon

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 Ciarna McGarry.
- Examination of records
- Inspection of the centre internally and externally
- Evaluation and feedback

Any other information received by RQIA about this Registered Provider 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 Ciarna McGarry.

6.0 INSPECTION FOCUS

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

Conlig Workskills is located in the village of Conlig which is between Bangor and Newtownards. The service is provided on three sites in the village, all of which are within easy access of main roads and local public transport systems.

On the site of the Presbyterian Church the service uses cabin buildings and some rooms and the toilets within the church halls. The gardens group use land across the road from the church. Because of limitations with the accommodation on the church site the service uses a modern council owned community centre a short distance from the church site. The provider acknowledges the shortcomings of the accommodation on the church site and has confirmed that plans for new premises are being progressed.

8.0 SUMMARY

Following the Estates Inspection of Conlig Workskills, incorporating Cookie Co, Gardens Group and Green Road on 22 January 2015, improvements are required to comply with the Day Care Settings Regulations (Northern Ireland) 2007 and the criterion outlined in the following minimum standards:

- Standard 25 - Premises and grounds
- Standard 28 - Fire safety

This resulted in nine requirements. These are outlined in the Quality Improvement Plan appended to this report.

The Estates Inspector would like to acknowledge the assistance of Ms Ciarna McGarry during the inspection process.

9.0 INSPECTOR'S FINDINGS

9.1 Recommendations and requirements from previous Estates inspection on 23 May 2012.

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
9.1.1	Regulation 26.-(2)	The registered person must provide safe and suitable premises. New premises should comply with the Day Care Minimum Standards (2012).	<p>The accommodation was discussed with the manager who confirmed that plans for new premises are being actively progressed.</p> <p>It is good to note that since the last Estates inspection the toilets in the church halls have been completely refurbished.</p>	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. (Item 1 in Quality Improvement Plan)
9.1.2	Regulation 14.-(1)(c)	The provider must ensure that the control measures in the legionella risk assessment are implemented. All actions relating to legionella should be recorded.	<p>There was a current legionella risk assessment for the church and garden sites which was carried out by the manager. A legionella risk assessment for the Green Road community centre was carried out by a specialist contractor who considered the risk to be low.</p> <p>There were records of the actions and checks being carried out on both the church sites and Green Road.</p>	The church sites legionella risk assessment was discussed with the manager. It was agreed with the manager that a review would be carried out which would include further consideration of the legionella risk in the gardens, for example, the frequency of flushing coiled hoses, pipework and aerosol producing installations and the water storage and plumbing installation in the church halls. (Item 2 in Quality Improvement Plan)

9.1.3	Regulation 26.-(2)(l)	The provider must obtain current and valid certificates which verify that the electrical installation is in a safe and satisfactory condition.	<p>There were electrical test and inspection records for the church site cabins and garden which verify that the installations are in satisfactory condition.</p> <p>The manager confirmed that the test and inspection of the electrical installation in the church halls has been requested.</p>	<p>Verification should be obtained that the electrical installation in the church halls is in a safe and satisfactory condition.</p> <p>(Item 3 in Quality Improvement Plan)</p>
9.1.4	Regulation 26.-(2)(l)	The provider must ensure that there are current, valid and satisfactory Gas Safe certificates for the church gas appliances and its associated installation.	<p>There was a Gas safe certificate for the gas cooker in the church halls kitchen which the manager confirmed was issued in November 2014. The manager also confirmed that this cooker and the church halls kitchen are not used by Conlig Workskills staff or service users.</p>	N/A
9.1.5	Regulation 14.-(1)(c)	The provider must carry out a legionella risk assessment for the Green Road premises and implement the resulting action plan.	Addressed.	N/A
9.1.6	Regulation 26.-(2)(l)	The provider must obtain confirmation that there are current and valid certificates which verify that the electrical installation in the Green Road premises are in a safe and satisfactory condition.	<p>The manager confirmed that the test and inspection of the electrical installation and portable electrical appliances at the Green Road facility has been arranged by the council for 05 February 2015.</p>	N/A

9.1.7	Regulation 14.-(1)(b) 14.-(1)(c)	The provider must review and assess any potentially hazardous horticultural activities and take the necessary steps to ensure that staff and service users are provided with sufficient information, training and supervision. (Item 9.3.2 in report)	Assessments for the garden activities have been carried out.	N/A
9.1.8	Regulation 26.-(4)(d)(iv) 26.-(4)(d)(v)	The provider must test and maintain the emergency lights in accordance with current good practice. (Reference BS 5266) (Item 9.4.3 in report)	The fire risk assessor has assessed that the provision of emergency lights is not applicable.	N/A
9.1.9	Regulation 26.-(4)(d)(iv) 26.-(4)(d)(v)	The provider must obtain confirmation that the fire detection and alarm system and the emergency lights at the Green Road premises are being maintained in accordance with current good practice. Ref: BS 5839 and BS 5266 (Item 9.4.4 in report)	Current council records were not available on the day of inspection.	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. (Item 6 in Quality Improvement Plan)

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 In the Green Road building the local council check water temperatures as part of the legionella control measures. The information available on the day of inspection indicates that water accessible to service users may be at a temperature significantly higher than that recommended in the Health Guidance note '*Safe hot water and surface temperatures*'. (Item 4 in Quality Improvement Plan)

9.2.2 The paving at the entrance to the garden cabin and the church car park require attention to remove tripping hazards. (Item 5 in Quality Improvement Plan)

These are detailed in the section of the attached quality improvement plan titled '**Standard 25 - Premises and grounds**'.

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

9.3.1 No issues identified.

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 The fire alarm system in the church halls was last maintained in May 2014. The British Standard relating to the maintenance of fire alarms indicates that the period between successive inspection and servicing visits should not exceed six months. (Item 7 in Quality Improvement Plan)

9.4.2 On the day of inspection one of the fire detectors in the Cookie Co. cabin required to be replaced. (Item 8 in Quality Improvement Plan)

9.4.3 While the council has a generic fire risk assessment for the Green Road premises, an assessment and emergency plan specific to the provider's clients and service should be carried out. The manager confirmed that this has been arranged for 29 January 2015. (Item 9 in Quality Improvement Plan)

This issue is detailed in the section of the attached Quality Improvement Plan titled '**Standard 28: Fire safety**'.

Announced Estates Inspection to Conlig Workskills incorporating Cookie Company, Garden Group and Green Road on 22 January 2015

10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Ms Ciarna McGarry 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 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:

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

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Assurance, Challenge and Improvement in Health and Social Care

Quality Improvement Plan

Announced Estates Inspection

Conlig Workskills, incorporating Cookie Company, Gardens Group and Green Road

22 January 2015

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.					
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.					
C.	Clarification or follow up required on some items.	√		√	C Muldoon	23/03/2015

NOTES:

The details of the Quality Improvement Plan were discussed with Ms Ciarna McGarry 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 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	Ciarna McGarry
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Andy Mayhew on behalf of Irene Sloan

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Assurance, Challenge and Improvement in Health and Social Care

Standard 25 - Premises and grounds

The following requirements and recommendations 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	Regulation 26.-(2)(a)	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. (Item 9.1.1 in report)	Ongoing	We had been in the process of applying for a grant from the National Lottery for re-furbishing of the gardens area and it was hoped that this would be developed further to the whole site, however this funding has been rejected but we are eligible to apply again in June 2015. As advised at time of inspection I want the scheme to be based in a local community where the service is known and the service users feel included in local community life, therefore it is important that any move or indeed development is right for both the service users and the scheme. This is an ongoing process.
2	Regulation 13.-(7)	The legionella risk assessment for the church sites should be reviewed. Reference should be made to the Health and Safety Executive document <i>Legionnaires' disease. The control of legionella bacteria in water systems</i> including HSG274 Part 2. (Item 9.1.2 in report)	1 Month	Legionella Risk Assessment has been updated following advice from the Health and Safety Manager. Ongoing discussions with the church about the plumbing installation but this has been incorporated into the risk assessment.
3	Regulation 26.-(2)(l)	A competent person should provide written verification that the electrical installation in the	12 Weeks	This requirement has been highlighted on numerous

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		church halls is in a safe and satisfactory condition. (Item 9.1.3 in report)		occassions as a matter of urgency to Conlig church. I will advise RQIA when this has been completed.
4	Regulation 14.-(1)(a) and (c)	The safety of the hot water accessible to service users should be assessed and action taken as appropriate. Reference should be made to Health Guidance Note ' <i>Safe</i> ' hot water and surface temperatures (Item 9.2.1 in report)	1 Month	This information has been highlighted to North Down and Ards Council as needing actioned as a matter of urgency.
5	Regulation 26.-(2)(b)	The paving at the entrance to the garden cabin and the church car park require attention to remove tripping hazards. (Item 9.2.2 in report)	1 Month and ongoing	Conlig Church have advised that they are going to tarmac the car park in April 2015. It has been agreed for the gardens to be re-flagged and we are currently in the process of arranging quotes for this work to be completed.

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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)
6	Regulation 26.-(4)(d)(iv) and (v)	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. (Item 9.1.9 in report)	1 Month	This information has been highlighted to North Down and Ards Council as needing actioned as a matter of urgency.
7	Regulation 26.-(4)(d)(iv)	The frequency of the servicing of the fire alarm system in the church halls should be reviewed in relation to the British Standard 5839. (Item 9.4.1 in report)	1 Month	This information has been communicated with the Team Leaders and Admin of the scheme and will now be arranged every six months. This will be due again in May 2015.

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8	Regulation 26.-(4)(d)(i)	The defective fire detector in the Cookie Co. cabin should be replaced. (Item 9.4.2 in report)	1 Week	Completed
9	Regulation 26.-(4)(a)	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. (Item 9.4.3 in report)	1 Month	This was completed by the Health and Safety Manager on 29/1/15.

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