

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY

9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT Tel: 028 9051 7500 Fax: 028 9051 7501

ANNOUNCED ESTATES INSPECTION

Inspection No: 17922

Establishment ID No: 11090

Name of Establishment: Age NI at Laurelhill House

Date of Inspection: 8 August 2014

Inspector's Name: Gavin Doherty

1.0 GENERAL INFORMATION

Name of Centre:	Age NI at Laurelhill House	
Address:	1a Ballymacash Park, Lisburn.	
Telephone Number:	9266 0801	
Registered Organisation/Provider:	Age NI	
Registered Manager:	Ms. Myrtle Johnston	
Person in Charge of the Centre at the time of Inspection:	Ms. Myrtle Johnston	
Other person(s) consulted during inspection:	Mr. John Robinson	
Type of establishment:	Day Care Centre	
Number of Registered Places:	10	
Date and time of inspection:	7 August 2014 from 1030-1200	
Date of previous inspection:	23 September 2011	
Name of Inspector:	Gavin Doherty	

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 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 draft 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
- 'Draft' Day Care Centres Minimum Standards (DHSSPS, 2005)

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 the person in charge
- 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. Myrtle Johnston.

6.0 INSPECTION FOCUS

The inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Draft 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

Laurelhill House Day Centre is a purpose built centre which adjjoins Laurelhill Residential Care Home. It provides day care older people with dementia. The Home is the Property of the South Eastern Health and Social Care Trust and is situated on the outskirts of Lisburn, County Antrim. It is a single storey building and there is ample space for parking to the rear and front of the building.

8.0 SUMMARY

Following the Estates Inspection of Age NI at Laurelhill House on 8 August 2014, improvements are required to comply with the Day Care Settings Regulations (Northern Ireland) 2007 and the criterion outlined in the following draft minimum standards:

• Standard 25 - Premises and grounds

This resulted in one requirement and no recommendations. This is outlined in section 9.2.2 below and in the quality improvement plan appended to this report.

The Estates Inspector would like to acknowledge the hospitality and assistance of Ms. Myrtle Johnston throughout the inspection process.

9.0 INSPECTOR'S FINDINGS

9.1 Recommendations and requirements from previous inspection

There were no requirements or recommendations made as a result of the previous estates inspection on 23 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 There was good evidence of maintenance activities within the Centre and it appeared clean and very well kept. Maintenance procedures for the building and engineering services were in place and good records are maintained and were available for inspection within the adjoining home. However, one requirement has been made in relation to this standard and this is detailed below and in the section of the attached quality improvement plan titled 'Standard 23 Premises and grounds'.
- 9.2.2 A defective double glazed unit was noted in the roof of the conservatory. An interim repair had been made to this unit. However, it is essential that this unit is replaced without further delay. (Item 1 in the attached Quality Improvement Plan)
- **9.3** Standard 27 Safe and healthy working practices The home is maintained in a safe manner
- 9.3.1 By in large, safe and healthy working practices appear evident in the Centre in accordance with this standard. Estates support is provided by the South Eastern HSC Trust Estates department and good records are maintained and were available for inspection within the adjoining home. As a result, there were no issues identified during this inspection against this standard.
- **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 in line with this standard. Records inspected demonstrate good attention to fire safety matters. Fire drills are carried out periodically in conjunction with the adjoining residential care home. The fire alarm and detection system, emergency lighting and fire fighting equipment appear to be suitably serviced and maintained. Detailed records for the relevant in house checks were in place and available for inspection within the adjoining home at the time of the inspection. As a result, there were no issues identified during this inspection against this standard.

10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement plan appended to this report were discussed with Ms. Myrtle Johnston 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 Nursing Homes Regulations (Northern Ireland) 2005 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 nursing home to improve the quality of life experienced by patients.

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

- for -

Announced Estates Inspection

- of -

Age NI at Laurelhill House

- on -

7 August 2014

QIP Position Based on Comments from Registered Persons (for RQIA use only)		QIP Closed		Estates Officer	Date
		Yes	No		
Α.	All items confirmed as addressed.			Or Office	1 10 2011
В.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.			0	
C.	Clarification or follow up required on some items.				

NOTES:

The details of the quality improvement plan were discussed with Ms. Myrtle Johnston 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

NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP

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Announced Estates Inspection to Age NI at Laurelhill House on 7 August 2014

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	Requirement	Timescale	Details Of Action Taken By Registered Person (S)
1	Regulation 26 (2)(I)	Ensure that the defective double glazed panel in the conservatory roof is replaced without further delay. (9.2.2 in the report)	8 weeks	Batra coy on 32 /3/14