

Announced Premises Inspection Report

3 May 2016



Pavestone Centre

Address: 6a Rugby Avenue, Coleraine, BT52 1JL
Tel No: 028 7034 7875
Inspector: Gavin Doherty

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Pavestone Centre took place on 3 May 2016 from 10:30 to 12:00.

Is care safe?

On the day of the inspection the premises supported the delivery of safe care.

Is care effective?

On the day of the inspection, the premises supported the delivery of effective care however two issues were identified for attention by the registered person. Refer to section 4.4.

Is care compassionate?

On the day of the inspection, the premises supported the delivery of compassionate care.

Is the service well led?

On the day of the inspection, the management of the premises was considered to be well led.

This inspection was underpinned by The Day Care Settings Regulations (Northern Ireland) 2007 and The Day Care Settings Minimum Standards (DHSSPS, 2012).

1.1 Inspection outcome

| | Requirements | Recommendations |
|---------------------------------------------------------------------------------|--------------|-----------------|
| Total number of requirements and recommendations made at this inspection | 0 | 2 |

Details of the Quality Improvement Plan (QIP) within this report were discussed with Rhoda Baxter, Registered Manager, and Ronnie Hogg, Northern Health and Social Care Trust Estates 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.

1.2 Actions/enforcement taken following the most recent premises inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service Details

| | |
|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| Registered organisation/registered person: Northern Health and Social Care Trust Anthony Baxter Stevens | Registered manager: Rhoda Baxter |
| Person in charge of the establishment at the time of inspection: Rhoda Baxter | Date manager registered: 29 January 2014 |
| Categories of care: DCS-SI, DCS-MP, DCS-MP(E), DCS-PH, DCS-PH(E), DCS-LD | Number of registered places: 60 |

3.0 Methods/processes

Prior to inspection the following records were analysed: previous premises inspection report, statutory notifications over the past 12 months, and duty call log.

Discussions with Rhoda Baxter, Registered Manager, and Ronnie Hogg, Northern Health and Social Care Trust Estates Manager.

The following records were examined during the inspection: copies of service records and in-house log books relating to the maintenance and upkeep of the building and engineering services, legionellae risk assessment, and fire risk assessment.

4.0 The Inspection

4.1 Review of requirements and recommendations from the previous inspection dated 25 February 2016

The previous inspection of the establishment was an unannounced care inspection. The completed QIP has not yet been returned and approved by the specialist inspector.

4.2 Review of requirements and recommendations from the last estates inspection dated 9 May 2013

| Previous Inspection Statutory Requirements | | Validation of Compliance |
|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Requirement 1 Ref: Regulation 26 (2) (a) Stated: First time | The current deficiencies in the arrangements for disabled access at the main entrance, and the existing drop-off point at the rear of the centre must be addressed. | Met |
| | Action taken as confirmed during the inspection: New suitably ramped access has been provided to the main front entrance of the premises. | |
| Requirement 2 Ref: Regulation 26 (2) (a) Stated: First time | Carry out an accessibility audit for the greenhouse area at the rear of the centre. Special attention should be paid to the gradient of the path leading to these greenhouses and any remedial works which could be implemented to ensure these areas become fully accessible to all service users. | Met |
| | Action taken as confirmed during the inspection: The estates department have improved access in this area. | |
| Requirement 3 Ref: Regulation 26 (2) (b) (c) Stated: First time | Ensure that the requirement regarding the urinal in the male toilet facilities, made in the most recent care inspection carried out on 31 October 2012 is fully implemented without any further delay. | Met |
| | Action taken as confirmed during the inspection: Inspector confirmed that this work had been completed at the time of inspection. | |
| Requirement 4 Ref: Regulation 13 (7) & 14 (1) (a) (c) Stated: First time | It is essential that management are aware of this requirement, and that a suitable regime of twice weekly flushing of any such outlets, if they exist, is implemented. Suitable records must be maintained and be available for inspection within the centre. | Met |
| | Action taken as confirmed during the inspection: Inspector confirmed records were available and up to date at the time of inspection. | |

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| Requirement 5 Ref: Regulation 26 (4) (a) Stated: First time | Ensure that the fire risk assessment for the centre completed on 12 March 2012. Is reviewed in accordance NIHTM86 without further delay. | Met |
| | Action taken as confirmed during the inspection: Inspector confirmed that a fire risk assessment was undertaken on 19 May 2015 and the action plan had been fully implemented. | |
| Previous Inspection Recommendations | | Validation of Compliance |
| Recommendation 1 Ref: Standard 25.1 Stated: First time | The derelict portakabin situated adjacent to the poly-tunnels and greenhouses should be removed from the site. | Met |
| | Action taken as confirmed during the inspection: This was confirmed as removed at the time of inspection. | |
| Recommendation 2 Ref: Standard 25.11 Stated: First time | The pool table should be relocated from the wood craft workshop to a more suitable location for this activity. | Met |
| | Action taken as confirmed during the inspection: A suitable cover has been provided for the pool table and it is now utilised as a work surface in the workshop when not being used. | |

4.3 Is care safe?

A range of documentation in relation to the maintenance and upkeep of the premises 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 premises, installations and engineering services was presented for review during this premises inspection.

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting, 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 premises 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. This standard has been referenced in the fire risk assessment. This supports the delivery of safe care.

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|--------------------------------|----------|-----------------------------------|----------|
| Number of requirements: | 0 | Number of recommendations: | 0 |
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4.4 Is care effective?

There are arrangements in place for routine premises management and upkeep as well as timely breakdown/repair maintenance. Service users are involved where appropriate in decisions around the upkeep of the premises. This supports the delivery of effective care.

Two issues were, however, identified for attention during this premises inspection. These are detailed in the section below.

Areas for improvement

There are currently clearly identified issues within the 'ceramics' and 'candle making' activity spaces with regards to the provision of suitable and sufficient ventilation for the service users and staff. The estates manager confirmed that a solution has been agreed and funding has been allocated for its implementation. Confirmation should be provided to RQIA that this work has been completed and that it is performing satisfactorily. Refer to Recommendation 1 in the QIP.

The Garden and Poly-tunnels at the rear of the premises are currently accessed through a fire exit door. This door has to be opened and closed manually creating difficulties for those service users in the building with limited mobility. Consideration should be given to the fitting of automatic door furniture at this exit to increase accessibility for all service users and to reduce the loss of heat from the building when these doors are left ajar. Refer to Recommendation 2 in the QIP.

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|--------------------------------|----------|-----------------------------------|----------|
| Number of requirements: | 0 | Number of recommendations: | 2 |
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4.5 Is care compassionate?

The areas of the premises reviewed during this premises inspection were well presented, comfortable, clean, free from malodours and adequately lit. Service users are consulted about decisions around décor where appropriate. This supports the delivery of compassionate care.

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|--------------------------------|----------|-----------------------------------|----------|
| Number of requirements: | 0 | Number of recommendations: | 0 |
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4.6 Is the service well led?

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.

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|--------------------------------|----------|-----------------------------------|----------|
| Number of requirements: | 0 | Number of recommendations: | 0 |
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5.0 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Rhoda Baxter, Registered Manager, and Ronnie Hogg, Northern Health and Social Care Trust Estates Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/manager meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Day Care Settings Minimum Standards (DHSSPS, 2012). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP shall be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person shall review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP shall be returned to Estates.Mailbox@rqia.org.uk and assessed by the inspector.

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 registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

| Recommendations | | | |
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| Recommendation 1 Ref: Standard 25.7 Stated: First time To be Completed by: 29 July 2016 | Confirmation should be provided to RQIA that suitable and sufficient ventilation has been provided in the 'ceramics' and 'candle making' activity spaces and that it is performing satisfactorily. | | |
| | Response by Registered Manager Detailing the Actions Taken: An Estates Minor Works Request was submitted to the Estates Department of Northern Health and Social Care Trust on 21/04/16 to install an adequate ventilation scheme in the Ceramic activity space. A dust extractor machine has been ordered through our Procurement procedure for trial in the Candle Making activity space, 27/04/16. An initial risk assessment suggests that local exhaust ventilation (LEV) may not be required. We are in the process of engaging an Occupational Hygienist to undertake environmental sampling for salica dust. | | |
| Recommendation 2 Ref: Standard 25.5 Stated: First time To be Completed by: 29 July 2016 | Consideration should be given to the fitting of automatic door furniture at the exit to the garden area in order to increase accessibility for all service users and to reduce the loss of heat from the building when these doors are left ajar. | | |
| | Response by Registered Manager Detailing the Actions Taken: An Estates Minor Works Request for the above, was submitted to the Estates Department of N.H.S.C.T. on 27/04/16 and is being considered for funding. | | |
| Registered Manager Completing QIP | | Rhoda Baxter | Date Completed 29/06/16 |
| Registered Person Approving QIP | | Una Cuning | Date Approved 6/7/16 |
| RQIA Inspector Assessing Response | | Tony Stevens | Date Approved 6/7/16 |

Please ensure this document is completed in full and returned to Estates.Mailbox@rqia.org.uk from the authorised email address



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

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
 @RQIANews

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