



The Regulation and
Quality Improvement
Authority

Oakridge Social Education Centre
RQIA ID: 11112
20-26 Coalisland Road
Dungannon
BT71 6LA

Inspector: Raymond Sayers
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**Announced Estates Inspection
of
Oakridge Social Education Centre**

11 August 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An announced estates inspection took place on 11 August 2015 from 10.00hrs to 13.00hrs. On the day of the inspection the premises supported the delivery of safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by;

- 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)

1.1 Actions/Enforcement Taken Following the Last Inspection

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

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	3	1

The details of the QIP within this report were discussed with the Mrs June Rafferty, Assistant Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Southern HSC Trust/Paula Clark	Registered Manager: Mr Darren Campbell (Acting Manager)
Person in Charge of the Premises at the Time of Inspection: Mr Darren Campbell (Acting Manager)	Date Manager Registered: Acting Manager
Categories of Care: DCS-LD	Number of Registered Places: 98
Number of Service Users Accommodated on Day of Inspection: 35	Weekly Tariff at Time of Inspection: <i>Trust rates</i>

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and themes have been met:

Standard 25: Premises and Grounds

Standard 27: Safe and Healthy working Practices

Standard 28: Fire safety

4. Methods/Process

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

Prior to inspection the following records were analysed: Previous estates inspection report, statutory notifications over the past 12 months.

During the inspection the inspector met with Mrs June Rafferty (Assistant Manager).

The following records were examined during the inspection: Copies of service records, building user log books relating to the building maintenance and engineering services, legionellae and fire risk assessments.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an unannounced care inspection dated 8/9 June 2015, reference IN022750. The completed QIP has not yet been returned, and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Estates Inspection dated 3 September 2012.

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27.(2)(b)	Inspect all window frames and external timberwork, replacing rot affected timber members.	Met
	Action taken as confirmed during the inspection: Inspection completed and work arranged within maintenance programme.	
Requirement 2 Ref: Regulation 14.(1)(a),(b)&(c)	Assess trip hazards in external garden and implement control measures to eliminate/reduce health and safety risk to service users.	Met
	Action taken as confirmed during the inspection: Works completed.	
Requirement 3 Ref: Regulation 14.(1)(a),(b)&(c)	Submit verification that the facility BS7671 Periodic Inspection Report is currently valid and that the electrical installation is compliant with the Electricity at Work regulations.	Met
	Action taken as confirmed during the inspection: Certificate reviewed.	
Requirement 4 Ref: Regulation 14.(1)(a),(b)&(c)	Verify that the Thermostatic Mixing Valves are maintained /inspected in accordance with a risk assessment compliant with National Health Service Guidance note `safe` hot water and surface temperatures.	Met
	Action taken as confirmed during the inspection: Verification provided.	

Requirement 5 Ref: Regulation 14.(1)(a),(b)&(c)	Verify that control precautions are implemented on the hot and cold water storage and distribution systems compliant with a valid legionella risk assessment. Action taken as confirmed during the inspection: Verification provided.	Met
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 25.1	Redecorate all external painted timber surfaces. Action taken as confirmed during the inspection: Some surfaces redecorated.	Met

5.3 Standard 25: Premises and grounds - *The premises and grounds are safe, well maintained and remain suitable for their stated purpose*

Is Care Safe? (Quality of Life)

A range of documents related to the maintenance of the premises was presented for review during this Estates inspection. The documentation included: inspection and test reports for the engineering services and associated risk assessments. This supports the delivery of safe care.

[A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.]

Is Care Effective? (Quality of Management)

A range of accommodation, facilities and support services are provided in the premises. This supports the delivery of effective care.

[A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.]

Is Care Compassionate? (Quality of Care)

The accommodation reviewed during the Estates inspection was in a good state of repair, clean and free from malodours. This supports the delivery of compassionate care.

[A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.]

Areas for Improvement

1. Roof eaves soffits painted finish has sustained deterioration.
Refer to Quality Improvement Plan, Recommendation 1.
2. Window glazing putty was deteriorating on steel framed windows.
Refer to Quality Improvement Plan, Recommendation 1.
3. Internal plastered cill on a dining room window is damaged and cracked.
Refer to Quality Improvement Plan, Requirement 2.
4. Wash hand-basins in Blue and Yellow rooms have been removed, leaving a section of floor without a finish.
Refer to Quality Improvement Plan, Requirement 1.
5. Red room wall decoration has received impact damage and finish is chipped.
Refer to Quality Improvement Plan, Recommendation 1
6. ICU Podiatry and Activity rooms wall finishes are in poor decorative condition.
Refer to Quality Improvement Plan, Recommendation 1.

Number of Requirements	2	Number Recommendations:	1
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- 5.4 **Standard 27: Safe and healthy working practices** - *The Centre is maintained in a safe manner, and safe and healthy working practices are promoted in all aspects of its work.*

Is Care Safe? (Quality of Life)

A range of documents relating to the maintenance and inspection of the premises were presented for review during this Estates inspection. The documentation included: inspection/test reports for building engineering services and associated risk assessments. This supports the delivery of safe care.

[There were no issues identified for attention during this Estates inspection.]

Is Care Effective? (Quality of Management)

The dependency and needs of the patients are considered as part of the risk assessment processes, and this is reflected in the management of the home. This supports the delivery of effective care.

[There were no issues identified for attention during this Estates inspection.]

Is Care Compassionate? (Quality of Care)

There are health and safety procedures and control measures in place which support the delivery of compassionate care.

[There were no issues identified for attention during this Estates inspection.]

Areas for Improvement

Not applicable.

Number of Requirements	0	Number Recommendations:	0
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5.5 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.*

Is Care Safe? (Quality of Life)

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. This supports the delivery of safe care.

[Issues were identified for attention during this Estates inspection, and are detailed in the 'areas for improvement' section below.]

Is Care Effective? (Quality of Management)

The standard used by the registered person to determine the level of fire safety within the premises takes account of: the interaction between the physical fire precautions, the fire hazards, the number of patients, the management policies and the availability of adequately trained staff.

A fire risk assessment was completed by an assessor, in accordance with RQIA guidelines.

[Issues were identified for attention during this Estates inspection, and are detailed in the 'areas for improvement' section below.]

Is Care Compassionate? (Quality of Care)

The standard used by the registered persons to determine the extent of fire safety protection recognises the need to maintain a homely, non-institutionalised environment. This supports the delivery of compassionate care.

[There were no issues were identified for attention during this Estates inspection.]

Areas for Improvement

BS5839 inspection test certificate dated April 2015 states that the ISU roof space fire doors are not closing upon activation of the fire alarm system.
Refer to Quality Improvement Plan, Requirement 3.

The fire risk assessment review recommends that an Easy Opening Device should be installed on the kitchen exit door.
Refer to Quality Improvement Plan, Requirement 3.

Number of Requirements	1	Number Recommendations:	0
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Additional Areas Examined

Not applicable.

6 Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms June Rafferty, Assistant 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.

6.2 Statutory Requirements

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

6.3 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.

6.4 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will 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 weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory Requirements	
<p>Requirement 1</p> <p>Ref: Regulation 27.(2)(b)</p> <p>Stated: First time</p> <p>To be Completed by: 06 October 2015</p>	<p>Apply new floor finish to yellow and blue rooms where wash basin units have been removed.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: Trust Estates have advised that this requirement is to be completed w/b 5/10/15.</p>
<p>Requirement 2</p> <p>Ref: Regulation 27.(2)(b)</p> <p>Stated: First time</p> <p>To be Completed by: 24 November 2015</p>	<p>Repair damaged dining room interior window cill plaster work.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: Completed</p>
<p>Requirement 3</p> <p>Ref: Regulation 26.(4)(d)(i),(ii) &(iii)</p> <p>Stated: First time</p> <p>To be Completed by: 06 October 2015</p>	<p>Complete ICU BS5839 inspection report recommended repair works and install an easy opening device on main building kitchen fire exit door.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: BS5839-pt. 5 - completed BS5839- pt 8 -Re: Periodic Inspection Report- Trust Estates have advised- Trust Estates acknowledge this Periodic Inspection report is out of date. Works order has been placed and Electrical Contractor to complete same. Will be forwarded to RQIA when complete. BS5839- Pt 9-Re: Boiler House requires Manual Call Point- Trust Estates have advised Manager that this item is to be costed and installation will be subject to funding being available. BS5839- Pt 10 - Re: Roller Shutter in Kitchen to be linked to Fire Alarm System- Trust Estates have advised Manager that this item is to be costed and installation will be subject to funding being available. Esay Opening device has been installed on main Kitchen Fire Exit Door.</p>

Recommendations			
Recommendation 1 Ref: Standard 25.1 Stated: First time To be Completed by: 24 November 2015	Complete a decoration condition survey of all interior and exterior surfaces. Plan and implement repairs plus a redecoration works schedule to maintain the building fabric to acceptable standards.		
	Response by Registered Manager Detailing the Actions Taken: Decoration Condition Survey completed by Manager. Redecoration Work has commenced as follows: Redecoration of main Corridor; Entrance hall; Side Corridor to Red Group Room completed; Exit to Exterior path at Red Group Room completed; Activity Room; Soft Play Area and Doors in Red Group Room completed; Internal walls and door painted in Yellow Group Room. further redecoration being processed under prioritised Minor Works Scheme.		
Registered Manager Completing QIP	Margaret Mc Shane	Date Completed	5/10/15
Registered Person Approving QIP	Francis Rice	Date Approved	6/10/15
RQIA Inspector Assessing Response	Raymond Sayers	Date Approved*	08/10/15

*clarification is required on some items

Please ensure the QIP is completed in full and returned to estates.mailbox@rqia.org.uk from the authorised email address