

Announced Premises Inspection Report 17 May 2016 & 6 June 2016



Lisburn Assessment and Resource Centre Incorporating 'Rowan Centre Day Care', 'Dairy Farm Day Care' & 'Seymour Horticultural Unit'

Type of Service: Day Care
Address: 58 Wallace Avenue, Lisburn, BT27 4AE
Tel No: 028 9263 3535
Inspector: Gavin Doherty

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1.0 Summary

An announced premises inspection of Lisburn Assessment and Resource Centre incorporating 'Rowan Centre Day Care', 'Dairy Farm Day Care' & 'Seymour Horticultural Unit' took place on 17 May 2016 from 10:20 to 12:00 and 6 June 2017 from 14:00 to 16:00.

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.

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.

1.1 Inspection outcome

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

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Raphael Kearns, Registered Manager and Philip McMaster, South Eastern Health and Social Care Trust Estates Department as part of the inspection process and can be found in the main body of the report.

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: South Eastern Health and Social Care Trust	Registered manager: Raphael Kearns
Person in charge of the establishment at the time of inspection: Raphael Kearns	Date manager registered: 8 October 2009
Categories of care: DCS – LD	Number of registered places: 195

3.0 Methods/processes

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

Discussions with Raphael Kearns, Registered Manager and Philip McMaster, South Eastern Health and Social Care Trust Estates Department.

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 22 March 2016.

The previous inspection of the establishment was an unannounced care inspection. Three recommendations were made as a result of this inspection. The QIP of this inspection was returned by the provider and was subsequently approved by the care inspector on 10 May 2016.

4.2 Review of requirements and recommendations from the last premises inspection dated 26 September 2013.

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 14(1)(a)(c)</p> <p>Stated: First time</p>	<p>Ensure that all pull cords have an impermeable coating, capable of being easily cleaned in accordance with current infection control best practice.</p> <hr/> <p>Action taken as confirmed during the inspection: Inspector confirmed that suitable pull cords were in place at the time of the inspection.</p>	Met
<p>Requirement 2</p> <p>Ref: Regulation 26 (2)(b)</p> <p>Stated: First time</p>	<p>Wall protection should be provided in Zone 1 where the backs of the chairs are causing damage.</p> <hr/> <p>Action taken as confirmed during the inspection: Inspector confirmed that this wall protection was now in place and was providing suitable protection.</p>	Met
<p>Requirement 3</p> <p>Ref: Regulation 26 (2)(l)</p> <p>Stated: First time</p>	<p>Review the risk assessment for the control of Legionella bacteria in the water systems to ensure that the control measures currently in place remain valid.</p> <hr/> <p>Action taken as confirmed during the inspection: The risk assessment was reviewed most recently on 3 July 2015. Suitable control measures were in place and being maintained at the time of the inspection.</p>	Met
<p>Requirement 4</p> <p>Ref: Regulation 26 (2)(l)</p> <p>Stated: First time</p>	<p>Ensure that the local exhaust ventilation system in the Kitchen undergoes suitable thorough examination, cleaning and testing, in accordance with the 'Control of Substances Hazardous to Health Regulations (COSHH) 2002', Regulation 9 'Maintenance, examination and testing of control measures'.</p> <hr/> <p>Action taken as confirmed during the inspection: Inspector confirmed that suitable and sufficient inspection and cleaning is now in place. All documentation was available and up to date at the time of inspection.</p>	Met

<p>Requirement 5</p> <p>Ref: Regulation 26 (4)(a)</p> <p>Stated: First time</p>	<p>Review the current fire risk assessment and ensure suitable control measures are implemented to take account of the significant items (trampoline, cleaning equipment etc.) currently being stored along the fire escape route leading from the main day space and past the 'Rehabilitation Flat'.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed that suitable and sufficient checks are now in place. All documentation was available and up to date at the time of inspection.</p>		
<p>Requirement 6</p> <p>Ref: Regulation 26 (4)(d)(iv)</p> <p>Stated: First time</p>	<p>Provide confirmation that the fire alarm and detection system is being maintained in accordance with the best practice guidance contained within BS5839 'Fire detection and fire alarm systems for buildings' Part 1: Code of practice for system design, installation, commissioning and maintenance.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed that suitable and sufficient checks are now in place. All documentation was available and up to date at the time of inspection.</p>		
<p>Requirement 7</p> <p>Ref: Regulation 26(4)(c)</p> <p>Stated: First time</p>	<p>If there is an operational need for Door G015 (Freezer Room) to be held open then a suitable hold open device, linked to the fire alarm and detection system must be installed. Ensure that Door G218 effectively self closes.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed that suitable and sufficient checks are now in place. This door is now kept closed at all times.</p>		

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.

During the inspection of the premises, it was confirmed that the significant findings outlined in the fire risk assessment had been implemented.

This supports the delivery of safe care.

No areas for improvement were identified during the inspection.

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.

As a new purpose built facility, accessibility is excellent throughout. All areas of the premises are level access and extensive overhead tracking has been installed throughout the premises to assist those service users who require assistance. The central courtyard offers secure external accommodation and the provision of suitable surfaces including newly laid artificial grass, ensures that this area is available throughout the year.

This supports the delivery of effective care.

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number of recommendations:	0
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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. It was good to note that the premises were awarded 'runner-up' for the best kept facility in 2015 by the Northern Ireland Amenity Council.

Service users are consulted about decisions around décor where appropriate. Service users artwork and crafts etc. are displayed throughout the premises.

This supports the delivery of compassionate care.

No areas for improvement were identified during the inspection.

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.

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 provider from their responsibility for maintaining compliance with the regulations and standards.



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