

Announced Premises Inspection Report 9 June 2016



MAGHERAFELT ADULT CENTRE incorporating 'Sperrin House Satellite Unit'

Type of Service: Day Care Setting
Address: 65 Hospital Road, Magherafelt, BT45 5EG
Tel No: 028 7936 5060
Inspector: Gavin Doherty

1.0 Summary

An announced premises inspection of Magherafelt Adult Centre incorporating 'Sperrin House Satellite Unit' took place on 9 June 2016 from 10:30 to 12:30.

Is care safe?

On the day of the inspection the premises supported the delivery of safe care. However, two issues were identified for attention by the registered person. Refer to section 4.3 for further details.

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. However, one issue was identified for attention by the registered person. Refer to section 4.5 for further details.

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	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Danny Carron, registered manager, and Joe Cafolla, estates officer with Northern HSC Trust 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 HSC Trust	Registered manager: Danny Carron
Person in charge of the establishment at the time of inspection: Danny Carron	Date manager registered: 2 October 2013
Categories of care: DCS-LD, DCS-LD(E)	Number of registered places: 91

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.

Discussion took place with Danny Carron, registered manager, and Joe Cafolla, estates officer with Northern HSC Trust.

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 most recent inspection dated 15/10/2015

The most recent inspection of the establishment was an unannounced care inspection. The completed QIP was returned and approved by the specialist inspector. This QIP will be validated by the specialist inspector at their next inspection.

4.2 Review of requirements and recommendations from the last premises inspection dated 24/1/2013.

Last premises inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 26 (2) Stated: Second time	Carry out repairs to defective wall surfaces and redecorate as necessary on completion of current works.	Met
	Action taken as confirmed during the inspection: Inspector confirmed this work had been completed at the time of inspection.	
Requirement 2 Ref: Regulation 26 (2) Stated: Second time	Forward confirmation that the fixed electrical installation has been checked and that remedial repairs have been effected as necessary.	Met
	Action taken as confirmed during the inspection: Inspector confirmed this work had been completed at the time of inspection.	
Requirement 3 Ref: Regulation 26 (2) Stated: Second time	Forward confirmation that the centre's space heating boiler has been serviced.	Met
	Action taken as confirmed during the inspection: Inspector confirmed this work had been completed at the time of inspection.	
Requirement 4 Ref: Regulation 18 (2) Stated: First time	Implement measures to reduce the odours in male toilets. This should include investigation and repair of the leaking water problem in the male toilet on the corridor close to the manager's office.	Met
	Action taken as confirmed during the inspection: Inspector confirmed this work had been completed at the time of inspection.	

<p>Requirement 5</p> <p>Ref: Regulation 14 (1)</p> <p>Stated: Second time</p>	<p>a) Carry out a suitable risk assessment for scalding by hot water at hot water outlets where thermostatic mixing devices are not present. Forward copy of findings to RQIA</p> <p>b) Implement all control measures as deemed necessary within appropriate timescales.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed this work had been completed at the time of inspection.</p>		
<p>Requirement 6</p> <p>Ref: Regulation 14 (1)</p> <p>Stated: Second time</p>	<p>Forward confirmation that remedial works are completed to address issues highlighted in the legionellae risk assessment. This should include commissioning / chlorination certification where appropriate.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed this work had been completed at the time of inspection. All required control measures appeared to be in place and were being maintained.</p>		
<p>Requirement 7</p> <p>Ref: Regulation 26 (2)</p> <p>Stated: Second time</p>	<p>Forward confirmation that the patient hoists have been subject to thorough examination as required by LOLER.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed that the most recent thorough examination had been undertaken on 19 January 2016. No remedial actions were identified.</p>		
<p>Requirement 8</p> <p>Ref: Regulation 26 (2)</p> <p>Stated: Second time</p>	<p>Provide means of summoning staff assistance in the disabled W.C.s.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed this work had been completed at the time of inspection.</p>		

<p>Requirement 9</p> <p>Ref: Regulation 26 (4)</p> <p>Stated: First time</p>	<p>Forward confirmation that the remedial works to address the action plan of the fire risk assessment have been completed. This should include copies of relevant commissioning certificates relating to the fire alarm and detection system and ancillary devices where appropriate.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed this work had been completed at the time of inspection. A review of the fire risk assessment had been undertaken on 10 April 2016.</p>		
<p>Requirement 10</p> <p>Ref: Regulation 26 (4)</p> <p>Stated: First time</p>	<p>Ensure that during the period that fire safety works are underway, staff exercise increased vigilance in respect of fire safety given that some aspects of fire protection may be reduced due to the works. This was discussed with the manager during the inspection.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed this work had been completed at the time of inspection.</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. This supports the delivery of safe care.

Areas for improvement

1. At the time of the inspection, the electrical switch room in the day centre was being used to store miscellaneous items. It is important that this fire hazard room is not used for storage purposes. Danny Carron agreed to have all items removed to a suitable storage location immediately.

1. The male wc in the satellite unit 'Sperrin House' has an 'uncontrolled temperature' instantaneous hot water boiler in place. It is recommended that a suitable and sufficient risk assessment is undertaken to assess any potential scald risk this may present to service users and that suitable control measures are implemented.

Number of requirements	0	Number of recommendations:	2
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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.

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. Service users are consulted about decisions around décor and furnishings where appropriate. This supports the delivery of compassionate care.

One issue was however identified for attention during this inspection. This is detailed in the 'areas for improvement' section below.

Areas for improvement

1. the wall behind the whb in the disabled wc in the satellite unit 'Sperrin House' was in poor decorative order. It is recommended that a suitable splash back is provided at this whb and the wall finish made good.

Number of requirements	0	Number of recommendations:	1
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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 provider 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 provider.

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

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Danny Carron, Registered Manager, and Joe Cafolla, Estates Officer with Northern HSC Trust 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 provider 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 the day care setting. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises, 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 Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to estates.team@rqia.org.uk for review 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 provider 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 provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 25.7</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>Ensure that the electrical switch room in the day centre is not used for storage purposes.</p> <hr/> <p>Response by registered person detailing the actions taken: This area is now clear of all items, doors are secure and locked .All staff have been advised not to store any items in this location.</p>
<p>Recommendation 2</p> <p>Ref: Standard 25.4</p> <p>Stated: First time</p> <p>To be completed by: 4 August 2016</p>	<p>The male wc in the satellite unit 'Sperrin House' has an 'uncontrolled temperature' instantaneous hot water boiler in place. It is recommended that a suitable and sufficient risk assessment is undertaken to assess any potential scald risk this may present to service users and that suitable control measures are implemented.</p> <hr/> <p>Response by registered person detailing the actions taken: This hot water boiler has been removed, the hot water supply has been connected to the supply coming from the toilet adjacent. This supply is temperature controlled.</p>
<p>Recommendation 3</p> <p>Ref: Standard 25.1</p> <p>Stated: First time</p> <p>To be completed by: 4 August 2016</p>	<p>The wall behind the whb in the disabled wc in the satellite unit 'Sperrin House' was in poor decorative order. It is recommended that a suitable splash back is provided at this whb and the wall finish made good.</p> <hr/> <p>Response by registered person detailing the actions taken: This work has been completed.</p>

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



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