

Announced Premises Inspection Report 16 June 2016



The Rowan Centre

Type of Service: Day Care Setting
Address: 56 Wallace Avenue, Lisburn, BT27 4AE
Tel No: 028 9262 8523
Inspector: Gavin Doherty

1.0 Summary

An announced premises inspection of The Rowan Centre took place on 16 June 2016 from 10:30 to 12:00.

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 provider. Refer to section 4.3.

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.

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 Teresa McKee, registered manager, Johnny Close and Sam Varghese, estates operational managers with South Eastern 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 provider: South Eastern HSC Trust	Registered manager: Teresa McKee
Person in charge of the establishment at the time of inspection: Teresa McKee	Date manager registered: 2 October 2014
Categories of care: DCS-PH, DCS-SI	Number of registered places: 40

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 were held with Teresa McKee, registered manager, Johnny Close and Sam Varghese, estates operational managers with South Eastern 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 16/6/2015

The most recent inspection of the establishment was an unannounced care inspection. The completed QIP was returned and approved by the care inspector on 24 July 2015. This QIP will be validated by the care inspector at their next inspection.

4.2 Review of requirements and recommendations from the last premises inspection dated 3 December 2013

Last premises inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 26 (2) Stated: First time	Assurances should be provided to RQIA that the control measures stemming from the risk assessment recently completed concerning the control of legionella bacteria in the Centre's water systems have been fully implemented and are being maintained.	Met
	Action taken as confirmed during the inspection: All control measures identified in the legionella bacteria risk assessment were fully addressed by the end of March 2014 and are being maintained on an on-going basis.	
Requirement 2 Ref: Regulation 26 (2) Stated: First time	Confirmation should be provided to RQIA, that the Centre's fixed electrical installation has been inspected and tested in accordance with current best practice guidance and is in a satisfactory condition.	Met
	Action taken as confirmed during the inspection: Inspection completed and tests carried out: 19th-30th August 2013. Copy of report now held in the Day Centre.	
Requirement 3 Ref: Regulation 27 (4) Stated: First time	Ensure that the fire risk assessment receives its annual review by the Trust's fire risk assessor without any further delay.	Met
	Action taken as confirmed during the inspection: Completed on 8th January 2014. Further reviews have been carried out annually since this inspection.	
Requirement 4 Ref: Regulation 27 (4) Stated: First time	Ensure that the door to Kitchen effectively self-closes at all times.	Met
	Action taken as confirmed during the inspection: Inspector confirmed this at the time of inspection.	

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.

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

Areas for improvement

1. The registered manager should ensure that the significant findings contained in the most recent fire risk assessment (June 2016) are fully implemented within the timescales stipulated in the fire risk assessment.
2. The registered manager should ensure that any 'infrequently used' hot and cold water outlets, throughout the premises are flushed through twice weekly in accordance with current best practice guidance. Suitable records should be maintained and available for inspection.

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.

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 where appropriate. This supports the delivery of compassionate care.

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.

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 Teresa McKee, registered manager and Johnny Close and Sam Varghese, estates operational managers with South Eastern HSC Trust as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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.mailbox@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 28.3</p> <p>Stated: First time</p> <p>To be completed by: As stipulated in fire risk assessment</p>	<p>The registered manager should ensure that the significant findings contained in the most recent fire risk assessment (June 2016) are fully implemented within the timescales stipulated in the fire risk assessment.</p> <p>Response by registered provider detailing the actions taken: The registered manager has made contact with the Trust Estates Fire Officer who reports that all actions stipulated on June 2016 fire risk assessment have been inputted onto Backtraq system for action by Estates within allotted timescales. Implementation commenced 25/7/16. The registered manager will monitor timescale and implementation of action plan.</p>
<p>Recommendation 2</p> <p>Ref: Standard 25.7</p> <p>Stated: First time</p> <p>To be completed by: immediate and ongoing</p>	<p>The registered manager should ensure that any 'infrequently used' hot and cold water outlets, throughout the premises are flushed through twice weekly in accordance with current best practice guidance. Suitable records should be maintained and available for inspection.</p> <p>Response by registered provider detailing the actions taken: Immediate action was taken to review the use of all hot and cold outlets in the centre. Two infrequently used outlets have been identified and a process is in place for the implementation and recording of twice weekly flushing regime.</p>

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



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