



The Regulation and
Quality Improvement
Authority

The Laurels' Day Centre
RQIA ID: 11170
Dromalane Road
Newry
BT35 8AP

Inspector: Kieran Monaghan
Inspection ID: IN021663

Tel: 028 3026 1570
Email: laurels.centre@southerntrust.hscni.net

**Announced Estates Inspection
of
The Laurels' Day Centre, Newry**

14 October 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

2. Service Details

Registered Organisation/Registered Person: Southern Health and Social Care Trust/Mrs Paula Mary Clarke	Registered Manager: Ms. Carmel McGrath
Person in Charge of the Premises at the Time of Inspection: Mrs Maureen Carvill, Deputy Manager	Date Manager Registered: 02 August 2010
Categories of Care: DCS-LD	Number of Registered Places: 78
Number of Service Users Accommodated on Day of Inspection: 44	Weekly Tariff at Time of Inspection: Not applicable

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 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 included the following:

Prior to inspection the following records were analysed: The previous estates inspection report and the statutory notifications over the past 12 months.

Discussions with Mrs. Maureen Carvill, Deputy Manager, Mr. Brian Burns, Day Care Worker and Mr. Alister Farrell, Estates Officer with the Southern 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, fire risk assessment, etc.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of this establishment was an announced primary care inspection IN023252 on 01 July 2015. The completed QIP for this inspection was returned to RQIA on 26 August 2015 and approved by the care inspector on 26 August 2015.

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 4 Ref: Regulation 13(7)	The use of the bench top steriliser in the PAMS room should be reviewed in line with current best practice for decontamination.	Met
	Action taken as confirmed during the inspection: The bench top steriliser was no longer being used as single use instruments were now being used instead.	
Requirement 5 Ref: Regulations 14(1)(a) 14(1)(c) 26(2)(l)	The additional sheet detailing the observations in the report for the most recent periodic inspection and test to the general electrical installation should be available in the premises.	Met
	Action taken as confirmed during the inspection: The fixed wiring installation was inspected and tested on 07 July 2015. The issues identified for attention in the report for this inspection and test had also been addressed.	
Requirement 6 Ref: Regulations 14(1)(a) 14(1)(c) 26(2)(l)	The position in relation to the operation of the temperature control valve for the shower in the disabled toilet should be clarified. The problem with the limited supply of hot water to the sink in the therapy kitchen should also be resolved.	Not Met
	Action taken as confirmed during the inspection: The shower unit in one of the shower rooms was not connected. This should be checked and made good as required. Mr. Farrell confirmed that work to address the limited water supply issue at the sink in the therapy kitchen would be complete by the end of October 2015. Completion of these issues should be confirmed to RQIA. Reference should be made to requirement 2 in the attached QIP.	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 11 Ref: Regulations 14(1)(a) 14(1)(c)	A risk assessment should be carried out in relation to the top step leading to the Mezzanine floor in the large store room adjacent to the PAMS Room (top riser deeper than other risers).	Met
	Action taken as confirmed during the inspection: Control measures were in place in relation to this issue.	
Requirement 12 Ref: Regulations 26(4)(b) 26(4)(c) 26(4)(d)(i)	Fire doors should not be wedged open. In order to meet the operational needs of the Day Centre without compromising fire safety, additional hold open devices linked to the fire detection and alarm installation should be installed. This type of device should be fitted to the doors to the staff office and the reception to prevent these doors from being wedged open.	Met
	Action taken as confirmed during the inspection: It is good to report that additional hold open devices connected to the fire detection and alarm system had been installed since the previous estates inspection.	
Requirement 13 Ref: Regulations 26(4)(b) 26(4)(e)	The arrangements for smoking in the premises should be reviewed and revised as required. Particular attention should be given to the smoking policy to direct practice and to the individual risk assessments for service users who smoke to identify the controls required. In relation to the controls specific attention should be given to the need for a fire blanket in a location convenient to where service users smoke and to ensuring that all staff receive training in the use of first aid fire-fighting equipment.	Partially Met
	Action taken as confirmed during the inspection: At present one service user smokes. This service user smokes at the side of the premises in an area that is secluded and away from staff presence. The suitability of this arrangement should be reviewed on the basis of risk assessment. Reference should be made to requirement 3 in the attached QIP.	

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

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

Is Care Compassionate? (Quality of Care)

The areas of the premises reviewed during this Estates inspection were well presented, clean and free from malodours. This supports the delivery of compassionate care.

No issues were identified for attention during this Estates inspection.

Areas for Improvement

1. The Laurels' Day Care Centre provides services to a wide range of service users. The premises were constructed many years ago. The needs of the services users have continued to increase over the years. The limitations of the design and the layout of the existing premises can present challenges in relation to the delivery of the day care services. In particular the amount of space for dining and activity can be limited at peak times. In order to ensure that the existing premises remain suitable in the short to medium term, a multi-disciplinary review should be carried out based on the needs of the service users. A specific focus for this review should be the dining and activity facilities. The outcome of this review should be confirmed to RIQA. Reference should also be made to previous requirement 1 in section 5.2 of this report. Reference should be made to requirement 4 in the attached QIP.

Number of Requirements	1	Number Recommendations:	0
-------------------------------	----------	--------------------------------	----------

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 documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this Estates inspection. This supports the delivery of safe care.

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

Is Care Effective? (Quality of Management)

The nature and needs of the residents are considered as part of the risk assessment processes and this is reflected in the management of the premises. This supports the delivery of effective care.

No issues were identified for attention during this Estates inspection.

1. The date for the most recent fire safety training for all staff should be confirmed to RQIA. Reference should be made to requirement 6 in the attached Quality Improvement Plan.
2. The records for the ongoing monthly function tests to the emergency lights were not presented for review during this estates inspection. These records should be available for review during future inspections. Reference should be made to requirement 6 in the attached Quality Improvement Plan.

Number of Requirements	1	Number Recommendations:	0
-------------------------------	----------	--------------------------------	----------

5.6 Additional Areas Examined

No additional areas were examined during this estates inspection.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs. Maureen Carvill, Deputy Manager, Mr. Brian Burns, Day Care Worker and Mr. Alister Farrell, Estates Officer with the Southern 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 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.

6.1 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

6.2 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.

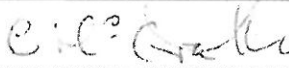

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 26(2)(a)</p> <p>Stated: Second time</p> <p>To be Completed by: 08 January 2015</p>	<p>Proposals to develop the large room adjacent to the PAMS room should be brought forward and confirmed to RQIA.</p> <p>Response by Registered Manager Detailing the Actions Taken: Plans considered to change the use of this area in 2013 have since been reviewed and 'stood down'. With the development of Transforming Your Care and service user numbers reducing through planned movement into community day time opportunities expenditure for development of this space is not been prioritized at this time. It is currently used as an essential storage area for the Centre this however will be kept under review in light of changing needs of service users.</p>
<p>Requirement 2</p> <p>Ref: Regulations 14(1)(a) 14(1)(c) 26(2)(l)</p> <p>Stated: Second time</p> <p>To be Completed by: 20 November 2015</p>	<p>The shower unit in one of the shower rooms that was not connected should be checked and made good as required. Completion of the works to address the issue in relation to the limited water supply at the sink in the therapy kitchen should be confirmed to RQIA.</p> <p>Response by Registered Manager Detailing the Actions Taken: A new hot water tank has been fitted which has helped improve the water supply in the therapy kitchen. We have reviewed the need for the disconnected shower and have confirmed that one available shower is adequate for the limited emergency use required at present. All dead legs have been removed to minimize risks.</p>
<p>Requirement 3</p> <p>Ref: Regulations 26(4)(b) 26(4)(e)</p> <p>Stated: Second time</p> <p>To be Completed by: 20 November 2015</p>	<p>The arrangements for the service user who smoking should be reviewed. The outcome of this review should be confirmed to RQIA.</p> <p>Response by Registered Manager Detailing the Actions Taken: The service user who smoked at the time of the inspection has now stopped smoking. She uses an e cigarette and continues to go to the designated area to use this. Support staff and home carers are discussing and assessing her competency to manage this independently. This meeting is being held on 8th December 2015.</p>
<p>Requirement 4</p> <p>Ref: Regulation 26(2)(a)</p> <p>Stated: First time</p> <p>To be Completed by: 08 January 2015</p>	<p>A multi-disciplinary review of the premises should be carried out based on the needs of the service users. A specific focus for this review should be the dining and activity facilities. The outcome of this review should be confirmed to RQIA.</p> <p>Response by Registered Manager Detailing the Actions Taken: A review of potential options to enhance dining arrangements within the Centre has been carried out. A copy of the outcome report was previously forwarded to the care inspector in October 2015 and is also forwarded with this Quality</p>

Quality Improvement Plan

Statutory Requirements

Requirement 5 Ref: Regulations 13(7) 14(1)(a) 14(1)(c) 26(2)(l) Stated: Second time To be Completed by: 20 November 2015 and ongoing	<p>A copy of the report for the August 2015 service of the thermostatic mixing valves should be forwarded to RQIA. A copy of the report for the most recent legionella monitoring visit to the premises should also be forwarded to RQIA. In addition the showers should be descaled, cleaned and disinfected on a quarterly basis instead of on a six monthly basis.</p> <p>Response by Registered Manager Detailing the Actions Taken: Attached is the August 15 service report for thermostatic mixing valves within the Laurels. Attached also is the Legionella monitoring report for January 15 and we are awaiting the DMC Showers report for the September 15 visit. A contract for cleaning, descaling and disinfecting the showers on a quarterly basis has been agreed with HealthyBuildings.</p>		
Requirement 6 Ref: Regulations 26(2)(b) 26(2)(e) 26(4)(d)(iv) Stated: First time To be Completed by: 20 November 2015 and ongoing	<p>The date for the most recent fire safety training for all staff should be confirmed to RQIA. The records for the ongoing monthly function tests to the emergency lights should be available for review during future inspections.</p> <p>Response by Registered Manager Detailing the Actions Taken: Deputy Nominated Fire Refresher Training was completed by 9 staff on 21st September 2015. One additional staff member completed Fire Safety Refresher training on 29th October 2015. Two further staff are due to complete their refresher training in January 2016. Estates Department have confirmed they will make available copies of monthly functional tests of emergency lighting for viewing at future inspections.</p>		
Registered Manager Completing QIP		Date Completed	01/12/15
Registered Person Approving QIP		Date Approved	02/12/15
RQIA Inspector Assessing Response	Kieran Monaghan	Date Approved	04/12/2015

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