



The Regulation and
Quality Improvement
Authority

Cookstown Adult Centre
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**Announced Estates Inspection
of
Cookstown Adult Centre**

10 November 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 10 November 2015 from 10.00 to 12.00hrs. Overall 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;

- 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	3

The details of the QIP within this report were discussed with the Ms Mona McCann (Day Care Centre Manager) and Mr Paul Wilson (Northern Health and Social Care Trust Graduate Estates Officer) as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Northern HSC Trust/Mr Anthony Baxter Stevens	Registered Manager: Ms Mona McCann
Person in Charge of the Premises at the Time of Inspection: Ms Mona McCann	Date Manager Registered: 09 January 2014
Categories of Care: DCSS-LD, DCS-MP, DCS-PH	Number of Registered Places: 55
Number of Service Users Accommodated on Day of Inspection: 43	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 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 dated 13 September 2012 and statutory notifications over the past 12 month period.

During the inspection the inspector met with Ms Mona McCann and Mr Paul Wilson.

The following records were examined during the inspection: Copies of building services maintenance inspection certificates, building user inspection log books for building engineering services, legionellae risk assessment and fire risk assessment.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an announced care inspection, dated 22 October 2014 (RQIA reference INO20478). The completed QIP was returned, and assessed as satisfactory by the care inspector on 16 December 2014.

5.2 Review of Requirements and Recommendations from the last Estates Inspection 13 September 2012

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 14.(1)(a),(b),(c)	Consider installing client assistance alarm activation call points in day care client WCs; implement management controls to safeguard client's health, safety and well-being prior to installation of alarm system.	Partially Met
	Action taken as confirmed during the inspection: Management controls implemented, minor capital works has been completed and submitted to senior HSC trust management for evaluation.	
Requirement 2 Ref: Regulation 14.(1)(a),(b),(c)	Verify that a hot water and hot surfaces risk assessment maintenance control regime is implemented on Thermostatic Mixing Valves in compliance with National Health Service Health Guidance Note (NHS HGN) safe hot water and surface temperatures.	Met
	Action taken as confirmed during the inspection: Thermostatic Mixing Valves maintained and monitored by planned maintenance checks.	
Requirement 3 Ref: Regulation 14.(1)(a),(b),(c)	Verify that legionella prevention control measures are implemented to eliminate/control health and safety risk caused by "green-house" water storage/distribution system.	Met
	Action taken as confirmed during the inspection: Water storage/distribution system removed from green-house.	

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)

Building services maintenance documents were presented for review during this Estates inspection. This documentation included inspection and test reports for various elements of the engineering services, and risk assessments; this supports the delivery of safe care.

An issue was identified for attention during this Estates inspection and is detailed in the 'areas for improvement' section below.

Is Care Effective? (Quality of Management)

Accommodation, facilities and support services are provided in the premises; this supports the delivery of effective care.

An issue was identified for attention during this Estates inspection and is detailed in the 'areas for improvement' section below.

Is Care Compassionate? (Quality of Care)

The accommodation reviewed during this Estates inspection was well maintained, clean and free from malodours; this supports the delivery of compassionate care.

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

Areas for Improvement

1. Day-room 4 carpet was stained/soiled and the decorative wall finish was in poor condition. The registered manager stated that it is planned to replace the carpet. Building interior redecoration works had commenced and painting contractor operatives are currently on site. Refer to Quality Improvement Plan recommendation 2.
2. Emergency staff call alarm activation points are not located in the wheelchair user WCs. Refer to Quality Improvement Plan recommendation 1.

Number of Requirements	0	Number Recommendations:	2
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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)

Documents relating to the safe operation of the premises, installations and engineering services were presented for review during this Estates inspection; this supports the delivery of safe care.

A number of 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 dependency and care needs of the residents are considered as part of the risk assessment processes, this is reflected in the management of the premises; this supports the delivery of effective care.

There was one issue identified for attention during this Estates inspection, and is detailed in the areas for improvement section detailed below.

Is Care Compassionate? (Quality of Care)

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

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

Areas for Improvement

1. The legionella risk assessment was completed in September 2013, and maintenance control procedures were implemented and recorded. The September 2013 risk assessment action plan recommendations were not validated as complete by a competent person. Refer to Quality Improvement Plan requirement 1.
2. The Northern HSC Trust Estates Officer stated that the BS7671 Periodic Inspection Report for the electrical installation was not yet available for examination as the inspection was completed on 05 and 06 November 2015. Refer to Quality Improvement Plan requirement 2.
3. Portable electrical appliances display labels indicating that Portable Appliance Testing was completed on 04 and 05 November 2015; a verification certificate has not yet been received by the centre manager. Refer to Quality Improvement Plan recommendation 3.
4. It was not ascertained that all hoisting equipment on the premises had received Lifting Operations and Lifting Equipment Regulation (LOLER) thorough examination inspections in accordance with LOLER Regulation 9. Refer to Quality Improvement Plan requirement 4.

Number of Requirements	2	Number Recommendations:	2
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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 including: 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.

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

Is Care Effective? (Quality of Management)

The standard used 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 residents, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment which was completed on 05 March 2015; this supports the delivery of effective care.

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

Is Care Compassionate? (Quality of Care)

The standard used to determine the extent of required fire safety protection recognises the need to maintain a homely, non-institutionalised environment; this supports 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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5.6 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 Mona McCann (Manager) and Mr Paul Wilson (Northern HSC Trust Graduate Estates Officer) 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.

6.3 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	
Requirement 1 Ref: Regulations 14.(1)(a),(b),(c) Stated: First time To be Completed by: 26 January 2016	<p>Provide RQIA with validation that the 2013 legionella Risk assessment action plan recommendations have been implemented.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: Remedial work is ongoing with the aim of completion by end of January 2016.</p>
Requirement 2 Ref: Regulations 14.(1),(a),(b),(c) Stated: First time To be Completed by: 08 January 2016	<p>Submit to RQIA a copy of the BS7671 Periodic Inspection Report for the electrical installation completed on 05 and 06 November 2015.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: Attached are the fixed wire test results. Remedial work will be completed by end of February 2016.</p>
Requirement 3 Ref: Regulations 14.(1),(a),(b),(c) Stated: First time To be Completed by: 26 January 2016	<p>Provide confirmation to RQIA that all hoisting appliances used on the premises are subjected to Lifting Operations and Lifting Equipment (LOLER) Regulation 9 thorough examination inspections; submit a copy of the last thorough examination report completed for each lifting appliance.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: Copies attached.</p>
Recommendations	
Recommendation 1 Ref: Standard 25.3 Stated: Second time To be Completed by: 29 August 2016	<p>Consider installing client assistance alarm activation call points in day care client accessible WCs; implement management controls to safeguard client's health, safety and well-being prior to installation of an alarm system.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: Unit manager submitted minor work to estates on 15/10/12 & 24/6/13 and was approved Ref No : 217314E. Awaiting scheduled date for completion.</p>

Recommendation 2 Ref: Standard 25.1 Stated: First time To be Completed by: 26 January 2016	Continue with floor and wall surface refurbishment works, and ensure that all surfaces are in a good decorative condition. Response by Registered Manager Detailing the Actions Taken: reRe-decoration works on-going - scheduled for completion in January '16. Minor works request being processed for re-flooring works.		
Recommendation 3 Ref: Standard 25.8 Stated: First time To be Completed by: 26 January 2016	Submit verification to RQIA that all electrical appliances/equipment have been tested and inspected in compliance with Health and Safety Executive guidance booklet Maintaining Portable and Transportable Electrical Equipment (HSG107). Response by Registered Manager Detailing the Actions Taken: Attached is PAT testing results that were carried BI Electrical on 5h November 2015.		
Registered Manager Completing QIP	Mona McCann	Date Completed	16.12.15
Registered Person Approving QIP	Tony Stevens	Date Approved	18.12.15
RQIA Inspector Assessing Response	Raymond Sayers	Date Approved	06/01/16

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