



The Regulation and
Quality Improvement
Authority

Suffolk Day Centre
RQIA ID: 11175
88 Stewartstown Road
Belfast
BT11 9JP

Inspector: Kieran Monaghan
Inspection ID: IN021653

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Announced Estates Inspection

of

Suffolk Day Centre

on

24 September 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 24 September 2015 from 10:30am. to 1:00pm. . 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 actions 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	8	0

The details of the QIP within this report were discussed with the Mr. N. O Hagan, Assistant Manager and Mr. D. McCartney, Estates Operations Manager with Belfast HSC Trust, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Belfast Health and Social Care Trust / Mr. Martin Joseph Dillon	Registered Manager: Mrs. Margaret Johnston
Person in Charge of the Premises at the Time of Inspection: Mrs. Margaret Johnston, Registered Manager	Date Manager Registered: 17 August 2010
Categories of Care: DCS-LD	Number of Registered Places: 95
Number of Service Users Accommodated on Day of Inspection: 16	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 and themes 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 Mr. N. O Hagan, Assistant Manager, Mr. D. McCartney, Estates Operations Manager with Belfast HSC Trust, Ms. M. McCartan, Belfast HSC Trust's Risk Management Department, and Mr. K. Moore, Placement Student, Belfast 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 pharmacy inspection on 22 January 2015. The completed QIP for this inspection was returned to RQIA on 05 February 2015 and approved by the pharmacy inspector on 23 February 2015.

5.2 Review of Requirements and Recommendations from the last Estates Inspection On 05 February 2013

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 26(2)(k)	The issues in relation to the space heating in one section of the premises should be resolved.	Met
	Action taken as confirmed during the inspection: These issues had been resolved. Mr. O'Hagan confirmed that there had been no issues or complaints regarding the space heating.	
Requirement 2 Ref: Regulation 14(1)(c)	The small spray dispensing liquid containers in the kitchen should be clearly labelled.	Met
	Action taken as confirmed during the inspection: This issue had been addressed.	
Requirement 3 Ref: Regulations 13(7) 14(1)(a) 14(1)(c) 26(2)(l)	Any remaining 'Dead legs' in the plumbing pipework should be removed. Particular attention should be given to the 'dead leg pipe adjacent to door leading to the narrow corridor.	Partially Met
	Action taken as confirmed during the inspection: The dead leg pipe adjacent to the door leading to the narrow corridor had been removed. There was however a dead leg pipe in the kitchen. Reference should be made to requirement 1 in the attached QIP.	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 4 Ref: Regulations 13(7) 14(1)(a) 14(1)(c) 26(2)(l)	The procedure for the weekly flushing of the water outlets that are not in frequent use should amended to include twice weekly flushing of all water outlets that are not used frequently. A list of the infrequently used outlets should be maintained to record the flushing dates.	Met
	Action taken as confirmed during the inspection: Mr. Hagan confirmed that there was only one shower that was not used frequently and this was flushed as part of the weekly management checks and the weekly staff checks.	
Requirement 5 Ref: Regulations 14(1)(a) 14(1)(c) 26(2)(l)	The thermostatic mixers should be maintained in accordance with the manufacturer's recommendations.	Not Met
	Action taken as confirmed during the inspection: Information in relation to the most recent service of the thermostatic mixing valves was not presented for review during this estates inspection. Confirmation in relation to the ongoing maintenance of the thermostatic mixing valves should be forwarded to RQIA. Reference should be made to requirement 2 in the attached QIP.	
Requirement 6 Ref: Regulations 13(7) 14(1)(a) 14(1)(c) 26(2)(l)	The cold water storage tanks should be inspected and any necessary remedial works should be carried out.	Met
	Action taken as confirmed during the inspection: This issue had been addressed.	

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 7</p> <p>Ref: Regulation 26(4)(d)(iv)</p>	<p>The fire doors throughout the premises should be inspected and any necessary remedial works should be carried out. Particular attention should be given to the following issues in this regard;</p> <ul style="list-style-type: none"> • The door to the ISU room should be adjusted to prevent it catching on the floor and to ensure that it provides an effective smoke seal • The meeting edges of all double doors should be fully smoke sealed • Double doors to the assembly hall opposite the dining room should be adjusted to close properly • Appropriate hold open devices should be fitted to the doors of the assembly hall to facilitate accessibility for service users • The self-closer to the Physiotherapy room door should be reconnected 	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The fire doors had been checked and adjustments had been carried out. The door to the Aurora room however required further attention. Mr. Hagan advised that this door was going to be replaced. Confirmation regarding this new door should be provided to RIQA. Reference should be made to requirement 8 in the attached QIP.</p>	
<p>Requirement 8</p> <p>Ref: Regulations 26(4)(a) 26(4)(b)</p>	<p>The remaining issues identified for attention in the report for the fire risk assessment that was carried out on 22 August 2012 should be addressed. The level of fire door protection to the means of escape should also be reviewed and enhanced as required (not all doors from rooms leading onto the means of escape were fire and smoke rated).</p>	Not Met
	<p>Action taken as confirmed during the inspection:</p> <p>The most recent fire risk assessment was completed on 28 August 2015. The issues identified for attention in by this fire risk assessment had still to be addressed. Not all doors from rooms leading onto the means of escape were fire and smoke rated. An update in relation to this fire risk assessment issues and the protection to the means of escape should be provided to RQIA. Reference should be made to requirement 3 in the attached QIP.</p>	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 9 Ref: Regulations 26(4)(b) and 26(4)(d)(iv)	The external fire escape should be repainted. Any necessary remedial works required to this fire escape should be carried out prior to repainting. A slip resistant finish should be applied to the landings and treads of this fire escape.	Not Met
	Action taken as confirmed during the inspection: This issue had not been addressed. Reference should be made to requirement 4 in the attached QIP.	
Requirement 10 Ref: Regulation 26(4)(b)	The fire stopping in the boiler room should be checked and made good as required.	Met
	Action taken as confirmed during the inspection: This issue had been addressed.	
Requirement 11 Ref: Regulation 26(4)(f)	The method of recording the evacuation times for the fire drills times should be amended to reflect the time taken for everyone to reach a place of safety and not the total time for the complete fire drill exercise.	Met
	Action taken as confirmed during the inspection: This issue had been addressed.	

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)

A range of documentation in relation to the maintenance and upkeep of the premises was 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.

No issues were identified for attention during this Estates inspection.

Is Care Effective? (Quality of Management)

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.

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

Areas for Improvement

1. The cleaner's store adjacent to the female toilet should be deep cleaned. Reference should be made to requirement 5 in the attached QIP.
2. It is good to report that improvements to the premises have continued. Plans were also in place to provide a new roof covering and to refurbish the therapy kitchen. This is to be commended. Suffolk Day Care Centre provides services to a wide range of Service Users from the age of 18 years upwards with learning difficulties and associated complex physical and mental health needs including autism and dementia. 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 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. The outcome of this review should be confirmed to RIQA. Reference should be made to requirement 6 in the attached QIP.

Number of Requirements	2	Number Recommendations:	0
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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)

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.

Three issues were however identified for attention during this Estates inspection. These are 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.

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

Is Care Compassionate? (Quality of Care)

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

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

Areas for Improvement

1. The fixed wiring installation was inspected and tested on 01 May 2015. Completion of the remedial works in relation to this inspection and test should be confirmed to RIQA. Reference should be made to requirement 7 in the attached QIP.
2. The next routine thorough examinations of the passenger lift and the ceiling mounted tracking systems should be carried out. Reference should be made to requirement 7 in the attached QIP.
3. The legionella risk assessment should be reviewed, updated and actioned as required. The showers should be descaled, cleaned and disinfected on a quarterly basis. Reference should be made to requirement 7 in the attached QIP.

Number of Requirements	1	Number Recommendations:	0
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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. 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. This supports the delivery of safe care.

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

Is Care Effective? (Quality of Management)

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 residents, 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 effective care.

No issues were identified for attention during this Estates inspection.

Is Care Compassionate? (Quality of Care)

The standard used by the registered persons to determine the extent of fire safety protection measures that are appropriate for the premises recognises the need to maintain a homely, non-institutionalised environment. This supports the delivery of compassionate care.

No issues were identified for attention during this Estates inspection.

Areas for Improvement

1. The issues identified for attention during the most recent function test of the emergency lights that was completed on 14 September 2015 should be addressed. The next routine duration inspection and test of the emergency lights should also be completed. Reference should be made to requirement 8 in the attached QIP.
2. The ceiling in the switchgear room should be made good. Fire stopping in the corner of this room should also be completed. In addition this room should be kept free from storage. Reference should be made to requirement 8 in the attached QIP.

Number of Requirements	1	Number Recommendations:	0
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a. Additional Areas Examined

No additional areas were examined during this estates inspection.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. The details of the QIP within this report were discussed with the Mr. N. O Hagan, Assistant Manager and Mr. D. McCartney, Estates Operations Manager with Belfast HSC Trust, as part of the inspection process. The timescales for completion 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.

b. 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

c. 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.

d. 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 persons 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 persons with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulations 13(7) 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 dead leg pipe in the kitchen should be removed.</p> <p>Response by Registered Manager Detailing the Actions Taken: In response to this inspection report the dead leg pipe was removed from the kitchen on the 12/11/15</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>Confirmation in relation to the ongoing maintenance of the thermostatic mixing valves should be forwarded to RQIA.</p> <p>Response by Registered Manager Detailing the Actions Taken: In response to this inspection the report confirmation of the ongoing maintenance of the thermostatic mixing valves has been forwarded to RQIA. During the inspection information in relation to the servicing of the thermostatic mixing valves was not presented to RQIA. The service had been carried out on 17/08/15.</p>
<p>Requirement 3</p> <p>Ref: Regulations 26(4)(a) 26(4)(b)</p> <p>Stated: Second time</p> <p>To be Completed by: 20 November 2015</p>	<p>An update in relation to this fire risk assessment issues and the protection to the means of escape should be provided to RQIA.</p> <p>Response by Registered Manager Detailing the Actions Taken: In response to this inspection report, the issues identified in the fire risk assessment have been addressed. An update has been provided by the fire officer to confirm to RQIA that all hazard rooms are provided with ½ hrfr doors and self-closing devices. It has also been confirmed by the fire officer that the standard of fire protection measures currently in place meet the regulations.</p>

Quality Improvement Plan

Statutory Requirements

<p>Requirement 4</p> <p>Ref: Regulations 26(4)(b) 26(4)(d)(iv)</p> <p>Stated: Second time</p> <p>To be Completed by: 18 December 2015</p>	<p>The external fire escape should be repainted. Any necessary remedial works required to this fire escape should be carried out prior to repainting. A slip resistant finish should be applied to the landings and treads of this fire escape.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: In response to this inspection report three quotations have been sought through the procurement process to carry out the associated remedial work to the fire escape with a slip resistant finish applied to the landing and treads of the fire escape. This will be completed by end March 2016.</p>
<p>Requirement 5</p> <p>Ref: Regulations 13(7) 26(2)(d)</p> <p>Stated: First time</p> <p>To be Completed by: 20 November 2015</p>	<p>The cleaner's store adjacent to the female toilet should be deep cleaned.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: In response to this inspection report the cleaners store adjacent to the female toilet was deep cleaned on the 25/09/15</p>
<p>Requirement 6</p> <p>Ref: Regulation 26(2)(a)</p> <p>Stated: First time</p> <p>To be Completed by: 18 December 2015</p>	<p>A multi-disciplinary review in relation to the ongoing suitability of the premises should be carried out based on the needs of the service users. The outcome of this review should be confirmed to RIQA.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: In response to this inspection report a multi-disciplinary group has been established. Their remit is to ensure that the existing premises remains suitable for the needs of the service users, this review is due to take place in December 15 and a report will be completed and shared with RQIA by the end December 2015</p>

Quality Improvement Plan

Statutory Requirements

Requirement 7

Ref: Regulation

13(7)

14(1(a))

14(1)(c)

26(2)(c)

26(2)(l)

Stated: First time

**To be Completed by:
18 December 2015
and ongoing**

Completion of the remedial works in relation to the fixed wiring installation should be confirmed to RIQA. The next routine thorough examinations of the passenger lift and the ceiling mounted tracking systems should be carried out. The legionella risk assessment should be reviewed, updated and actioned as required. The showers should be descaled, cleaned and disinfected on a quarterly basis.

Response by Registered Manager Detailing the Actions Taken:

In response to this inspection report the works in relation to the fixed wiring installed started on 16/11/15 and is now complete.

The routine examination of the passenger lift took place on the 3/11/15

The routine examination of the ceiling tracking systems had taken place on 22/09/15. The outcome was not available at the inspection and has since been provided to the unit. The ceiling mounted tracking systems are in good condition and safe to operate. This examination is repeated 6 monthly.

The routine descale, cleaning and disinfection of the showers took place on the 17/08/15. This is repeated 6 monthly.

Risk and Governance have advised that, following their processes, a review of the legionella risk assessment will only take place if there are any major changes to the system. At present there are no major changes therefore the existing risk assessment remains relevant and up to date. A copy of this risk assessment has been forwarded to RQIA.

Requirement 8

Ref: Regulations

26(2)(b)

26(2)(c)

26(4)(d)(i)

26(4)(d)(iv)

Stated: First time

**To be Completed by:
18 December 2015
and ongoing**

The installation of the new door to the Aurora room should be confirmed to RIQA. The issues identified for attention during the most recent Function test of the emergency lights that was completed on 14 September 2015 should be addressed. The next routine duration inspection and test of the emergency lights should also be completed. The ceiling in the switchgear room should be made good. Fire stopping in the corner of this room should also be completed. In addition this room should be kept free from storage.

Response by Registered Manager Detailing the Actions Taken:

In response to this inspection report a new door is required in the Aurora department due to water leakage from the present roof on to the door. This door will be replaced on completion of the new roof and will be confirmed to RQIA. This will be by end March 2016.

The remedial work for the function test and routine inspection of the emergency

	lights started on 16/11/15		
	The ceiling in the switchgear room, including the fire stopping was completed on the 12/11/15 and the room is now free from storage		
Registered Manager Completing QIP	Margaret Johnston	Date Completed	12/11/15
Registered Person Approving QIP	Martin Dillon	Date Approved	19/11/15
RQIA Inspector Assessing Response	K. Monaghan	Date Approved	*04/12/15

* Clarification or follow up required on some items

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