

Announced Premises Inspection Report 02 August 2016



Everton Day Centre

Type of service: Day Care Service
289/593 Crumlin Road, Belfast, BT14 7GB
Tel No: 028 9504 4106
Inspector: Gavin Doherty

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Everton Day Centre took place on 02 August 2016 from 10:30 to 12:30.

The inspection sought to assess progress with any issues raised during and since the last premises inspection and to determine if the day care service was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

On the day of the inspection the premises supported the delivery of safe care. Refer to section 4.3.

Is care effective?

On the day of the inspection the premises supported the delivery of effective care. Refer to section 4.4.

Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care. Refer to section 4.5.

Is the service well led?

On the day of the inspection the management of the premises was considered to be well led. Refer to section 4.6.

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	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mr Mark Johnston, registered manager and Mr Danny McCartney, from Belfast HSC Trust Estates Department as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent premises inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Belfast HSC Trust/Mr Martin Joseph Dillon	Registered manager: Mr Mark Johnston
Person in charge of the home at the time of inspection: Mr Mark Johnston	Date manager registered: 9 December 2015
Categories of care: DCS-LD, DCS-LD(E)	Number of registered places: 125

3.0 Methods/processes

Prior to inspection the following records were analysed: Previous estates inspection report, statutory notifications over the past 12 months and the duty call log.

During the inspection the inspector met with Mr Mark Johnston, Registered Manager, Mr Drew Smiley, Assistant Manager, Mr Danny McCartney, Mr Brian Marley and Mr Drew Denvir, Belfast HSC Trust Estates Department.

The following records were examined during the inspection: Copies of building services certificates, building user log books relating to maintenance inspections of building 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 10 March 2016

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

4.2 Review of requirements and recommendations from the last premises inspection dated 22 January 2014

Last premises inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 26 (2)(a) Stated: First time	Ensure that the lockers currently installed ad-hoc throughout the centre are moved to suitable final locations and are securely fixed to the wall.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that all lockers had been suitably secured at the time of inspection.	
Requirement 2 Ref: Regulation 26 (2)(b) Stated: First time	Ensure that all external paths and surfaces are kept free of fallen leaves, debris etc. and are maintained in a slip resistant condition at all times.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that all external paths and surfaces well maintained at the time of inspection.	
Requirement 3 Ref: Regulation 26 (2)(b) Stated: First time	Replace the floor finish in the toilet/shower area of the Intensive Support Unit with a suitable, slip resistant, impervious sheet floor finish.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that extensive refurbishment had been undertaken, including the replacement of this floor finish at the time of inspection.	
Requirement 4 Ref: Regulation 14 (1)(a)(c) 26 (2)(l) Stated: First time	Provide confirmation to RQIA, that the inspection of the Centre's Fixed Electrical Installation has been completed. Details concerning any remedial works completed or outstanding as a result of this inspection should also be forwarded to RQIA.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that the most recent inspection of the premises fixed wiring installation was undertaken on 29 July 2014 and was deemed to be in a 'satisfactory' condition.	

<p>Requirement 5</p> <p>Ref: Regulation 14 (1)(a)(c) 26 (2)(c)</p> <p>Stated: First time</p>	<p>Ensure that all currently installed overhead tracking systems are inspected and tested in accordance with the 'Lifting Operations, Lifting Equipment Regulations' currently issued by the Health and Safety Executive NI.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed that the overhead tracking systems had been suitably inspected and tested in accordance with the 'Lifting Operations, Lifting Equipment Regulations' on 27 May 2016.</p>		
<p>Requirement 6</p> <p>Ref: Regulation 26 (4)(d)(v)</p> <p>Stated: First time</p>	<p>Ensure that the monthly function check of the emergency lighting installation is fully implemented by the Centre staff. Suitable records of this test should be maintained and be available for inspection within the Centre.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed that this function check is now in place and records were available and up to date at the time of inspection.</p>		
<p>Requirement 7</p> <p>Ref: Regulation 26 (4)(a)</p> <p>Stated: First time</p>	<p>Ensure that the significant findings from the most recent fire risk assessment are implemented and signed-off accordingly by the registered managers.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed that a current risk assessment was in place dated 20 October 2015. The significant findings were being implemented and signed-off by the manager of the premises in accordance with the stipulated timescales.</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.

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

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
-------------------------------	----------	-----------------------------------	----------

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. Since the previous inspection, large sections of the premises have been significantly refurbished. The dining facilities in particular have been refurbished to provide service users with a greatly enhanced dining experience. This ongoing commitment to the improvement of the physical environment is to be commended and certainly promotes and supports the delivery of compassionate care.

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

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.

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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.



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqla.org.uk

Web www.rqla.org.uk

📍 @RQIANews

Assurance, Challenge and Improvement in Health and Social Care