

Announced Premises Inspection Report 27 April 2016



Mica Drive Day Services incorporating Fallswater Day Centre

1a Mica Street
Belfast
BT12 7BQ
Tel No: 028 9504 2800
Inspector: G Doherty

www.rqia.org.uk

1.0 Summary

An announced premises inspection of Mica Drive Day Services incorporating Fallswater Day Centre took place on 27 April 2016 from 10:20 to 12:00.

Is care safe?

On the day of the inspection the premises supported the delivery of safe care.

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)

- Standard 25: Premises and Grounds
- Standard 27: Safe and Healthy working Practices
- Standard 28: Fire Safety

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 Maria O'Hagan, registered manager and Danny McCartney, Belfast Health and Social Care 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

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 person: Belfast Health and Social Care Trust	Registered manager: Maria O'Hagan
Person in charge of the establishment at the time of inspection: Maria O'Hagan	Date manager registered: 22 June 2012
Categories of care: DCS – LD, LD(E)	Number of registered places: 81

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 with Maria O'Hagan, registered manager and Danny McCartney, Belfast Health and Social Care Trust Estates Department.

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 previous inspection dated 17/11/2015.

The previous inspection of the establishment was an unannounced care inspection. There were no requirements or recommendations made during this inspection. A completed receipt was returned and approved by the care inspector on 4 January 2016.

4.2 Review of requirements and recommendations from the last premises inspection dated 06/09/2013.

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 14(1)(a)(c) Stated: First time	Ensure that the lockers installed in the bathroom area of the centre are securely fixed to the wall.	Met
	Action taken as confirmed during the inspection: Inspector confirmed the lockers were suitably secured at the time of the inspection.	
Requirement 2 Ref: Regulation 14(1)(a)(c) Stated: First time	Ensure that the current provision of uncontrolled hot water at the cleaner's sink in main day space is subject to a risk assessment. It is essential that any control measures required to protect the Centre's service users are implemented without any undue delay.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that this sink has now been enclosed and cannot be accessed by service users.	
Requirement 3 Ref: Regulation 26(2)(l) Stated: First time	Ensure the Overhead tracking system currently installed is brought back into service and receives suitable 'thorough examination' in accordance with the 'Lifting operations lifting equipment regulations'.	Met
	Action taken as confirmed during the inspection: Inspector confirmed this tracking is being thoroughly examined on a regular basis. Suitable documentation was available and up to date at the time of inspection.	
Requirement 4 Ref: Regulation 26(4)(d)(iv) Stated: First time	Ensure that the Centre's emergency lighting installation is maintained in accordance with the best practice guidance contained in BS5266-8:2004 (BS EN 50172:2004) 'Emergency escape lighting systems'.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that suitable and sufficient checks are now in place. All documentation was available and up to date 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.

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number of recommendations:	0
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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.

A new external day space has been provided for service users since the last estate's inspection. This space provides level slip resistant walk ways, seating areas, flower beds, grassed areas and planting beds. There are also several open spaces to accommodate outdoor activities and access to this space has been provided from all current activity rooms. This has all been finished to the highest standards and will provide a valuable asset to the centre.

This supports the delivery of effective care.

No areas for improvement were identified during the inspection.

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.

No areas for improvement were identified during the inspection.

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.

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number of recommendations:	0
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5.0 Quality Improvement Plan

No requirements or recommendations resulted from this inspection.

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 person/manager from their responsibility for maintaining compliance with the regulations and standards.



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