



The Regulation and  
Quality Improvement  
Authority

Antrim Adult Centre  
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**Announced Estates Inspection  
of  
Antrim Adult Centre**

**28 October 2015**

The Regulation and Quality Improvement Authority  
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## 1. Summary of Inspection

An announced estates inspection took place on 28 October 2015 from 10.30 to 12.30. 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 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
<b>Total number of requirements and recommendations made at this inspection</b>	1	2

The details of the QIP within this report were discussed with the Centre manager, Ms Judith McPeake as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Dr Anthony Stevens, Northern HSC Trust	<b>Registered Manager:</b> No registered manager at present
<b>Person in Charge of the Premises at the Time of Inspection:</b> Ms Judith McPeake, acting manager	<b>Date Manager Registered:</b> Not applicable
<b>Categories of Care:</b> DCS-LD	<b>Number of Registered Places:</b> 65
<b>Number of Service Users Accommodated on Day of Inspection:</b> Not ascertained (Service user outing in progress)	<b>Weekly Tariff at Time of Inspection:</b> Not ascertained

### 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 Estate's inspection report
- Statutory notifications received over the past 12 months.

During the inspection, the inspector did not meet with any patients, visiting professionals or patient's representatives.

The following records were examined during the inspection:

- Fire safety service records and in-house log books
- Fire risk assessment
- Electrical certificates & associated records.
- LOLER reports
- Legionella risk assessment and controls records.

### 5. The Inspection

#### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was a primary announced care inspection, dated 21 October 2014. The completed QIP was returned and approved by the specialist inspector 20 November 2014. No further follow up from this inspection was required.

#### 5.2 Review of Requirements and Recommendations from the Last Estates Inspection, Undertaken on 4 May 2012.

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref: Regulation 26 (2)</b>	Carry out repairs to the roof as required at the Laundry and the Reception area where there is staining and evidence of water ingress.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Confirmed during inspection.	

<p><b>Requirement 2</b></p> <p>Ref: Regulation 26 (2)</p>	<p>Investigate and remove the cause of the malodour present in the 2 toilets highlighted during the inspection. (In Hand).</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Confirmed during inspection.</p>	<p><b>Met</b></p>
<p><b>Requirement 3</b></p> <p>Ref: Regulation 26 (2)</p>	<p>Ensure the agreed proposal to provide an additional changing facility within the centre is completed without any further delay. (In Hand).</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Confirmed during inspection.</p>	<p><b>Met</b></p>
<p><b>Requirement 4</b></p> <p>Ref: Regulation 26 (2)</p>	<p>Ensure that the damage to the panel under the hairdressing sink is made good.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Confirmed during inspection.</p>	<p><b>Met</b></p>
<p><b>Requirement 5</b></p> <p>Ref: Regulation 14 (1)</p>	<p>Provide confirmation that the remedial works in relation to the most recent Electrical fixed wiring inspection (10/6/2008) have been completed.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Inspector confirmed that the fixed wiring installation had been recently inspected on 5 March 2015. All remedial works have been completed.</p>	<p><b>Met</b></p>
<p><b>Requirement 6</b></p> <p>Ref: Regulation 14 (1)</p>	<p>Provide confirmation that the remedial works flowing from the most recent <i>Control of Legionella bacteria</i> risk assessment have been completed and that the specific control measure requiring the quarterly disinfection of the shower heads in the centre has been implemented.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Risk assessment examined as part of the inspection. Suitable control measures have been implemented.</p>	<p><b>Met</b></p>

<p><b>Requirement 7</b></p> <p>Ref: Regulation 14 (1)</p>	<p>Ensure that the tarmac area at the sensory garden is kept clear of moss and provides a suitable slip resistant surface for service users and staff.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Confirmed during inspection.</p>	<p><b>Met</b></p>
<p><b>Requirement 8</b></p> <p>Ref: Regulation 14 (1)</p>	<p>Ensure a suitable level and slip resistant pathway is provided to allow safe access and egress to the poly-tunnels at the rear of the centre.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Poly Tunnels no longer in place.</p>	<p><b>Met</b></p>
<p><b>Requirement 9</b></p> <p>Ref: Regulation 14 (1)</p>	<p>The green house to the rear of the centre is no longer required. This should be removed from the site.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Green house has been removed.</p>	<p><b>Met</b></p>
<p><b>Requirement 10</b></p> <p>Ref: Regulation 27 (4)</p>	<p>Ensure that the current fire risk assessment is reviewed and updated without any further delay in accordance with NIHTM'84 <i>Fire risk assessment in residential care premises</i>.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A fire risk assessment was undertaken on 20 March 2015. There were no significant findings highlighted as a result of this inspection.</p>	<p><b>Met</b></p>
<p><b>Requirement 11</b></p> <p>Ref: Regulation 27 (4)</p>	<p>Ensure that the Emergency Lighting within the facility is serviced in accordance with Current best practice and that a suitable routine testing regime is in place with records maintained and available for inspection. (BS 5266-8:2004 'Emergency escape lighting systems.')</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> This work is now undertaken by the Trust's estate department.</p>	<p><b>Met</b></p>
<p><b>Requirement 12</b></p>	<p>Ensure that the existing fire hose reels are removed</p>	<p><b>Met</b></p>

<b>Ref: Regulation 27 (4)</b>	and that suitable and sufficient portable fire-fighting equipment is provided in accordance with current best practice. (BS 5306-8:2000 'Fire extinguishing installations and equipment on premises.')	
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed this work had been completed.	

### 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.

#### 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. An 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. An issue was however, identified for attention during this estates inspection. This is detailed in the 'areas for improvement' section below.

#### Areas for Improvement

Several day rooms within the centre have been recently redecorated which is to be commended. However, the level of decoration throughout the rest of the centre, including the communal areas and circulation spaces is poor. This has also been highlighted in the centre's most recent environmental audit undertaken by the Trust. A suitable time bound redecoration schedule should be prepared to allow for the redecoration of the centre to be undertaken in a timely manner. (Recommendation 1 in the attached Quality Improvement Plan)

At the time of the inspection, the Portakabin associated with the centre was undergoing significant refurbishment. The estates officer for the Trust confirmed that considerable additional work had been identified during this contract which had led to an extension of the contract. It is important that this work is completed as quickly as possible in order to minimise

the current impact on the service users within the centre. (Recommendation 2 in the attached Quality Improvement Plan)

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>2</b>
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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.

##### **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.

##### **Is Care Compassionate? (Quality of Care)**

There are health & safety procedures and control measures in place which support the delivery of compassionate care. An issue was however identified for attention during this estates inspection. This is detailed in the 'areas for improvement' section below.

##### **Areas for Improvement**

During the inspection it became apparent from records presented that water samples taken at the Shower outlet within the centre had tested positive for the presence of legionella bacteria. Discussion took place with the Trust's water safety manager who outlined the corrective measures which have been taken to date. It was further agreed that this shower would be removed from use until confirmation was provided through appropriate sampling that the measures for legionella bacteria control were effective. The Water Safety Manager confirmed on the 2 November 2015, that the shower unit, hose and head had been replaced and that the outlet was being flushed on a daily basis until clear results were obtained. Further test results from water samples collected on 4 November 2015 were forwarded to RQIA on the 18 November 2015 confirming that no legionella bacteria was detected at the shower outlet within the centre. However, the water safety manager also confirmed that further seldom used outlets had been identified in the Laundry and these are to be removed. Following this imminent work, the hot and cold water systems will be cleaned and disinfected. Further sampling will then be undertaken throughout the centre to verify that legionella bacteria are no longer present within the system. Confirmation of these results should be forwarded to RQIA. (Requirement 1 in the attached Quality Improvement Plan)

<b>Number of Requirements</b>	<b>1</b>	<b>Number Recommendations:</b>	<b>0</b>
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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.

### 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.

### 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.

### Areas for Improvement

No areas for improvement were identified as a result of this inspection.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>0</b>
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## 5.6 Additional Areas Examined

No additional areas were examined during this estate's inspection

## 6. Quality Improvement Plan

The issue[s] identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the Centre manager, Ms Judith McPeake, 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 service type email address (paperlite) / RQIA's office (non- paperlite) 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

<b>Requirement 1</b>  <b>Ref:</b> Regulation 27 (2)  <b>Stated:</b> First time  <b>To be Completed by:</b> <b>23 December 2015</b>	Provide confirmation that the Centre's hot and cold water systems have been suitably cleaned and disinfected and that all water samples tested for the presence of legionella bacteria indicate that the control measures are effective.
	<b>Response by Registered Manager Detailing the Actions Taken:</b> Estates services have disinfected the water systems and samples have shown to now be clear of legionella bacteria. Staff received training on Legionella prevention on 02.12.15

### Recommendations

<b>Recommendation 1</b>  <b>Ref:</b> Standard 25.1  <b>Stated:</b> First time  <b>To be Completed by:</b> <b>31 May 2016</b>	Prepare a suitable time bound redecoration schedule to allow for the redecoration of the centre to be undertaken in a timely manner.
	<b>Response by Registered Manager Detailing the Actions Taken:</b> Reported to Estate services who will arrange redecoration of the unit
<b>Recommendation 2</b>  <b>Ref:</b> Standard 25.7  <b>Stated:</b> First time  <b>To be Completed by:</b> <b>29 January 2016</b>	Ensure that the refurbishment of the Portakabin is completed without any further delay so as to minimise the current impact on the service users within the centre.
	<b>Response by Registered Manager Detailing the Actions Taken:</b> Portacabin has been refurbished and service users returned to the space on 15.12.15

<b>Registered Manager Completing QIP</b>	Judith McPeake	<b>Date Completed</b>	04.01.2016
<b>Registered Person Approving QIP</b>	Tony Stevens	<b>Date Approved</b>	4/1/2016
<b>RQIA Inspector Assessing Response</b>	Gavin Doherty	<b>Date Approved</b>	7/1/2016

*\*Please ensure the QIP is completed in full and returned to [Estates.Mailbox@rqia.org.uk](mailto:Estates.Mailbox@rqia.org.uk) from the authorised email address\**