



The **Regulation** and  
**Quality Improvement**  
Authority

**Cookstown Day Centre**  
**RQIA ID: 11190**  
**2 Westland Rd**  
**Cookstown**  
**BT80 8BX**

**Inspector: Raymond Sayers**  
**Inspection ID: IN021516**

**Tel: 028 8672 3900**  
**Email:**

**[donna.oneill@notherntrust.hscni.net](mailto:donna.oneill@notherntrust.hscni.net)**

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**Announced Estates Inspection  
of  
Cookstown Day 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](http://www.rqia.org.uk)**

## 1. Summary of Inspection

An announced estates inspection took place on 10 November 2015 from 12.00 to 13.15. 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 |
|---|--------------|-----------------|
| <b>Total number of requirements and recommendations made at this inspection</b> | 3            | 3               |

The details of the QIP within this report were discussed with the Ms Donna O'Neill (Manager) and Mr Paul Wilson (Northern HSC Trust Graduate Estates Officer), 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><br>Northern HSC Trust/Anthony Baxter Stevens | <b>Registered Manager:</b><br>Ms Donna O'Neill (Acting)           |
| <b>Person in Charge of the Premises at the Time of Inspection:</b><br>Ms Donna O'Neill         | <b>Date Manager Registered:</b><br>(Acting)                       |
| <b>Categories of Care:</b><br>DCS-LD, DCS-PH, DCS-MP, DCS-I, DCS-DE                            | <b>Number of Registered Places:</b><br>30                         |
| <b>Number of Service Users Accommodated on Day of Inspection:</b><br>19                        | <b>Weekly Tariff at Time of Inspection:</b><br><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 and statutory notifications over the past 12 month's period.

During the inspection the inspector met with Ms Donna O'Neill 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 unannounced care inspection, INO23496 dated 8 September 2015. The completed QIP was returned, and assessed as satisfactory by the care inspector on 13 November 2015.

### 5.2 Review of Requirements and Recommendations from the last Estates Inspection

| Previous Inspection Statutory Requirements                            |   | Validation of Compliance |
|---|---|--------------------------|
| <b>Requirement 1</b><br><br><b>Ref:</b> Regulation 14(1)(a),(b) & (c) | Submit a copy of the legionella risk assessment document and verify that a legionella prevention works action plan controls are implemented.  | Partially Met            |
|   | <b>Action taken as confirmed during the inspection:</b><br>A legionella risk assessment was completed and legionella prevention control measures implemented, the action plan recommendations were not validated as complete by a competent person. |                          |
| <b>Requirement 2</b><br><br><b>Ref:</b> Regulation 14(1)(a),(b) & (c) | Submit records for the period 01 December 2012- 01 September 2012 confirming that the Thermostatic Mixing Valves are maintained in accordance with `safe` hot water and surface temperatures risk assessment recommendations.                       | Met                      |
|   | <b>Action taken as confirmed during the inspection:</b><br>Maintenance records submitted and examined.  |                          |
| <b>Requirement 3</b><br><br><b>Ref:</b> Regulation 27(4)(a)           | Review all fire safety control precautions and confirm that a recommended works action is completed for future implementation.  | Met                      |
|   | <b>Action taken as confirmed during the inspection:</b><br>Maintenance records submitted and examined.  |                          |

| Previous Inspection Recommendations                      |  | Validation of Compliance |
|--|--|--------------------------|
| <b>Recommendation 1</b><br><br><b>Ref:</b> Standard 35.6 | Install insect screen protection to kitchen window openings.                                     | <b>Met</b>               |
|  | <b>Action taken as confirmed during the inspection:</b><br>Insect protection measures installed. |                          |

### 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)

Documents related to the maintenance of the premises were presented for review during this Estates inspection. The documents included inspection and test reports for various elements of the engineering services and risk assessments. This supports the delivery of safe care.

[A number of issues were identified for attention during this Estates inspection; they are detailed in the 'areas for improvement' section below.]

#### 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.

[A number of 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)

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

[A number of issues were identified for attention during this Estates inspection, and are detailed in the 'areas for improvement' section below.]

#### Areas for Improvement

Activity room 7 carpet floor covering is soiled and in poor physical condition.  
 Dining room floor butt joint adjacent the food servery counter is becoming defective.  
 Refer to Quality Improvement Plan recommendation 1.

The side elevation building entrance adjacent the bus embarkation/disembarkation point utilizes tapered kerbs to enhance accessibility for non-ambulant day centre users.  
 A modification of the adjacent footpath levels would provide greater accessibility for non-ambulant service users.  
 Refer to Quality Improvement Plan recommendation 2.

|                               |          |                                |          |
|-------------------------------|----------|--------------------------------|----------|
| <b>Number of Requirements</b> | <b>0</b> | <b>Number Recommendations:</b> | <b>2</b> |
|-------------------------------|----------|--------------------------------|----------|

**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 related 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.

[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 were no issues identified for attention during this Estates inspection.]

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

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

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

**Areas for Improvement**

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.

The Northern Health and Social Care Trust Graduate 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 5 and 6 November 2015. Refer to Quality Improvement Plan requirement 2.

Portable electrical appliances display labels indicating that Portable Appliance Testing was completed on 4 and 5 November 2015; a verification certificate has not yet been received by the centre manager. Refer to Quality Improvement Plan requirement 3.

|                               |          |                                |          |
|-------------------------------|----------|--------------------------------|----------|
| <b>Number of Requirements</b> | <b>3</b> | <b>Number Recommendations:</b> | <b>0</b> |
|-------------------------------|----------|--------------------------------|----------|

**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.

[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)**

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. 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 fire safety protection required 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**

The laundry room does not have a fire detection sensor located within the room. Refer to Quality Improvement Plan recommendation 3.

|                               |          |                                |          |
|-------------------------------|----------|--------------------------------|----------|
| <b>Number of Requirements</b> | <b>0</b> | <b>Number Recommendations:</b> | <b>1</b> |
|-------------------------------|----------|--------------------------------|----------|

**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 Donna O'Neill and Mr Paul Wilson 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](mailto: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   |  |
| <b>Requirement 1</b><br><br><b>Ref:</b> Regulation 14.(1),(a) (b) & (c)<br><br><b>Stated:</b> First time<br><br><b>To be Completed by:</b> 26 January 2016 | <p>Validate that the 2013 legionella Risk assessment action plan recommendations have been implemented.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b><br/>This remedial work is ongoing with a view of being completed by end of January 2016.</p>   |
| <b>Requirement 2</b><br><br><b>Ref:</b> Regulation 14.(1),(a) (b) & (c)<br><br><b>Stated:</b> First time<br><br><b>To be Completed by:</b> 08 January 2016 | <p>Submit a copy of the BS7671 Periodic Inspection Report for the electrical installation completed on 5 and 6 November 2015.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b><br/>Fixed Wire testing results attached. Remedial work planned to be completed by end of February 2016.</p>  |
| <b>Requirement 3</b><br><br><b>Ref:</b> Regulation 14.(1),(a) (b) & (c)<br><br><b>Stated:</b> First time<br><br><b>To be Completed by:</b> 08 January 2016 | <p>Submit verification 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)</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b><br/>PAT carried out on 5h November 2015, results attached.</p>                 |
| Recommendations  |  |
| <b>Recommendation 1</b><br><br><b>Ref:</b> Standard 25.1<br><br><b>Stated:</b> First time<br><br><b>To be Completed by:</b> 26 January 2016                | <p>Complete a condition survey of all floor and wall surfaces; Schedule a refurbishment works programme to maintain the environment to an acceptable standard.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b><br/>Minor works to be processed for replacement of carpet in Activity Rooms. Re-decoration works underway, being processed on a priority basis.</p> |

|   |   |                       |          |
|---|---|-----------------------|----------|
| <b>Recommendation 2</b><br><br><b>Ref:</b> Standard 25.3<br><br><b>Stated:</b> First time<br><br><b>To be Completed by:</b><br><b>26 July 2016</b>    | Survey and assess side elevation access/egress arrangements from bus transport embarkation point; consider adjusting path/ground levels adjacent doorway to enhance accessibility for non-ambulant service users. |                       |          |
|   | <b>Response by Registered Manager Detailing the Actions Taken:</b><br>Minor works being processed for entrance alterations to provide disabled access to side elevation.  |                       |          |
| <b>Recommendation 3</b><br><br><b>Ref:</b> Standard 28.2<br><br><b>Stated:</b> First time<br><br><b>To be Completed by:</b><br><b>26 January 2016</b> | Install an automatic fire detection and alarm sensor in the laundry room.   |                       |          |
|   | <b>Response by Registered Manager Detailing the Actions Taken:</b><br>Minor works request completed and awaiting assessment and funding if approved   |                       |          |
| <b>Registered Manager Completing QIP</b>  | Donna O'Neill   | <b>Date Completed</b> | 6/1/16   |
| <b>Registered Person Approving QIP</b>  | Dr Tony Stevens<br>Una Cuning   | <b>Date Approved</b>  | 07/01/16 |
| <b>RQIA Inspector Assessing Response</b>  | Raymond Sayers  | <b>Date Approved</b>  | 07/01/16 |

*\*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\**