

# Announced Premises Inspection Report 20 February 2017



## George Sloane Centre Incorporating Scope

**Type of Service: Day Care Setting**  
**Address: 21 Pennybridge Estate, Ballymena, BT42 3HB**  
**Tel No: 028 2564 6266**  
**Inspector: Phil Cunningham**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced premises inspection of George Sloan Centre Incorporating Scope took place on 20 February 2017 from 10:00 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 setting 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. However some issues were identified for attention by the registered provider. Refer to section 4.3.

### 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. However some issues were identified for attention by the registered provider. 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.

This inspection was underpinned by The Day Care Setting Regulations (Northern Ireland) 2007 and The Day Care Settings Minimum Standards (DHSSPS, 2012).

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	5

Details of the Quality Improvement Plan (QIP) within this report were discussed with Dorothy Robinson, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of 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 most recent premises inspection dated 22/11/14.

## 2.0 Service Details

<b>Registered organisation/registered provider:</b> Northern HSC Trust	<b>Registered manager:</b> Dorothy Robinson
<b>Person in charge of the establishment at the time of inspection:</b> Dorothy Robinson	<b>Date manager registered:</b> 25/08/2010
<b>Categories of care:</b> Registered to provide services on a routine basis to a maximum number of users with needs as specified in the statement of purpose and as confirmed in accompanying letter of registration (Ref. 11193/110815)	

## 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.

During the inspection the inspector met with Dorothy Robinson, Registered Manager and Mark Morrow, Estates Manager NHSCCT 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, fire risk assessment.

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 23 July 2015

The most recent inspection of the day care setting was an unannounced care inspection. The completed QIP was returned and approved by the care inspector 17 September 2015. This QIP will be validated by the specialist inspector at their next inspection.

## 4.2 Review of requirements and recommendations from the last premises inspection dated 24 November 2014

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 14(1)	Obtain the report on the legionellae risk assessment and implement measures to address the findings and action plan within appropriate timescales. Note, this should apply to both the main George Sloan Centre as well as the adjacent Pennybridge Resource Centre.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Legionella risk assessment reviewed since previous premises inspection in November 2016 and copy presented by NHSCT Estates Manager who confirmed that a programme of remedial works to address the assessment findings was due to be implemented.	
<b>Requirement 2</b>  <b>Ref:</b> 26 (2) (l)	Carry out servicing to the centre's thermostatic mixing valves in line with the manufacturer's guidance. Note, this should apply to both the main George Sloan Centre as well as the adjacent Pennybridge Resource Centre.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records presented to confirm that the thermostatic mixing valves have been serviced by NHSCT Estates Department staff.	
<b>Requirement 3</b>  <b>Ref:</b> Regulation 14 (1)(a)	Carry out checks to the temperature of hot water at thermostatically blended outlets to ensure that safe temperatures are maintained. The frequency of these checks should be determined by risk assessment. Note, this should apply to both the main George Sloan Centre as well as the adjacent Pennybridge Resource Centre. The risk assessment should also give consideration to the tea boiler in the tea room in the Pennybridge Resource Centre and suitable control measures put in place as deemed appropriate.	<b>Not Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records were incomplete in this respect. The Registered Manager confirmed that template log	

	<p>sheets were in place to implement these checks and that they will be in place imminently. See recommendation 1 in the attached QIP.</p>	
<p><b>Requirement 4</b> Ref: Regulation 14 (1)(a)</p>	<p>Provide appropriate electrical power supply for outdoor equipment in line with the provisions of BS 7671 if the water feature in the fish pond outside the Pennybridge Resource Centre is to be retained.</p> <p><b>Action taken as confirmed during the inspection:</b> Power supply not provided yet. The Registered Manager stated that there is a 'works request' in place to install this. The inspector considers that this is adequate and that in the meantime, there is no adverse effect or undue risks to service users.</p>	<b>Not Met</b>
<p><b>Requirement 5</b> Ref: Regulation 26 (4)(d)(iv)</p>	<p>Implement arrangements to ensure that the fire safety equipment in the Pennybridge Resource Centre is subject to routine maintenance by users. This should include for weekly checks to the automatic fire alarm and detection system, monthly checks to the emergency lighting installation and (at least) monthly checks to the first aid fire fighting equipment.</p> <p>Confirmation should also be forwarded that the above systems have been subject to regular maintenance by a specialist contractor or competent person.</p> <p><b>Action taken as confirmed during the inspection:</b> Records presented indicate that the fire safety equipment in the annex (referred to in the previous premises report as the Pennybridge Resource Centre) is subject to regular checks by staff. The Estates Manager confirmed that the fire alarm and detection system was included in the specialist contractor service regime and undertook to forward confirmation of this following the inspection. See recommendation 2 in the attached QIP.</p>	<b>Partially Met</b>
<p><b>Requirement 6</b> Ref: Regulation 26 (4)(d)(iv)</p>	<p>Ensure that the user checks to the fire safety equipment are carried out and recorded as appropriate.</p> <p>Note, this should apply to both the main George Sloan Centre as well as the adjacent Pennybridge Resource Centre.</p>	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> Records presented confirmed that these are in place.</p>	
<p><b>Requirement 7</b> <b>Ref:</b> 26 (4)(a)</p>	<p>Liaise with the fire risk assessor regarding the integrity of the walls and door and the need for automatic fire detection the equipment store in the therapy room.</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b> Fire risk assessor referred to these in the fire risk assessment report and recommended provision of automatic fire detector and upgrading of structural fire integrity of the room. See requirement 1 in the attached QIP.</p>	
<p><b>Requirement 8</b> <b>Ref:</b> Regulation 26 (4)(e)</p>	<p>Ensure that all staff receive refresher fire safety training.</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b> Records presented indicate that fire safety training was carried out on 27/6/16 and 15/9/16 and the registered Manager confirmed that all staff were up to date in this respect.</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.

A number of issues were however identified for attention during this premises inspection. These are detailed in the 'areas for improvement' section below.

## Areas for improvement

1. The action plan of the fire risk assessment relating to the annex highlights several items requiring remedial works. See requirement 1 in the attached QIP.
2. A number of items were identified in the review of the QIP of the previous premises inspection of 24 November 2014. See section 4.2 above and recommendations 1 and 2 and requirement 1 in the attached QIP.
3. A number of defects were identified in the reports of periodic inspection and testing of the fixed wiring installations in both the main building and the annex. The Estates Manager stated that plans were in place to address these by the NHSCT Estates Department.
4. Documentation relating to servicing of the emergency lighting installation in both the main building and the annex was not available for inspection. The Estates Manager undertook to forward confirmation of service checks to RQIA following the inspection. See recommendation 3 in the attached QIP.

<b>Number of requirements</b>	<b>1</b>	<b>Number of recommendations:</b>	<b>3</b>
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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.

This supports the delivery of effective care.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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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.

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

## Areas for improvement

1. Several rooms in the annex which are to be used in connection with the day care setting require refurbishment including replacement floor coverings. See recommendation 4 in the attached QIP.
2. The group of service users in the annex referred to as the 'Retirement Group' utilise the rear right-hand section of the building. This group use the sanitary accommodation in the central area of the building which is shared with the other service users in the busy annex. There are a number of toilets close to the 'retirement group' which are unsuitable for these service users because of layout/access arrangements and lie largely unused. Refurbishment and adaptation of these toilets would greatly enhance the day care service provision and facilities for this group. See recommendation 5 in the attached QIP.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>2</b>
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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.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Dorothy Robinson, Registered Manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the day care setting. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises, RQIA would apply standards current at the time of that application.

#### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/manager meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Setting Regulations (Northern Ireland) 2007.

#### 5.2 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.



### 5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to web portal for review by the inspector.

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. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

<b>Quality Improvement Plan</b>	
<b>Statutory requirements</b>	
<b>Requirement 1</b>  <b>Ref:</b> Regulation 26 (4)(a)  <b>Stated:</b> First time  <b>To be completed by:</b> 30 April 2017	<p>The registered provider must address the items detailed in the fire risk assessment report relating to the main building equipment store and the assessment report for the annex building.</p> <p>Should the provider opt not to carry out remedial works recommended in the action plan of the reports, confirmation should be forwarded from the fire risk assessor that the risk in both the annex building and in relation to the equipment store in the main building is considered to be tolerable.</p> <p><b>Response by registered provider detailing the actions taken:</b>            The fire risk assessments for both buildings clearly outline the remedial works necessary in order to fully comply with NIHTM85 however the Trust considers both buildings low risk; these building represent no significant risk from sleeping accommodation and are only occupied during daylight hours with high levels of supervision present at all times.</p>
<b>Recommendations</b>	
<b>Recommendation 1</b>  <b>Ref:</b> Standard 25.4  <b>Stated:</b> Second time  <b>To be implemented as soon as possible</b>	<p>The registered provider should implement the monthly water temperature checks to thermostatically controlled water outlets using the template record sheets already developed.</p> <p><b>Response by registered provider detailing the actions taken:</b>            Centre Manager to respond.</p>
<b>Recommendation 2</b>  <b>Ref:</b> Standard 28.2  <b>Stated:</b> First time  <b>To be completed by:</b> 31 March 2017	<p>The registered provider should forward confirmation that the fire alarm and detection system in the annex has been serviced by the specialist contractor at appropriate intervals.</p> <p><b>Response by registered provider detailing the actions taken:</b>            Please see attached July 16 documentation for both buildings demonstrating that both are on contract. Last serviced January 2017, awaiting final documentation.</p>
<b>Recommendation 3</b>  <b>Ref:</b> Standard 28.2  <b>Stated:</b> First time  <b>To be completed by:</b> 31 March 2017	<p>The registered provider should forward confirmation that the emergency lighting installations in the main building and in annex have been serviced by a specialist contractor at appropriate intervals.</p> <p><b>Response by registered provider detailing the actions taken:</b>            Emergency lighting installation, in this facility, is checked and maintained by Trust Electricians. Please see records attached.</p>

<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 25.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 April 2017</p>	<p>The registered provider should carry out decorative upgrading works in the annex building including replacement floor covering where deemed appropriate.</p> <p><b>Response by registered provider detailing the actions taken:</b> Business case / Capital bid being prepared, with works programmed on a priority basis.</p>
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 25</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 June 2017</p>	<p>The registered provider should carry out suitable remedial works to the sanitary accommodation at the right hand section of the annex building to enable use by the 'retirement group' service users who utilise the activity area adjacent.</p> <p><b>Response by registered provider detailing the actions taken:</b> Business case / Capital bid being prepared for toilet refurbishment works.</p>



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