



The Regulation and  
Quality Improvement  
Authority

Antrim Day Centre  
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Antrim  
BT41 4AB

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**Announced Estates Inspection  
of  
Antrim Day Centre**

**05 January 2016**

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 05 January 2016 from 10.30 to 13.30. 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:

- 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>	0	3

The details of the QIP within this report were discussed with Mr John Logan (Registered Manager) and Mr Tom Mayers (Trust 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> Northern HSC Trust Dr A Stevens	<b>Registered Manager:</b> Mr John Logan
<b>Person in Charge of the Premises at the Time of Inspection:</b> Mr John Logan	<b>Date Manager Registered:</b> 31 July 2015
<b>Categories of Care:</b> DCS-DE, DCS-LD, DCS-LD(E), DCS-MP, DCS-MP(E), DCS-PH, DCS-PH(E)	<b>Number of Registered Places:</b> 50
<b>Number of Service Users Accommodated on Day of Inspection:</b> 29	

### 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 and themes 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, statutory notifications over the past 12 months.

Discussion with Mr John Logan (Registered Manager) and Mr Tom Mayers (Trust Estates Officer)

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.

### 5. The Inspection

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

The previous inspection of the service was an unannounced care inspection dated 23 October 2015. The completed QIP has not been returned but contained one requirement and a number of recommendations.

#### 5.2 Review of Requirements and Recommendations from the last Estates Inspection carried out on 19 February 2013.

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>	The light shaft diffusers should be cleaned.	Met
<b>Ref: Regulation 26.-(2)(d)</b>	<b>Action taken as confirmed during the inspection:</b> It was confirmed to the inspector that this was addressed following the last inspection and those observed during this inspection were clean.	

<p><b>Requirement 2</b></p> <p>Ref: Regulation 26.-(2)(b)</p>	<p>The responsible person must ensure that the roof leak is adequately repaired.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> This inspection took place during a period of heavy and prolonged rain. There was no evidence of current leaks.</p>	<p><b>Met</b></p>
<p><b>Requirement 3</b></p> <p>Ref: Regulation 26.-(2)(b)</p>	<p>The kitchen worktops and units which are damaged should be repaired or replaced.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The inspector was informed that a scheme has been drawn up to upgrade and reconfigure the kitchen.</p>	<p><b>Partially Met</b></p>
<p><b>Requirement 4</b></p> <p>Ref: Regulation 26.-(2)(c)</p>	<p>The responsible person must arrange for someone on the Gas Safe register to verify that the barbecue and its associated pipework and fittings are in a safe and satisfactory condition before they are next used.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The returned quality improvement plan from the last Estates inspection confirms that this was completed. The inspector was informed by Mr Logan that the gas barbecue has and will not be used.</p>	<p><b>Met</b></p>
<p><b>Requirement 6</b></p> <p>Ref: Regulation 14.-(1)(c)</p>	<p>The reason for the low hot water return temperature should be investigated and the necessary remedial action taken.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Mr Mayers confirmed that this matter had been addressed. There are arrangements in place for a specialist water safety contractor to carry out legionella control and monitoring measures, which includes taking water temperatures monthly. This was discussed with Mr Mayers who confirmed that there are arrangements to address any results which are not in line with good practice.</p>	<p><b>Met</b></p>

<b>Requirement 7</b>  <b>Ref:</b> Regulation 26.-(4)(d)(v)	The responsible person must ensure that the fire alarm system is function tested weekly. Reference should be made to BS 5839.	<b>Met</b>
<b>Action taken as confirmed during the inspection:</b> There were records of the fire alarm system being tested weekly.		
<b>Requirement 8</b>  <b>Ref:</b> Regulation 26.-(4)(d)(v)	The responsible person must ensure that the emergency lights are function tested monthly. Reference should be made to BS 5266.	<b>Met</b>
<b>Action taken as confirmed during the inspection:</b> There were records of the emergency lights being function tested monthly and duration tested.		
<b>Previous Inspection Recommendations</b>		<b>Validation of Compliance</b>
<b>Recommendation 5</b>  <b>Ref:</b> Standard 25	The external woodwork should be redecorated.	<b>Not Met</b>
<b>Action taken as confirmed during the inspection:</b> The external woodwork is in poor condition. The inspector was informed that a scheme has been prepared for the replacement of the roof which would include the replacement of fascia boards.		
<b>Recommendation 9</b>  <b>Ref:</b> Standard 28	The record sheet for the maintenance of the emergency lights should be fully marked up on each occasion.	<b>Met</b>
<b>Action taken as confirmed during the inspection:</b> Addressed.		

**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.

One issue was however identified for attention during this Estates inspection. This is 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.

### **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.

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

### **Areas for Improvement**

1. The artificial lighting in the centre should be reviewed. In some areas it appeared to be of a lower quality than would be expected and in the Donegore room the lighting was not over the activity area.

Refer to recommendation 1 in quality improvement plan.

2. There is some defective paintwork in the kitchen and one of the bathrooms which should be repaired.

Refer to recommendation 2 in quality improvement plan.

3. The prepared schemes to upgrade the kitchen and repair the external woodwork should be followed through to completion.

Refer to recommendation 3 in quality improvement plan.

<b>Number of Requirements</b>	0	<b>Number Recommendations:</b>	3
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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.

**Areas for Improvement**

No issues were identified during this inspection.

<b>Number of Requirements</b>	0	<b>Number Recommendations:</b>	0
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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 issues were identified during this inspection.

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

No additional issues were raised during this inspection.

**6. Quality Improvement Plan**

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr John Logan (Registered Manager) and Mr Tom Mayers (Trust Estates)

Officer) 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.



## Quality Improvement Plan

Recommendations			
<b>Recommendation 1</b>  <b>Ref:</b> Standard 25  <b>Stated:</b> First time  <b>To be Completed by:</b> <b>05 July 2016</b>	<p>The artificial lighting throughout and in activity areas in particular should be reviewed using appropriate good practice guidance such as that available from the Dementia Services Development Centre. An appropriate action plan should be drawn up and implemented.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b>            Funding has been requested to upgrade lighting throughout facility est £5K</p>		
<b>Recommendation 2</b>  <b>Ref:</b> Standard 25  <b>Stated:</b> First time  <b>To be Completed by:</b> <b>05 April 2016</b>	<p>The defective paintwork in the kitchen and one of the bathrooms should be repaired.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b>            To be carried out in the areas highlighted by 28 February 2016</p>		
<b>Recommendation 3</b>  <b>Ref:</b> Standard 25  <b>Stated:</b> Second time  <b>To be Completed by:</b> <b>Ongoing</b>	<p>The schemes to upgrade the kitchen and repair the external woodwork should be followed through to completion.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b>            MCW has been raised and the inspection of works required has been completed. We have requested an estimate from the contractor, and this will be received by 17 April 2016 and submitted for approval of funding. Once Funding has been allocated work will commence. Anticipated costs £25k.</p>		
<b>Registered Manager Completing QIP</b>	John Logan	<b>Date Completed</b>	24/02/2016
<b>Registered Person Approving QIP</b>	Dr Tony Stevens Una Cunning	<b>Date Approved</b>	24/02/16
<b>RQIA Inspector Assessing Response</b>	C Muldoon	<b>Date Approved</b>	03/03/16

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

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.