

Announced Premises Inspection Report 26 May 2016



Inniscoole Day Centre

Address: Innis Avenue, Rathcoole, Newtownabbey, BT36 9NA

Tel No: 028 90 854 333

Inspector: Kieran Monaghan

1.0 Summary

An announced premises inspection of Inniscoole Day Centre took place on 26 May 2016 from 10:25 to 12:15.

Is care safe?

On the day of the inspection the premises supported the delivery of safe care. However, two issues were identified for attention by the registered person. Refer to sections 4.2 and 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.

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).

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

Details of the QIP within this report were discussed with Mr. Fred Fisher, Registered Manager and Mr. Ian Scott, Planning Supervisor Engineering with the Northern Health Care Trust, as part of the inspection process. The timescales for completion commence from the date of inspection.

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: Northern HSC Trust / Dr. Anthony Baxter Stevens	Registered manager: Mr. Fred Fisher
Person in charge of the establishment at the time of inspection: Mr. Fred Fisher, Registered Manager	Date manager registered: 27 September 2010
Categories of care: DCS-DE, DCS-I, DCS-LD, DCS-LD(E), DCS-MP, DCS-MP(E), DCS-PH, DCS-PH(E), DCS-SI	Number of registered places: 75

3.0 Methods/processes

Prior to this premises inspection, the following records were reviewed:

- The previous premises inspection report
- The statutory notifications over the past 12 months
- The duty call log

During this premises inspection discussions took place with the following people:

- Mr. Fred Fisher, Registered Manager
- Mr. Ian Scott, Planning Supervisor Engineering with the Northern Health Care Trust

During this premises inspection, the following records were reviewed:

- A range of service records and in-house records relating to the maintenance and upkeep of the premises
- The legionella bacteria risk assessment report
- The fire risk assessment report

4.0 The Inspection

4.1 Review of requirements and recommendations from the previous inspection on 21 May 2013

The previous inspection of this establishment was an unannounced primary care inspection IN023721 on 05 January 2016. The completed QIP for this inspection was returned to RQIA on 17 February 2016 and approved by the care inspector on 17 February 2016.

4.2 Review of requirements and recommendations from the last premises inspection on 21 May 2013

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulations 26(1) & (2)(a)</p> <p>Stated: First time</p>	<p>The remaining issue identified for attention in the report for the dementia audit should be addressed.</p> <hr/> <p>Action taken as confirmed during the inspection: Mr. Fisher confirmed that the environmental issues identified by the dementia audit had been addressed. This included the provision of new dementia friendly signage and repainting the corridor handrails to improve the visual contrast with the wall background. The new shower facility had also been fitted out in accordance with the guidance on dementia friendly environments. This is to be commended.</p>	<p>Met</p>
<p>Requirement 2</p> <p>Ref: Regulations 26(2)(b) & (d)</p> <p>Stated: First time</p>	<p>The maintenance for the existing courtyard garden should be brought up to date. This work should include pressure washing the hard surfaces and repainting the guarding and hand rails to the access ramp.</p> <hr/> <p>Action taken as confirmed during the inspection: This work had been carried out following the last premises inspection. This courtyard is not used as much as the new garden at the rear of the building is preferred. It was agreed however that the courtyard garden should be tidied up for the summer season.</p>	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 3 Ref: Regulation 26(2)(g) Stated: First time	The new shower installation should proceed as soon as possible.	Met
	Action taken as confirmed during the inspection: It is good to report that the new shower installation had been completed. This shower room is finished to a very high standard.	
Requirement 4 Ref: Regulation 26(3) Stated: First time	A staff changing room should be provided for the day care centre.	Met
	Action taken as confirmed during the inspection: A new room had been allocated for staff.	
Requirement 5 Ref: Regulations 26(2)(b) & (l) Stated: First time	Information in relation to the following issues should be available on the premises: <ul style="list-style-type: none"> • Inspections and tests to the fixed wiring installation • Inspections and tests to the electrical equipment • The maintenance of the thermostatic mixers • Details for the most recent monthly water temperature checks • The report for the most recent monthly check of the premises in relation to the prevention or control of legionella bacteria in the water systems • The most recent thorough examination reports for all of the lifting 	Partially Met
	Action taken as confirmed during the inspection: Support information (with the exception of the reports for the thorough examinations for the lifting equipment) in relation to these issues was presented for review during this premises inspection. There are two portable hoists being used in the premises. There were serviced on 05 April 2016. Mr. Scott agreed to email a copy of the reports for the most recent thorough examinations for these hoists to RQIA. Reference should be made to recommendation 1 in the attached Quality Improvement Plan.	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 6 Ref: Regulation 26(2)(d) Stated: First time	The roof canopy at the front entrance should be repainted. The signage for the day care centre should also be improved.	Met
	Action taken as confirmed during the inspection: The roof canopy at the front entrance had been repainted following the last premises inspection. New signage had also been provided.	
Requirement 7 Ref: Regulation 26(2)(c) Stated: First time	The issues in the kitchen in relation to the dishwasher and the fly screen should be addressed.	Met
	Action taken as confirmed during the inspection: These issues had been addressed.	
Requirement 8 Ref: Regulations 14(1)(a) & (c) Stated: First time	The key pad lock should be fitted to the door of the cleaner's room to assist with ensuring that this door is kept locked.	Met
	Action taken as confirmed during the inspection: New key pad fastenings had been fitted to the doors of the cleaner's stores.	
Requirement 9 Ref: Regulations 26(4)(b) & (d)(i) Stated: First time	In addition to the personal risk assessments for the service users who smoke, the need to provide an appropriate fire blanket in an easily accessible location close to where the service users smoke should be assessed.	Met
	Action taken as confirmed during the inspection: Fire blankets had been provided in the locations that were used for smoking. A new no smoking policy was however introduced from 09 March 2016 for all premises under the control of the Northern Health Care Trust. Smoking is therefore no longer permitted on these premises.	

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 10</p> <p>Ref: Regulations 26(4)(b) & (d)(i)</p> <p>Stated: First time</p>	<p>Fire doors should not be wedged open. An appropriate type of hold open device linked to the fire detection and alarm system should be installed to the door of the hairdressing room.</p> <hr/> <p>Action taken as confirmed during the inspection: It is good to report that firecode improvement works had recently been carried out to the premises. This included the installation of free swing self-closing devices where required.</p>	Met
<p>Requirement 11</p> <p>Ref: Regulation 26(4)(a)</p> <p>Stated: First time</p>	<p>A full report for the review of the fire risk assessment that was carried out on 28 March 2013 should be available on the premises.</p> <hr/> <p>Action taken as confirmed during the inspection: The most recent fire risk assessment was carried out on 03 May 2016. The full report which indicated that the fire safety arrangements in the premises were satisfactory was presented for review during this premises inspection.</p>	Met
<p>Requirement 12</p> <p>Ref: Regulation 26(4)(f)</p> <p>Stated: First time</p>	<p>The issue identified for attention during the fire drill that was carried out on 29 March 2013 in relation to co-ordinating with other services using the premises should be addressed.</p> <hr/> <p>Action taken as confirmed during the inspection: Mr. Fisher confirmed that the issue in relation to co-ordinating with other services using the premises had been addressed.</p>	Met

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 persons 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 most recent inspection and test to the fixed wiring installation was carried out on 01 February 2016. The report for this inspection and test confirmed that the installation was overall in a satisfactory condition. This report identified a number of code C3 issues for attention. One of these issues related to a socket outlet for the toaster which had been addressed. The remaining issues should be reviewed by the Trust's Authorising Engineer (Low Voltage) and the inspecting engineer to determine what action should be taken re same.
2. The water systems were chlorinated on 05 September 2014. Monthly legionella monitoring visits are carried out by a specialist company with the most recent having been carried out on 19 May 2016 with a satisfactory outcome. A risk assessment in relation to legionella bacteria in the water systems was completed on 13 May 2015. The report for this risk assessment identified a number of issues for attention. It appeared from sample checks carried out during this premises inspection that remedial works had been carried out at a number of the water outlets in the premises. Confirmation that all of the issues included in the risk assessment report should be provided to RQIA. Reference should be made to recommendation 2 in the attached Quality Improvement Plan.
3. It was noted during this premises inspection that there was a water leak at the calorifier in the boiler room. Mr. Scott however made immediate arrangements during this premises inspection to have this issue addressed.
4. It is good to report that some improvements had recently been carried out to the fixed wiring system with the installation of a new distribution board. Following this work the wiring to the kiln needed to be upgraded. An order had been placed for this work and it was being progressed.

Areas for improvement Continued

5. Some minor repairs were required to the floor covering in the kitchen adjacent to the dishwasher and at one of the joints. Some minor repairs and redecoration to the edge of the canopy at the front entrance were also required. Arrangements should be made to address these issues within the routine ongoing maintenance for the premises.

Number of requirements:	0	Number of recommendations:	1
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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.

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.

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.

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

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr. Fred Fisher, Registered Manager and Mr. Ian Scott, Planning Supervisor Engineering with the Northern Health Care Trust 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered persons meet the legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings 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 persons may enhance service, quality and delivery.

5.3 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 responsible person should review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP should be returned to estates.team@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 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 persons 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 persons with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 27</p> <p>Stated: Second time</p> <p>To be Completed by: 22 July 2016</p>	<p>A copy of the reports for the most recent thorough examinations of the hoists should be forwarded to RQIA.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: Please see attached copy of latest copies of thorough examination reports.</p>
<p>Recommendation 2</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be Completed by: 19 August 2016</p>	<p>Confirmation that all of the issues included in the report for the legionella risk assessment that was carried out on 05 September 2014 should be provided to RQIA.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: 7 items in total were noted in the Legionella Risk Assessment, 2 remain outstanding these are items 1 & 6, which are detailed in the attached spread sheet. These items are scheduled to be completed by 19th August 2016</p>



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

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