



The **Regulation** and
Quality Improvement
Authority

Glencairn Day Centre
RQIA ID: 11220
98 Forthriver Road
Belfast
BT13 3SL

Inspector: Colin Muldoon
Inspection ID: IN021493

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**Announced Estates Inspection
of
Glencairn Day Centre**

18 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

1. Summary of Inspection

An announced Estates inspection took place on 18 January 2016 from 10.30 to 12.20. 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
Total number of requirements and recommendations made at this inspection	4	3

The details of the QIP within this report were discussed with Mrs Joan Turkington (Registered Manager) Mr Drew Denvir (Trust Estates Officer) Mr Brian Marley (Trust Fire Safety Officer) and Mr Sean Treanor (Trust Estates Officer) as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Belfast HSC Trust Mr Martin Dillon	Registered Manager: Mrs Joan Turkington
Person in Charge of the Premises at the Time of Inspection: Mrs Joan Turkington	Number of Registered Places: 30
Categories of Care: DCS-I	Number of Service Users Accommodated on Day of Inspection: 27

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, report on the last care inspection.

Discussion with Mrs Joan Turkington (Registered Manager) Mr Drew Denvir (Trust Estates Officer) Mr Brian Marley (Trust Fire Safety Officer) and Mr Sean Treanor (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 29 October 2015. The completed QIP was returned and approved by the specialist inspector. One recommendation made by the care inspector regarding a review of the effectiveness of the entrance gates was discussed with the manager on the day of the Estates inspection and is being followed up by the care inspector.

5.2 Review of Requirements and Recommendations from the last Estates Inspection on 07 March 2013.

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 14.-(1)(c)	The issues identified in the legionella risk assessment which remain outstanding must be addressed.	Partially Met
	Action taken as confirmed during the inspection: Subsequent to the last Estates inspection a review of the water risk assessment was carried out in November 2014. The status of the issues raised in this assessment and the date for a further review could not be confirmed. Refer to section 5.3 item 1 and requirement 1 in quality improvement plan.	
Requirement 2 Ref: Regulation 14.-(1)(c)	The reason for the temperature of the hot water supply to the hairdressing basins being lower than expected for the control of legionella should be investigated and rectified.	Not Met
	Action taken as confirmed during the inspection: There was documentation confirming the disinfection and satisfactory condition of the cold water storage tanks. The inspector was informed that there are arrangements in place for flushing all water outlets and disinfecting shower heads weekly. It could not be confirmed that other legionella control and monitoring measures such as checks of water temperatures, including sentinels, are in place. Refer to section 5.3 item 1 and requirement 1 in quality improvement plan.	

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.

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 Effective? (Quality of Management)

A range of accommodation, facilities and support services is provided in the premises. This supports the delivery of effective care.

The premises are bright and spacious. They were well presented on the day of inspection.

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.

Areas for Improvement

1. It should be confirmed that a scheme for the effective control of legionella is being fully implemented. It should also be confirmed that the 2014 water risk assessment is valid and that arrangements are in place to address the issues in the risk assessment within timescales acceptable to the risk assessor.
Refer to requirement 1 in quality improvement plan.
2. Two lifting devices were thoroughly examined in accordance with the Lifting Operations and Lifting Equipment Regulations (NI) 1999 on 07 January 2016. The reports on the examinations note that the devices were in good condition and safe to operate. It should be ensured that all equipment used for hoisting people, including slings, has a valid LOLER thorough examination report which verifies that the item is safe to use.
Refer to requirement 2 in quality improvement plan.
3. The inspector was informed that arrangements are being made to test and inspect the electrical installation. The last report on the condition of the electrical installation was not available on the day of inspection.
Refer to requirement 3 in quality improvement plan.
4. On the day of inspection there were no records relating to the maintenance of the thermostatic mixing valves.
Refer to requirement 4 in quality improvement plan.

5. There is a gas barbeque on site. It was recommended to the manager that it be checked for safety before next use.
Refer to recommendation 1 in quality improvement plan.
6. There is some damage to the wall plaster and paint in the staff room.
Refer to recommendation 2 in quality improvement plan.
7. There were no gas safety certificates for the gas appliance and installation (heating boiler). The inspector was informed that a new gas boiler and calorifier were installed in April 2015.
Mr Denvir undertook to check that commissioning certificates were obtained.

Number of Requirements	4	Number Recommendations:	2
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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 service users 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 and safety procedures and control measures in place which support the delivery of compassionate care.

Areas for Improvement

No issues were identified during this inspection.

Number of Requirements	0	Number Recommendations:	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.

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)

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 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

1. The rear emergency exit has an outer steel security door. Although the outer door was ajar on the day of inspection some staff may find it difficult to fully open the door. Refer to recommendation 3 in quality improvement plan.
2. The Trust fire safety officer carried out a fire risk assessment in January 2016. The overall risk was considered to be tolerable. An action plan was drawn up of issues requiring attention.

Number of Requirements	0	Number Recommendations:	1
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5.6 Additional Areas Examined

No other issues were identified 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 Mrs Joan Turkington (Registered Manager) Mr Drew Denvir (Trust Estates Officer) Mr Brian Marley (Trust Fire Safety Officer) and Mr Sean Treanor (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@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	
Requirement 1 Ref: Regulation 13.-(7) Stated: Second time To be Completed by: 18 February 2016	<p>It should be confirmed that a scheme for the effective control of legionella is being fully implemented.</p> <p>and</p> <p>It should be confirmed that the 2014 water risk assessment is valid and that arrangements are in place to address the issues in the risk assessment within timescales acceptable to the risk assessor.</p> <p>Response by Registered Manager Detailing the Actions Taken: A revised water risk assessment based on change of plant has been requested through BHSCCT Estates Risk & Environment team</p>
Requirement 2 Ref: Regulation 26.-(2)(c) Stated: First time To be Completed by: 18 February 2016	<p>It should be ensured that all equipment used for hoisting people, including slings, has a valid LOLER thorough examination report which verifies that the item is safe to use.</p> <p>Response by Registered Manager Detailing the Actions Taken: Joan Turkington to advise with reference to Belt on Steady</p> <p>I have spoken with J.Y Hygiene supplies company who provided certificates following examination of the following equipment - Alenti bath chair certificate number 2934, Trixie Hoist certificate number 2933, Capella Standing Aid certificate number 1273. All these aids including slings have been passed as safe to use for service users</p>
Requirement 3 Ref: Regulation 26.-(2)(l) Stated: First time To be Completed by: 18 February 2016	<p>It should be confirmed that the electrical installation is currently in satisfactory condition.</p> <p>Response by Registered Manager Detailing the Actions Taken: FWT carried out some remedials to be completed then Certification to be forwarded and submitted to RQIA UPON COMPLETION -</p>
Requirement 4 Ref: Regulation 26.-(2)(l) Stated: First time To be Completed by:	<p>It should be confirmed that there are arrangements to maintain, set and test the thermostatic mixing valves.</p> <p>Response by Registered Manager Detailing the Actions Taken: This work was Completed by Estates C571299 03/08/2015</p>

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Recommendations	
Recommendation 1 Ref: Standard 25 Stated: First time To be Completed by: Ongoing	<p>Before it is next used the gas barbeque should be checked for safety by a competent person.</p> <p>Response by Registered Manager Detailing the Actions Taken: Joan Turkington to advise if Barbeque to be removed and taken out of action As manager i will ensure that the BBQ is serviced at the beginning of May before it is used in the summer months</p>
Recommendation 2 Ref: Standard 25 Stated: First time To be Completed by: 18 May 2016	<p>The damage to the wall plaster and paintwork in the staff room should be made good.</p> <p>Response by Registered Manager Detailing the Actions Taken: Completed by Estates C607724 Room was plastered and re painted on the 02.02.16</p>
Recommendation 3 Ref: Standard 28 Stated: First time To be Completed by: 18 February 2016	<p>The arrangement for ensuring unimpeded egress from the rear final exit should be reviewed.</p> <p>Response by Registered Manager Detailing the Actions Taken: Completed by Estates C607718 Chain and bracket attached to bin to retain secure and allow free unimpeded access & egress</p>

Registered Manager Completing QIP	Joan Turkington	Date Completed	12.04.16
Registered Person Approving QIP	Danny Mc. Cartney	Date Approved	12.04.16
RQIA Inspector Assessing Response	C Muldoon*	Date Approved	21/04/16*

Please ensure the QIP is completed in full and returned to estates@rqia.org.uk from the authorised email address

** Clarification or follow up required on some items*

**Clarification and follow up information provided to RQIA 25/03/2016*