

Announced Premises Inspection Report 04 May 2016



Armour Day Centre

Address: 6 Newall Road, Ballymoney, BT53 6HD

Tel No: 028 2766 4101

Inspector: Kieran Monaghan

1.0 Summary

An announced premises inspection of Armour Day Centre took place on 04 May 2016 from 10:40 to 11:55hrs.

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 persons. Refer to section 4.3.

Is care effective?

On the day of the inspection the premises supported the delivery of effective care. No issues some were identified for attention by the registered person.

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 person. No issues some were identified for attention by the registered person.

Is the service well led?

On the day of the inspection the management of the premises was considered to be well led. No issues some were identified for attention by the registered person.

This inspection was underpinned by The Day Care Settings Regulations (Northern Ireland) 2007 and the following Day Care Settings Minimum Standards issued by the Department of Health, Social Services and Public Safety in January 2012:

- Standard 25: Premises and Grounds
- Standard 27: Safe and Healthy working Practices
- Standard 28: Fire Safety

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	4

Details of the QIP within this report were discussed with Mr R. Hogg, Estates Officer with the Northern HSC 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 Health and Social Care Trust / Dr. Anthony Baxter Stevens	Registered manager: Mrs. Mary McIlroy
Person in charge of the establishment at the time of inspection: Mr. Gerry Barr, Day Care Worker	Date manager registered: Registration Pending
Categories of care: DCS-I, DCS-LD, DCS-MP, DCS-PH, DCS-SI	Number of registered places: 44

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. Gerry Barr, Day Care Worker
- Mr R. Hogg, Estates Officer with the Northern HSC 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 21/09/2015

The previous inspection of this day care setting was an unannounced primary care inspection IN023326 on 21 September 2015. The completed QIP for this inspection was returned to RQIA on 23 November 2015.

4.2 Review of requirements and recommendations from the last premises inspection on 24/05/2103

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 26(2)(b) Stated: First time	The concrete surface at the front entrance to the premises should be reviewed and made good as required.	Met
	Action taken as confirmed during the inspection: Remedial works had been carried out at the front entrance.	
Requirement 2 Ref: Regulation 26(2)(b) Stated: First time	Consideration should be given to replacing the floor covering in activity room 34.	Met
	Action taken as confirmed during the inspection: The completed QIP for the last premises inspection indicated that a minor works order had been issued for this work. The floor covering had not however been replaced. The replacement of this floor covering should be kept under review as a new floor covering would enhance the quality of this room.	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 3 Ref: Regulations 13(7) 14(1)(a)(c) 26(2)(l) Stated: First time	<p>The 'dead leg' in the plumbing installation in the staff toilet should be removed. A check should also be carried out to ensure that there are no other remaining 'dead legs' in the plumbing installation. In addition, the biennial review of the risk assessment for the prevention or control of legionella bacteria should be completed (previous risk assessment completed on 18 April 2011).</p>	Met
	<p>Action taken as confirmed during the inspection: The 'dead leg' in the plumbing installation in the staff toilet had been removed. Mr. Hogg confirmed that work was ongoing in the Trust's premises to remove all 'dead legs'. The 'dead leg' identified in bathroom 1 at the toilet and the 'dead legs' in store 41 in the dining room will be removed as part of this programme of work.</p>	
Requirement 4 Ref: Regulation 26(2)(c)(l) Stated: First time	<p>The sensor for the gas cooker should be replaced and the cooker should be re-commissioned.</p>	Met
	<p>Action taken as confirmed during the inspection: The completed QIP for the last premises inspection confirmed that both the sensor and the gas cooker were working. As this cooker is however very seldom used, Mr. Hogg confirmed that it would be removed.</p>	
Requirement 5 Ref: Regulation 26(4)(b)(d)(i) Stated: First time	<p>In addition to the individual 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 considered.</p>	Met
	<p>Action taken as confirmed during the inspection: A fire blanket had been provided in close proximity to the area that was used for smoking. Mr. Barr however confirmed that in line with the Trust's new policy, smoking was no longer permitted on the premises.</p>	

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 6</p> <p>Ref: Regulation 26(4)(b)(d)(i)</p> <p>Stated: First time</p>	<p>The service record on the carbon dioxide fire extinguisher in the main switchgear cupboard should be checked and brought up to date. The fire stopping in this switchgear cupboard should also be checked.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The most recent service for the carbon dioxide fire extinguisher in the main switchgear cupboard was serviced in May 2015. Fire stopping works had also been carried out in the main switchgear cupboard. It was not however clear if this switchgear cupboard was fire stopped above the suspended ceiling. This issue should be checked by the fire risk assessor during the next review of the fire risk assessment for the premises.</p>	<p>Met</p>
<p>Requirement 7</p> <p>Ref: Regulation 26(4)(d)(i)</p> <p>Stated: First time</p>	<p>The type of fire detectors in the premises should be reviewed to ensure that the appropriate type of detector is installed in each location. The Fire Risk Assessor and the fire alarm engineers for the premises should be consulted in relation to this issue.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Most of the rooms in the premises were equipped with smoke detectors. The detection in the main dining room however appeared to be a heat detector. This should be reviewed by the fire risk assessor for the premises. Reference should be made to recommendation 1 in the attached Quality Improvement Plan.</p>	<p>Partially Met</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 report for the most recent inspection and service of the fire detection and alarm system that was completed on 13 January 2016 was presented for review during this premises inspection. This report confirmed that the system was in working order but a recommendation for a new system to be installed was made. This recommendation should be reviewed with the fire risk assessor for the premises. The outcome of this review should be confirmed to RQIA. Reference should be made to recommendation 2 in the attached Quality Improvement Plan.
2. The emergency lights were inspected and tested on 24 April 2016. Mr. Hogg confirmed that arrangements were in place to replace one lighting fitting following this inspection and test.
3. The fixed wiring installation was inspected and tested on 24 March 2016. The report for this inspection and test indicated that the overall assessment of the installation condition was unsatisfactory. The report also identified a number of code C2 and C3 issues for attention. Mr. Hogg confirmed that the Trust's Authorising Engineer (Electrical) would be reviewing this report to decide what action was required re same. It is recommended that the outcome of this review and the action to be taken should be confirmed to RQIA. Reference should be made to recommendation 3 in the attached Quality Improvement Plan.
4. Fire safety training was provided in two sessions for the staff on 17 February 2016. A fire drill was carried out on 13 October 2015. In addition in-house weekly checks are carried out to the fire alarm and the fire doors. The first aid fire-fighting equipment is also checked on a monthly basis. The information presented for review during this premises inspection indicated that the most recent fire risk assessment for the premises was carried out on 21 May 2014. It is recommended that the fire risk assessment for the premises is reviewed. Reference should be made to recommendation 4 in the attached Quality Improvement Plan.

Areas for improvement Continued

5. The thermostatic mixing valves were serviced on 19 April 2016, the cold water storage tank was inspected on 06 July 2015 and the shower heads were disinfected on 23 March 2016. The most recent check to the water temperatures at the sentinel outlets was carried out on 12 April 2016. The record for these checks presented for review during this premises inspection indicated that the temperatures were satisfactory. The risk assessment for the prevention or control of legionella bacteria in the water systems was completed on 19 May 2015. Mr. Hogg confirmed that the issues identified for attention in the report for this risk assessment had also been addressed. The action plan in this risk assessment should be signed off to reflect this position.

Number of requirements:	0	Number of recommendations:	3
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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.

No areas for improvement were identified during this premises inspection.

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.

No areas for improvement were identified during this premises inspection. It was however noted that there is a range of different toilet facilities provided in the premises. This includes toilets that are based on the cubicle model with open top and bottom partitions and wash basins located outside the cubicles. Consideration should be given to redeveloping these toilets to provide individual fully self-contained toilets in line with current best practice as part of medium term improvement plans for this day care setting.

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. The registered persons have 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 R. Hogg, Estates Officer with the Northern HSC Trust as part of the inspection process. The timescales commence from the date of inspection.

The registered persons 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 persons 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.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 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 28</p> <p>Stated: Second time</p> <p>To be Completed by: 08 July 2016</p>	<p>The fire detection in the dining room should be reviewed by the fire risk assessor for the premises. The outcome of this review should be confirmed to RQIA.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: Job card in to change 3 detectors from heat to smoke</p>
<p>Recommendation 2</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be Completed by: 08 July 2016</p>	<p>The recommendation to replace the fire detection and alarm system should be reviewed with the fire risk assessor for the premises. The outcome of this review should be confirmed to RQIA.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: Existing Fire Alarm system is operational and serviced. Fire Safety Team not aware of any issues with the system.</p>
<p>Recommendation 3</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be Completed by: 08 July 2016</p>	<p>The outcome of the review by the Trust's Authorising Engineer (Electrical) in relation to the issues identified for attention in the report for the inspection and test to the fixed wiring installation that was completed on 24 March 2016 should be confirmed to RQIA.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: Following review of inspection reports with Authorising Engineer it was noted that there are no C1 defects. C2 defects refer to upgrading the current system to current standard. System is at least compliant to original installation standard which is deemed safe for use. Switchboards are secured and it is managed and maintained by competent persons therefore risk has been minimised. Cost to bring to current standard is disproportional to risk reduction. System will continue to be monitored.</p>
<p>Recommendation 4</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be Completed by: 08 July 2016</p>	<p>The fire risk assessment for the premises should be reviewed.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: FRA at the time of inspection was valid with a review date 8/7/16. New FRA has now been reviewed.</p>

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



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