



The **Regulation** and
Quality Improvement
Authority

Age NI Day Centre at Skainos Building
RQIA ID: 11223
239 Newtownards Road
Belfast
BT4 1AF

Inspector: Colin Muldoon
Inspection ID: IN021491

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**Announced Estates Inspection
of
Age NI Day Centre at Skainos Building**

26 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 26 January 2016 from 10.00 to 12.45. 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	5	0

The details of the QIP within this report were discussed with Mrs Wendy McKillion (Registered Manager) as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Age NI Ms Linda Robinson	Registered Manager: Mrs Wendy McKillion
Person in Charge of the Premises at the Time of Inspection: Mrs Wendy McKillion	Date Manager Registered: 08 September 2010
Categories of Care: DCS-I, DCS-MP(E)	Number of Registered Places: 30
Number of Service Users Accommodated on Day of Inspection: 24	

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 Mrs Wendy McKillion (Registered Manager) and Mr Gordon Goodfellow (Facilities Manager EBM)

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 on 11 August 2015. The completed quality improvement plan was returned and approved by the specialist inspector.

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

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulations 26.-(2)(c) 26.-(2)(l)</p>	<p>It must be confirmed that the lift is subject to regular thorough examination in accordance with the Lifting Operations and Lifting Equipment Regulations (NI) 1999.</p> <p>Action taken as confirmed during the inspection: This was confirmed by Mrs McKillion following the last Estates inspection in 2013. During this inspection the facilities manager for the landlord confirmed that there are no current arrangements for the lift to be thoroughly examined. The facilities manager confirmed that the lift is being maintained by a specialist contractor. Refer also to section 5.3 item 1 and requirement 1 in quality improvement plan.</p>	Partially Met
<p>Requirement 2</p> <p>Ref: Regulation 14.-(1)(c)</p>	<p>The manager should review and assess the window blind cords in relation to Estates and Facilities Alert EFA/2010/007 which is available on the Northern Ireland Adverse Incident Centre website.</p> <p>Action taken as confirmed during the inspection: The response to the last inspection quality improvement plan confirms that the blind cords were assessed and that they are fitted with an easy break safety link.</p>	

<p>Requirement 3</p> <p>Ref: Regulation 14.-(1)(a)</p>	<p>It must be confirmed that the hot and cold water services are being operated, maintained and managed in accordance with the HSC approved code of practice L8 Legionnaires' disease The control of legionella bacteria in water systems.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>This was discussed with the manager and the landlord's facilities manager. Although the provider is carrying out some measures towards the control of legionella within the Age NI part of the building it did not appear that a scheme in line with the approved code of practice is being fully implemented. The records available indicate that some water temperatures in the building may be outside the range expected for the effective control of legionella.</p> <p>Refer also to section 5.3 item 2 and requirement 2 in quality improvement plan.</p>	<p>Partially Met</p>
<p>Requirement 4</p> <p>Ref: Regulation 14.-(1)(c)</p>	<p>A legionella risk assessment should be carried out and actioned.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>There was no current legionella risk assessment. Refer also to section 5.3 item 2 and requirement 2 in quality improvement plan.</p>	<p>Not Met</p>
<p>Requirement 5</p> <p>Ref: Regulation 26.-(4)(a)</p>	<p>The issues in the fire risk assessment action plan which remain outstanding must be fully addressed. The action plan should be marked up.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The issues arising from the last fire risk assessment have been actioned and the plan marked up.</p>	<p>Met</p>

<p>Requirement 6</p> <p>Ref: Regulations 26.-(4)(a) 26.-(4)(f)</p>	<p>The emergency fire plan must be reviewed. Issues to be considered as part of the review should include:</p> <p>Communication with the landlords fire wardens and alarm system and the adequacy of information in event of fire anywhere in the building. What staff should do if they discover a fire. What staff should do if alerted to a fire elsewhere in the building. How the evacuation of the premises should be carried out. The use and numbers of evacuation aids. The numbers of staff needed to carry out an effective evacuation. Individual needs/risks relating to individual clients.</p> <p>The effectiveness of the emergency plan must be proven through drills.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>On the day of inspection and in the quality improvement plan from the last inspection the manager set out the fire procedures. A drill was carried out on 07 December 2015 and the manager confirmed that all staff participated. AgeNI is one tenant in the large modern Skainos building and it is understood that there is a phased alarm system and that the landlord has fire wardens. Refer also to section 5.5 item 1 and requirement 4 in quality improvement plan.</p>		

<p>Requirement 7</p> <p>Ref: Regulation 26.-(4)(d)(iv)&(v)</p>	<p>It must be confirmed that the fire alarm and detection system is being tested and maintained in accordance with BS 5839-1:2002 and that the emergency lights are being tested and maintained in accordance with BS5266-8:2004.</p>	<p>Partially Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>On the day of inspection the manager and inspector met with the landlord's facilities manager who provided documentation relating to the weekly test of the alarm system and records of the alarm system maintenance which is carried out by a specialist contractor.</p> <p>The emergency lights are being tested monthly but are not being duration tested.</p> <p>Refer also to section 5.5 item 2 and requirement 5 in quality improvement plan.</p>		

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.

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. Any lift on the premises which may be used by Age NI service users should be thoroughly examined periodically in compliance with the Lifting Operations and Lifting Equipment Regulations (NI) 1999.
Refer to requirement 1 in quality improvement plan.
2. A legionella risk assessment should be carried out for Age NI Skainos. This will require the risk assessor to liaise with the landlord. The outcome of the risk assessment should be a scheme for the effective control of legionella.
Refer to requirement 2 in quality improvement plan.
3. Within Age NI Skainos there are toilet, shower and hairdressing facilities. The water outlets are fitted with thermostatic mixing valves. In discussion with the Age NI manager and the landlord's facilities manager it is understood that there are no arrangements for the thermostatic mixing valves to be maintained.
Refer to requirement 3 in quality improvement plan.

Number of Requirements	3	Number Recommendations:	0
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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.

One issue was however identified for attention during this Estates inspection. This is detailed in the 'areas for improvement' section below.

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 last fire risk assessment was carried out in November 2012. The fire risk assessment for Age NI Skainos should be reviewed. The risk assessor should liaise with the landlord. Refer to requirement 4 in the quality improvement plan.
2. Arrangements should be made for the emergency lights to be duration tested in accordance with good practice. Refer to requirement 5 in quality improvement plan.

Number of Requirements	2	Number Recommendations:	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 Mrs Wendy McKillion (Registered Manager) 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 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	
<p>Requirement 1</p> <p>Ref: Regulation 26.-(2)(c)</p> <p>Stated: Second time</p> <p>To be Completed by: 26 February 2016</p>	<p>Any lift on the premises which may be used by Age NI service users should be thoroughly examined periodically in compliance with the Lifting Operations and Lifting Equipment Regulations (NI) 1999.</p> <p>Response by Registered Manager Detailing the Actions Taken: During a meeting with the building's facilities manager I was informed that the lift used by service users is fully serviced every 3 months.</p>
<p>Requirement 2</p> <p>Ref: Regulation 13.-(7)</p> <p>Stated: Second time</p> <p>To be Completed by: 26 February 2016</p>	<p>A competent person should carry out a legionella risk assessment for Age NI Skainos. This will require the risk assessor to liaise with the landlord. The outcome of the risk assessment should be a scheme for the effective control of legionella. The scheme of control should be implemented within timescales acceptable to the risk assessor.</p> <p>Response by Registered Manager Detailing the Actions Taken: The last legionella risk assessment for the Skainos centre was conducted in 2014. Age NI are currently in the process of sourcing an individual legionella risk assessment for the Age NI day centre at Skainos.</p>
<p>Requirement 3</p> <p>Ref: Regulation 26.-(2)(l)</p> <p>Stated: First time</p> <p>To be Completed by: 26 February 2016</p>	<p>In relation to both the control of legionella and the provision of safe hot water arrangements should be made for the thermostatic mixing valves to be serviced and set.</p> <p>The Health and Safety Executive code of practice (L8) technical guidance HSG274 Part 2 relating to the cleaning and maintenance of thermostatic mixing valves should be referred to.</p> <p>Response by Registered Manager Detailing the Actions Taken: During a meeting with the facilities manager the Fail Safe mechanisms of the shut down of water if a fault should occur is serviced for safety every 6 months. All recordings of such servicing is documented and can be viewed at any time.</p>
<p>Requirement 4</p> <p>Ref: Regulation 26.-(4)(a)</p> <p>Stated: First time</p> <p>To be Completed by: 26 February 2016</p>	<p>A competent person should carry out a fire risk assessment for Age NI Skainos. This will require the risk assessor to liaise with the landlord. The assessment should include a review of the emergency procedures. Arrangements should be made to address the action plan arising from the risk assessment within timescales acceptable to the risk assessor.</p> <p>Response by Registered Manager Detailing the Actions Taken: After inspection, the manager found documentation of a fire risk assessment completed on 2nd October 2012 by fire safety manager Trevor Dornan, under fire precautions (workplace) regulations (NI) 2001. The content of this fire risk</p>

	assessment was for the individual day centre at Skainos.
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Requirement 5 Ref: Regulation 26.-(4)(d)(iv) Stated: Second time To be Completed by: 26 February 2016	Arrangements should be made for the emergency lights to be duration tested in accordance with good practice.		
	Response by Registered Manager Detailing the Actions Taken: Emergency lights are tested once per month by the facilities team at Skainos and discharge one per month and a full discharge of the systems annually. All testing is recorded in full with the facilities manager and all findings can be looked at at any time.		
Registered Manager Completing QIP	Wendy McKillion	Date Completed	26.2.16
Registered Person Approving QIP	Linda Robinson	Date Approved	26.2.16
RQIA Inspector Assessing Response	C Muldoon*	Date Approved	04/03/16*

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

* Clarification or follow up required on some items