

Announced Premises Inspection Report

23 June 2016



Windsor Day Centre

Type of Service: Day Care Setting
Address: 2a Rathfriland Road, Newry, BT34 1JN
Tel. No: 028 3083 5430
Inspector: Kieran Monaghan

1.0 Summary

An announced premises inspection of Windsor Day Centre took place on 23 June 2016 from 10:30 to 13:15hrs.

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 person. Refer to section 4.3.

Is care effective?

On the day of the inspection the premises supported the delivery of effective care. However one issue was identified for attention by the registered person. Refer to section 4.4.

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. However one issue was identified for attention by the registered person. Refer to section 4.6.

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	4	5

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms. Carmel McGrath, Registered Manager, Mrs. Maureen Carville, Assistant Manager and Mr. Jonathan Haire, Estate Compliance, Southern Health and Social 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: Southern Health and Social Care Trust / Mr. Francis Rice	Registered manager: Mrs. Carmel McGrath
Person in charge of the establishment at the time of inspection: Ms. Carmel McGrath, Registered Manager	Date manager registered: 24 December 2010
Categories of care: DCS-LD, DCS-PH	Number of registered places: 60

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:

- Ms. Carmel McGrath, Registered Manager
- Mrs. Maureen Carville, Assistant Manager
- Mr. Jonathan Haire, Estate Compliance, Southern Health and Social 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 most recent inspection on 16 February 2016

The most recent inspection of this establishment was an unannounced care inspection IN023251 on 25 January 2016. The completed QIP for this inspection was returned to RQIA on 29 April 2016. This QIP has not yet been approved by the care inspector. This QIP will be validated by the specialist inspector at their next inspection.

4.2 Review of requirements and recommendations from the last premises inspection on 11 July 2013

Last premises inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 26(2)(b) Stated: First time	The missing ceiling tile in the soft play room should be reinstated.	Met
	Action taken as confirmed during the inspection: This ceiling tile had been reinstated.	
Requirement 2 Ref: Regulations 14(1)(a) 14(1)(c) Stated: First time	The door to the cleaners store should be kept locked	Met
	Action taken as confirmed during the inspection: This door was being kept locked.	
Last premises inspection statutory requirements		Validation of compliance
Requirement 3 Ref: Regulations 13(7) 14(1)(a) 14(1)(c) 26(2)(l) Stated: First time	A report for the ongoing issue in relation to the control of the cold water temperatures should be forwarded to RQIA. A copy of the report for the risk assessment for the prevention or control of legionella bacteria in the water systems should also be forwarded to RQIA.	Partially Met
	Action taken as confirmed during the inspection: There was still an issue to be fully resolved in relation to the temperature of the cold water during the summer months. Reference should also be made to section 4.3 Areas for Improvement item 1. A copy of the report for the most recent legionella risk assessment was presented for review during this premises inspection.	

Requirement 4 Ref: Regulations 13(7) 14(1)(a) 14(1)(c) 26(2)(l) Stated: First time	<p>The external toilet should be cleaned and included in the ongoing flushing procedure.</p> <p>Action taken as confirmed during the inspection: This toilet was not being used. It did not appear that this toilet was being flushed twice each week. Records for this activity were not presented for review during this premises inspection. There was also an outside tap at the boiler room which should be flushed twice each week. Reference should be made to requirement 1 in the attached Quality Improvement Plan.</p>	Not Met
Requirement 5 Ref: Regulations 14(1)(a) 14(1)(c) 26(2)(c) Stated: First time	<p>The reports for thorough examinations of the patient lifting equipment on 16 June 2013 should include the Schedule 1 information as per the Lifting Operations and Lifting Equipment Regulations.</p> <p>Action taken as confirmed during the inspection: The reports for the most recent thorough examinations of the lifting equipment were presented for review during this premises inspection. These reports included the Schedule 1 information.</p>	
Last premises inspection statutory requirements		Validation of compliance
Requirement 6 Ref: Regulations 14(1)(a) 14(1)(c) 26(2)(c) Stated: First time	<p>The reports for the ongoing servicing and quarterly inspections of the air conditioning units and the servicing/safety checks to the heating boilers should be available for inspection.</p> <p>Action taken as confirmed during the inspection: Following the last premises inspection a report for the servicing of the air conditioning units was forwarded to RQIA. The reports for the current ongoing servicing and quarterly inspections of the air conditioning units were not presented for review during this premises inspection. Mr. Haire agreed to forward same to RQIA. Reference should be made to recommendation 1 in the attached Quality Improvement Plan. The report for the most recent service and gas safety check to the heating boilers that was completed on 19 October 2015 was presented for review during this premises inspection.</p>	Partially Met

Requirement 7 Ref: Regulations 26(4)(b) 26(4)(d)(i) Stated: Second time	<p>The fire alarm drawing should be replaced.</p> <p>Action taken as confirmed during the inspection: A new drawing for the fire detection and alarm system had been provided.</p>	Met
Requirement 8 Ref: Regulations 26(4)(b) 26(4)(c) 26(4)(d)(i) Stated: Second time	<p>The fire doors should be inspected and any necessary remedial works should be completed.</p> <p>Action taken as confirmed during the inspection: Remedial works had been carried out following the last premises inspection and the gaps between the meeting edges of the double fire doors to the corridors were smoke sealed. The gaps between the meeting edges of the double fire doors to a number of the activity rooms were not fully smoke sealed. Further remedial works should be carried out to address this issue. Reference should be made to requirement 2 in the attached Quality Improvement Plan.</p>	
Last premises inspection statutory requirements		Validation of compliance
Requirement 9 Ref: Regulations 26(4)(b) 26(4)(d)(iv) Stated: First time	<p>The reports for the most recent quarterly inspection and test to the fire detection and alarm system should be available for inspection. Monthly function checks should also be carried out to the emergency lights.</p> <p>Action taken as confirmed during the inspection: The fire detection and alarm system was inspected and serviced on 12 January 2016 and again on 11 April 2016. Monthly function checks were also being carried out to the emergency lights.</p>	Met
Requirement 10 Ref: Regulations 26(4)(a) 26(4)(b) Stated: First time	<p>The action plan in the fire risk assessment that was completed on 8 July 2013 should be signed off by the registered manager.</p> <p>Action taken as confirmed during the inspection: The most recent fire risk assessment was carried out on 10 December 2015. The report for this fire risk assessment identified four issues for attention in the action plan and these issues had been addressed.</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 risk assessment for the prevention or control of legionella bacteria in the water systems was completed on 09 July 2013. This should now be reviewed and updated to ensure that the most recent guidance is reflected. A schematic drawing for the water systems should be included in the new risk assessment. The issue in relation to the temperature of the cold water during the summer months should be resolved. In the meantime it was agreed that daily flushing should be carried out as required over the summer months to ensure that the cold water temperature is kept below 20°C. In addition water samples should be tested and the results should be confirmed to RQIA. Reference should be made to requirement 3 in the attached Quality Improvement Plan.
2. It was noted that a small number of ceiling tiles were not in position. This was to facilitate ongoing works in relation to the WIFI system. On completion of this work the ceiling tiles should be refixed in position.
3. Hold open devices linked to the fire detection and alarm system should be fitted to the doors to the rest rooms between the activity rooms to prevent these doors from being wedged open. The need for a hold open device on the door to the kitchen should also be considered. Reference should be made to recommendation 2 in the attached Quality Improvement Plan.
4. Arrangements had been made to fit translucent film to the bottom section of the glazed panels in the doors to the activity rooms for operational reasons. It would be helpful to confirm completion of this issue to RQIA.
5. Ms. McGrath advised that the ventilation in the shower rooms and bathroom was not effective. There had also been an issue in relation to maintaining a comfortable temperature in the allied health professional's activity room although this was not currently an issue in this room. A review of the ventilation and heating throughout the premises should be carried out to establish how effective this is. Improvement works should be

carried out to address any issues identified by this review. The outcome of this review and the proposals for any improvement works should be confirmed to RQIA. Reference should be made to recommendation 3 in the attached Quality Improvement Plan.

6. The need for a gate to manage access to the upper patio area has been identified for safety reasons and to reduce restrictions on the use of the outside facilities for the service users. A requisition for this work was submitted by the registered manager towards the end of 2015. The arrangements for completing the installation of this gate had not yet been confirmed. This issue should be reviewed and arrangements for addressing this issue within a firm timescale should be confirmed to RQIA. Reference should be made to requirement 4 in the attached Quality Improvement Plan.

Areas for improvement Continued

7. The most recent thorough examinations of the lifting equipment were carried out on 04 April 2016. The reports for these examinations generally indicated that this equipment was satisfactory. A small number of reports however identified issues for attention including an issue in relation to an actuator. Mr. Haire advised that these issues may have been addressed but he agreed to check this and to confirm the current position re same. Reference should be made to recommendation 4 in the attached Quality Improvement Plan.
8. The most recent service of the thermostatic mixing valves was carried out in January 2016. The report for this service included a note against some of the mixing valves to the showers indicating that a fail-safe test had not been carried out as the isolating valves could not be located. This issue should be investigated and the current position re same should be confirmed to RQIA. Reference should be made to recommendation 4 in the attached Quality Improvement Plan.

Number of requirements	2	Number of recommendations:	3
-------------------------------	----------	-----------------------------------	----------

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.

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

Areas for improvement

1. There is an ongoing issue in relation to the acoustics in the meeting room. The acoustics in this room should be reviewed and consideration should be given to the benefits of fitting some acoustic panels to reduce the amount of reverberation. Improving the acoustics would improve the potential of this room.

Number of requirements	0	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

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
-------------------------------	---	-----------------------------------	---

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 manager had generally 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 were however four issues from the Quality Improvement Plan for the last premises inspection that had either not been fully addressed or had only been partially addressed. In addition the assessment and the requisition for the gate to manage access to the upper patio area were first made to the Trust by the registered manger towards the end of 2015. At the time of this premises inspection, firm arrangements to provide this gate were not yet in place. These aspects of the management of this establishment should be reviewed and improved as required. Reference should be made to recommendation 5 in the attached Quality Improvement Plan.

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:	1
-------------------------------	---	-----------------------------------	---

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms. Carmel McGrath, Registered Manager, Mrs. Maureen Carville, Assistant Manager and Mr. Jonathan Haire, Estate Compliance, Southern Health and Social Care 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 the day care setting. The registration is not transferable so that in the event of

any future application to alter, extend or to sell the premises, 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 Persons

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered responsible person should confirm that these actions have been completed and return completed QIP to Estates.Mailbox@rqia.org.uk for review 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

Statutory Requirements

Requirement 1

Ref: Regulations
13(7)
14(1)(a)
14(1)(c)
26(2)(l)

Stated: Second time

To be completed by:
Ongoing

The water outlets in the outside toilet and the outside tap at the boiler room should be flushed twice each week and a record for this activity should be kept on the premises available for review during future inspections.

Response by registered person detailing the actions taken:

Staff on site confirmed this is being carried out by domestics and they maintain records.

Requirement 2

Ref: Regulations
26(4)(b)
26(4)(c)
26(4)(d)(i)

Stated: Second time

To be completed by:
26 August 2016

The double fire doors to the activity rooms should be inspected and remedial works should be carried out as required to ensure that the gaps between the meeting edges are fully smoke sealed.

Response by registered person detailing the actions taken:

A maintenance request has been submitted to Estates department to have all double doors checked and remedial works completed.

<p>Requirement 3</p> <p>Ref: Regulations 13(7) 14(1)(a) 14(1)(c) 26(2)(l)</p> <p>Stated: Second time</p> <p>To be completed by: Ongoing and 29 July 2016</p>	<p>The risk assessment for the prevention or control of legionella bacteria in the water systems should be reviewed and updated to ensure that the most recent guidance is reflected. A schematic drawing for the water systems should be included in the new risk assessment. The issue in relation to the temperature of the cold water during the summer months should be resolved. In the meantime daily flushing should be carried out as required over the summer months to ensure that the cold water temperature is kept below 20°C. In addition water samples should be tested and the results should be confirmed to RQIA.</p> <hr/> <p>Response by registered person detailing the actions taken: The measures currently in place by the Operations staff are that they flush every outlet in the building twice per week and have a purge valve on the mains water supply. The mains is currently entering the building at 16 degrees and the tank temperature is 18. They have isolated the heating system and checked the pipework insulation (all good). They are meeting with a contractor to look at getting auto-flushing installed, either at every outlet or the end of the cold water line. This issue is being methodically investigated and Operations are committed to resolving this issue as soon as possible. It is the intention to instruct a new Legionella Risk Assessment when works have been carried out to improve the system as an LRA now will likely not provide any different information to the current document. IPC have been contacted to confirm if they want the Trust to proceed with Legionella sampling.</p>
<p>Requirement 4</p> <p>Ref: Regulations 14(1)(a) 14(1)(c) 26(2)(a)</p> <p>Stated: First time</p> <p>To be completed by: 26 August 2016</p>	<p>The current position in relation to providing the gate to manage access to the upper patio area should be reviewed and the arrangements for addressing this issue within a firm timescale should be confirmed to RQIA.</p> <hr/> <p>Response by registered person detailing the actions taken: Minor Works request has been submitted to Seniore management for approval and forwarded to Estates. Works have been instruvted, and order has been issued and these works will be completed imminently.</p>
<p>Recommendations</p>	
<p>Recommendation 1</p> <p>Ref: Standard 25</p> <p>Stated: First time</p> <p>To be completed by: Ongoing</p>	<p>The reports for the current ongoing servicing and quarterly inspections of the air conditioning should be retained on the premises available for review during future inspections.</p> <hr/> <p>Response by registered person detailing the actions taken: 18/07/16 Air Conditioning Report sent to Carmel McGrath for Windsor Day Centre Records.</p>

Recommendation 2 Ref: Standards 27 & 28 Stated: First time To be completed by: 26 August 2016	<p>Hold open devices linked to the fire detection and alarm system should be fitted to the doors to the rest rooms between the activity rooms to prevent these doors from being wedged open. The need for a hold open device on the door to the kitchen should also be considered.</p> <p>Response by registered person detailing the actions taken: A Minor Works request has been completed and forwarded to Senior Management 12/08/16 for approval to have the hold open devices fitted.</p>
Recommendation 3 Ref: Standard 27 Stated: First time To be completed by: 26 August 2016	<p>A review of the ventilation and heating throughout the premises should be carried out to establish how effective this is. Improvement works should be carried out to address any issues identified by this review. The outcome of this review and the proposals for any improvement works should be confirmed to RQIA.</p> <p>Response by registered person detailing the actions taken: This review is being actioned and with expected date of completion - September 2016. Any required improvement works identified will be addressed.</p>
Recommendation 4 Ref: Standard 25 Stated: First time To be completed by: 16 September 2016	<p>Confirmation of completion in relation to the issues identified for attention in the reports for the most recent thorough examinations of the lifting equipment that were carried out on 04 April 2016 and the most recent service of the thermostatic mixing valve that was carried out in January 2016 should be provided to RQIA.</p> <p>Response by registered person detailing the actions taken: All issues identified for attention in the most recent thorough examination of lifting equipment have been cleared.</p>
Recommendation 5 Ref: Standard 25 Stated: First time To be completed by: 16 September 2016	<p>The arrangements for ensuring that the issues included in the Quality Improvement Plans for RQIA inspections are addressed within the timescales stated should be reviewed and improved as required. In addition the arrangements for dealing with issues such as the provision of the gate to manage access to the upper patio area should also be reviewed and improved as required.</p> <p>Response by registered person detailing the actions taken: The Trust now have a Compliance Manager in post who will be tasked with following up any maintenance RQIA recommendations. Minor Works requests are raised with and approved by the Director of Mental Health and Disability.</p>

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



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
 @RQIANews

Assurance, Challenge and Improvement in Health and Social Care