

The Regulation and  
Quality Improvement  
Authority

Melrose Day Centre  
RQIA ID: 11233  
Rosstown House  
Glenderrymott Road  
Londonderry  
BT47 6BG

Inspector: Phil Cunningham  
Inspection ID: IN021403

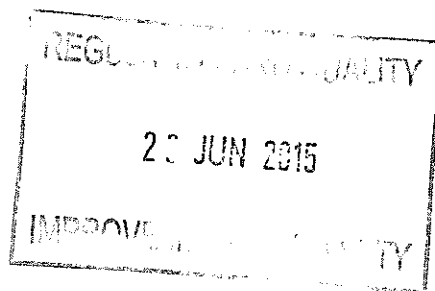
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**Announced Estates Inspection  
of  
Melrose Day Centre**

**5 May 2015**



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](http://www.rqia.org.uk)

## 1. Summary of Inspection

An announced estates inspection took place on 5 May 2015 from 10.00 to 12.00. 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 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
<b>Total number of requirements and recommendations made at this inspection</b>	1	0

The details of the QIP within this report were discussed with the Robert Donnelly, Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Elaine Way, Western Health and Social Care Trust	<b>Registered Manager:</b> Robert Donnelly
<b>Person in Charge of the Premises at the Time of Inspection:</b> Robert Donnelly	<b>Date Manager Registered:</b> 20 August 2012
<b>Categories of Care:</b> DCS-MP, DCS-MP(E)	<b>Number of Registered Places:</b> 25
<b>Number of Service Users Accommodated on Day of Inspection:</b> Varied during inspection	<b>Weekly Tariff at Time of Inspection:</b> Not known by Centre Manager

### 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:

<b>Standard 25:</b>	<b>Premises and Grounds</b>
<b>Standard 27:</b>	<b>Safe and Healthy working Practices</b>
<b>Standard 28:</b>	<b>Fire safety</b>

### 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
- previous care report
- previous 12 months' statutory notifications.

During the inspection the inspector met with one visiting professional (Jackie Gallagher Estates Officer, WHSCT Estate Department).

The following records were examined during the inspection: Maintenance and service records by external specialist contractors and WHSCH Estates Department, Risk assessments, in-house log books for safety checks and maintenance routines.

### 5. The Inspection

#### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the day centre was an announced care inspection on 17 June 2014. The completed QIP was returned and approved by the Head of Programme, following consultation with the care inspector, on 31 July 2014. The provider's responses to the three requirements and two recommendations in the QIP were assessed by the inspector as satisfactory.

## 5.2 Review of Requirements and Recommendations from the last Estates Inspection carried out on 27 June 2012

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 14 (1)(a)	Submit to RQIA a programme of remedial works to address the issues highlighted in the legionellae risk assessment of June 2008	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The estates officer presented a copy of the recent legionellae risk assessment of 25 February 2013 and confirmed that the remedial measures identified by the risk assessor have been addressed.	
<b>Requirement 2</b>  <b>Ref:</b> Regulation 14 (1)(a)	On completion of the above remedial works, carry out comprehensive review of the legionellae risk assessment.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The estates officer presented a copy of the recent legionellae risk assessment of 25 February 2013.	
<b>Requirement 3</b>  <b>Ref:</b> Regulation 26.(4)(a)	Carry out a review of the fire risk assessment in liaison with the fire risk assessor with a view to resolving the issues highlighted in the action plan. Forward confirmation of this to RQIA.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The fire risk assessment was reviewed on 04 September 2014. There were no areas of concern highlighted.	
<b>Requirement 4</b>  <b>Ref:</b> Regulation 26.(4)(d)(iv)	Initiate an ongoing programme of monthly functional checks to the emergency lighting installation. Note, it is recommended that suitable testing points are provided to facilitate this.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The Estates Officer confirmed that monthly function checks to the emergency lighting installation are carried out by a specialist contractor and records were presented to support this.	

**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.

**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.

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 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**

The main entrance to the day care centre is via a single leaf door with a clear opening width of approximately 700mm. The manager confirmed that there were a number of service users who were wheelchair users and the width of the door was presenting issues to one of these due to the size of their wheelchair.

See requirement 1 in the Quality Improvement Plan Below.

<b>Number of Requirements</b>	<b>1</b>	<b>Number Recommendations:</b>	<b>0</b>
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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 residents 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**

There were no areas identified for improvement.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>0</b>
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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.

**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 residents, 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**

There were no areas identified for improvement.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>0</b>
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**5.6 Additional Areas Examined**

No additional areas were examined.

## 6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Robert Donnelly, 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

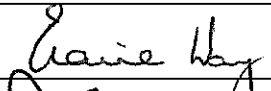
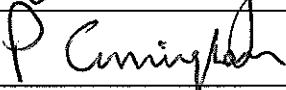
This section outlines the recommended actions based on research, recognised sources and The Day Care Settings Minimum Standards (DHSSPS, 2012). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP will 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](mailto: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			
<b>Requirement 1</b>  <b>Ref:</b> Regulation 26 (2)(a)  <b>Stated:</b> First time  <b>To be Completed by:</b> 25 August 2015	Carry out a review of the main entrance door arrangements with particular reference to guidance contained in Technical Booklet R of the Building Regulations (Northern Ireland) 2012. (Table 3.1).  The provider should consider the provision of powered semi-automatic opening devices on the main entrance doors with a suitably wide opening clearance to facilitate unrestricted passage by wheelchair users.		
	<b>Response by Registered Manager Detailing the Actions Taken:</b> From 1 <sup>st</sup> July 2015 the existing double doors/ wheelchair access entrance at Melrose, will be used as the main entrance for all service users. This will be on a trial basis for one month. Temporary signage will be used for the trial period. A costing for the installation of automatic doors at this location will be requested. If the trial is successful, permanent signage and automatic doors will be requested. Service users will be informed in advance of the trial.		
<b>Registered Manager Completing QIP</b>	Robert Donnelly	<b>Date Completed</b>	09/06/15
<b>Registered Person Approving QIP</b>		<b>Date Approved</b>	19.6.15
<b>RQIA Inspector Assessing Response</b>		<b>Date Approved</b>	31/7/15

Please provide any additional comments or observations you may wish to make below:

*\*Please ensure the QIP is completed in full and returned to [estates.mailbox@rqia.org.uk](mailto:estates.mailbox@rqia.org.uk) from the authorised email address\**