

Announced Premises Inspection Report 08 June 2016



Benbradagh Resource Centre incorporating The Willow Group

Type of Service: Day Care Setting
Address: Scroggy Road, Limavady, BT79 0NA
Tel No: 028777 61103
Inspector: Phil Cunningham

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Benbradagh Resource Centre incorporating The Willow Group took place on 08 June 2016 from 10:00 to 13:45hrs.

The day care service is provided in the main Benbradagh building which is owned and operated by the Western Health and Social Care Trust (WHSCT) and within the smaller Willow Group satellite service located in an area of the nearby Limavady Community Development Initiative (LCDI) building. The main landlord functions including maintenance and upkeep of the satellite unit fall to the landlord, LCDI.

The maintenance and upkeep of the day care premises was found to be managed in a competent manner although several issues were identified for attention by the registered provider.

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.

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. Refer to section 4.5

Is the service well led?

On the day of the inspection the management of the premises was considered to be well led.

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	0	5

Details of the Quality Improvement Plan (QIP) within this report were discussed with Carla Devine, Manager, as part of the inspection process. The timescales for completion commence from the date of 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: Western Health and Social Care Trust (WHSCT)	Registered manager: Carla Devine
Person in charge of the establishment at the time of inspection: Carla Devine	Date manager registered: 30 July 2015
Categories of care: DCS-LD(E), DCS-LD	Number of registered places: 79

3.0 Methods/processes

Prior to inspection the following records were analysed: Previous premises inspection report, statutory notifications over the past 12 months, duty call log.

During the inspection the inspector met with Carla Devine, Registered Manager, Lynda McMullan, Assistant Manager and Stephen Kelly, Estates Officer WHSCT.

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.

4.0 The Inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 18 August 2015

The most recent inspection of the establishment was an unannounced care inspection. The completed QIP was returned by the registered person and assessed by the care inspector on 27 October 2015. This QIP will be validated by the specialist inspector at their next inspection. Also see 4.5 item 2 below.

4.2a Review of requirements and recommendations from the last premises inspection dated 18 June 2013 (Benbradagh main building)

Last premises inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 26 (4)	Display up to date diagrammatic drawings of the centre adjacent to the fire panel in the office in accordance with BS5839.	Met
	Action taken as confirmed during the inspection: Drawing displayed.	

4.2b Review of requirements and recommendations from the last premises inspection dated 07 November 2013 (The Willow Group at LCDI building)

Last premises inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 26(2)(d)	Carry out redecoration to the centre where finishes are defective, effecting suitable repairs and remedial measures to address moisture ingress where present.	Partially Met
	Action taken as confirmed during the inspection: Redecoration had been carried out to the centre although the cause of the moisture ingress had not yet been rectified. The manager stated that discussions had taken place with the landlord and that a commitment to rectify this had been received. See 4.5 item 1 below.	

Requirement 2 Ref: Regulation 14(1)(c)	Carry out a suitable legionellae risk assessment and ensure that any subsequent remedial and control measures are addressed in a timely manner in accordance with the requirements of the Control of Substances Harmful to Health Regulations with specific reference to the provisions of the guidance contained in ' <i>Control of Legionellae Bacteria in Water Systems</i> ' (L8) issued by the Health and Safety Executive	Partially Met
	Action taken as confirmed during the inspection: A legionella risk assessment was available relating to the main Benbradagh Centre. Records were not available relating to a legionella risk assessment in the Willow Group. The manager stated that discussions had taken place with the landlord and a commitment to have this completed had been received. It is noted that the plumbing system in the Willow Group satellite centre is a basic system with direct water supply to a small number of wash hand basins with under-sink water heaters, all of which are used frequently on a daily basis. See 4.3 item 1 below.	
Requirement 3 Ref: Regulation 26(2)(l)	Carry out formal inspection and testing of the fixed electrical wiring installation.	Met
	Action taken as confirmed during the inspection: Records were presented to this effect in relation to the installation in the Willow Group.	
Requirement 4 Ref: Regulation 26 (4)(iv)	Ensure that arrangements are in place to maintain and check the automatic fire alarm and detection system in line with the provisions of BS 5839.	Met
	Action taken as confirmed during the inspection: Documentation was presented indicating that a service contract is now in place to maintain the fire alarm and detection system twice yearly and that weekly checks are in place by the LCDI maintenance man.	

Requirement 5 Ref: Regulation 26 (4)(iv)	Ensure that arrangements are in place to maintain and check the emergency lighting system in line with the provisions of BS 5266.	Partially Met
	Action taken as confirmed during the inspection: Documentation was presented indicating that the monthly function checks are in place for the emergency lighting installation in the Willow Group centre by the LCDI maintenance man. Records were not available relating to annual service checks in accordance with the provisions of BS5266. See 4.3 item 3 below.	

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. While it is acknowledged that the plumbing system in The Willow Satellite Group consists of several wash hand basins with under-sink water heaters, a suitable and sufficient legionellae risk assessment should be carried out in relation to the system. See recommendation 1 in the attached QIP.
2. Records indicate that while there is attention to water checks in the centre, there appears to be some issue around the temperature of the hot water circulating in the main Benbradagh Centre's plumbing system. See recommendation 2 in the attached QIP
3. The emergency lighting installation in the Willow group should be serviced in accordance with the provisions of BS5266 (annual checks). See recommendation 3 in the attached QIP.

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.

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.

A number of issues were however identified for attention during this inspection. These are detailed in the 'areas for improvement' section below.

Areas for improvement

- 1 The cause of moisture ingress to areas of the Willow Group should be investigated and repaired. It is noted that while the decorative condition of several areas of the internal finishes is poor due to this, there is not major negative impact on the day care service provision. See recommendation 4 in the attached QIP.
- 2 As a result of the RQIA unannounced care inspection carried out on 18 August 2015, the provider carried out a review of the toilet facilities in the centre. The review included a number of recommendations for measures to improve the provision. The manager stated that these were currently under consideration by WHSCT for funding. The provider should continue to progress this matter with a view to implementing the improvement measures. See recommendation 5 in the attached QIP.

Number of requirements	0	Number of recommendations:	2
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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.

Arrangements are in place for managing premises related incidents/notifiable events and Medical Device and Equipment Alerts.

The registered person has 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

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Carla Devine, 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 provider 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 person/manager meets legislative requirements based on 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 person may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to estates.team@rqia.org.uk to be 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 provider 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 provider 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 25.7</p> <p>Stated: Second time</p> <p>To be completed by: 8 July 2016</p>	<p>The registered person should ensure that a suitable and sufficient legionella risk assessment is carried out for the water system in the Willow Group Satellite Centre.</p> <p>Response by registered person detailing the actions taken: The Registered Manager has contacted the WHSCT Estates department, who have agreed to complete this. A contractor has been appointed to carry out the risk assessment.</p>
<p>Recommendation 2</p> <p>Ref: Standard 25.7</p> <p>Stated: First time</p> <p>To be completed by: 8 July 2016</p>	<p>The registered person should ensure that the hot water circulating system in the Main Benbradagh Centre is operating correctly so that temperatures are maintained appropriately.</p> <p>It is further recommended that the staff member(s) with responsibility for carrying out routine monitoring tasks in connection with the operation of the system and the control of legionella bacteria receive appropriate training and instruction.</p> <p>Response by registered person detailing the actions taken: WHSCT Estates department provided training to two staff members responsible for carrying out routine monitoring checks as identified. This was completed on 6 July 2016. WHSCT Estates department have been contacted to complete maintenance to the water system and temperatures on several occasions to date. WHSCT Estates personnel are currently onsite completing a review of the water circulation and will provide subsequent maintenance in this regard if necessary.</p>
<p>Recommendation 3</p> <p>Ref: Standard 28.2</p> <p>Stated: Second time</p> <p>To be completed by: 8 July 2016</p>	<p>The registered person should forward copy of records to confirm that the emergency lights in the Willow Group Satellite Centre have been serviced in accordance with the provisions of BS5266 (annual checks).</p> <p>Response by registered person detailing the actions taken: The Registered Manager has contacted the Landlord regarding this recommendation, and also held a meeting met with the Landlord on 1 July 2016 to request evidence of this documentation. The Landlord advises this has been completed. The Landlord is in contract with Beacon Fire and Security and is awaiting a document to evidence the same. This will be forwarded to RQIA as soon as it becomes available. The LCDI Landlord advises that a Facilities Coordinator has been appointed to oversee matters relating to Health and Safety. Quarterly meetings will be scheduled with LCDI Landlord, Facilities Coordinator and Registered Manager and a review of service documents/ health and safety documents will be part of the agenda as best practice.</p>

<p>Recommendation 4</p> <p>Ref: Standard 25.1</p> <p>Stated: Second time</p> <p>To be completed by: 8 July 2016</p>	<p>The registered person should liaise with the LCDI landlord regarding the moisture ingress in areas of The Willow Group Satellite Centre with a view to repairing this. In the meantime, suitable decorative works should be carried out to these areas as and when required.</p> <p>Response by registered person detailing the actions taken: The Landlord has agreed to proactively take forward recommendations to improve the environment as identified. The Landlord advises that a contract has been secured, and work has commenced on the outer LCDI building first to repair the source of the moisture ingress. Decorative works will be completed as soon as work on moisture ingress has been completed. The Landlord estimates this should be completed within six weeks. The Landlord advises that the Willow Group will be fully painted as part of improvements plans.</p>
<p>Recommendation 5</p> <p>Ref: Standard 25.7</p> <p>Stated: First time</p> <p>To be completed by: 16 September 2016</p>	<p>The registered person should implement the measures identified in the review of the toilet facilities.</p> <p>Response by registered person detailing the actions taken: Areas of improvement and recommendations from the onsite review on improving the toilet facilities have been shared with the WHSCT Estates Department. This awaits professional review and assessment by the WHSCT Estates department. A Minor Capital Works process has been authorised by the Assistant Director of Learning Disability Services. This awaits Directorate assessment and funding . The Registered Manager will continue to link with the Learning Disability Directorate as necessary to check on any potential progress.</p>

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