



The Regulation and
Quality Improvement
Authority

Meadows Rehabilitation Centre
RQIA ID: 11240
293 Bridge Street
Portadown
BT63 5AR

Inspector: Kieran Monaghan
Inspection ID: IN021661

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Announced Estates Inspection
of
Meadows Rehabilitation Centre, Gilford
on
04 September 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An announced estates inspection took place on 04 September 2015 from 10.30am. to 11.55am. 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	6	0

The details of the QIP within this report were discussed with the Mrs. Tierna Armstrong, Head of Residential & Day Care Services, Southern Health and Social Care Trust, Ms. Barbara Roberts, Senior Care Worker and Mr. Johnathon Haire, Estates Officer, Southern Health and Social Care Trust as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Southern Health and Social Care Trust / Mrs. Paula Mary Clarke	Registered Manager: Mrs. Iona Henry
Person in Charge of the Premises at the Time of Inspection: Ms. Barbara Roberts, Senior Care Worker	Date Manager Registered: 06 October 2010
Categories of Care: DCS-DE, DCS-I, DCS-MP(E)	Number of Registered Places: 40
Number of Service Users Accommodated on Day of Inspection: 26	Weekly Tariff at Time of Inspection: N/A

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 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 included the following:

Prior to inspection the following records were analysed: Previous estates inspection report and statutory notifications over the past 12 months.

During the inspection the inspector met with Mrs. Tierna Armstrong, Head of Residential & Day Care Services, Southern Health and Social Care Trust, Ms. Barbara Roberts, Senior Care Worker and Mr. Johnathon Haire, Estates Officer, Southern Health and Social Care Trust.

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 and the report for the most recent fire risk assessment.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of this service was an unannounced primary care inspection on 25 June 2015. The completed QIP was returned to RQIA on 18 August 2015 and approved by the care inspector on 27 August 2015.

5.2 Review of Requirements and Recommendations from the last Estates Inspection on 06 December 2012

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 26(1)(2)(a)	The premises should be audited (using a recognised audit tool) to establish how dementia friendly they are. Reference should be made, for example; to the information available from the Dementia Services Development Centre for Northern Ireland in relation to this issue. The outcome of this audit together with a programme of work to address any issues identified for attention should be confirmed to RQIA.	Met
	Action taken as confirmed during the inspection: It is good to report that a dementia audit was completed on 29 January 2013 and improvements had been made to the premises. It was agreed that this dementia audit would now be reviewed and updated to reflect the current position in the premises.	

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 2</p> <p>Ref: Regulation 26(2)(l)</p>	<p>The following documents should be available for inspection in relation to the premises:</p> <ol style="list-style-type: none"> 1. Inspection and test reports for the fixed wiring installation 2. Ditto electrical equipment 3. Gas safety inspection reports 4. Thorough examination reports for the hoists (LOLER) 5. Thermostatic mixing valve service reports. 6. Current risk assessment for the prevention or control of legionella bacteria in the water systems. <p>Action taken as confirmed during the inspection:</p> <p>The most recent inspection and test to the electrical equipment was completed on 27 October 2015. The documentation in relation to the other issues included in the above list was not presented for review during this Estates inspection. This documentation should be forwarded to RQIA. Reference should be made to requirement 1 in the attached Quality Improvement Plan.</p>	<p>Partially Met</p>
<p>Requirement 3</p> <p>Ref: Regulations 13(7) 14(1)(a) 14(1)(c) 26(2)(l)</p>	<p>The plumbing system should be inspected and any remaining 'dead legs', for example; as in the therapy kitchen should be removed. Any remaining issues identified for attention by the risk assessment for the control of legionella bacteria in water systems should also be addressed. In addition the unblended hot, blended hot and cold water temperatures should be checked and recorded on a monthly basis.</p> <p>Action taken as confirmed during the inspection:</p> <p>Up to date information in relation to the legionella controls that are in place for the premises was not presented for review during this Estates inspection. This information should be confirmed to RQIA. Reference should be made to requirement 2 in the attached Quality Improvement Plan.</p>	<p>Not Met</p>

Previous Inspection Statutory Requirements	Validation of Compliance	
<p>Requirement 4</p> <p>Ref: Regulations 26(4)(a) 26(4)(b) 26(4)(c) 26(4)(d)(i)</p>	<p>The issues identified for attention in the report for the most recent review of the fire risk assessment should be addressed.</p> <hr/> <p>Action taken as confirmed during the inspection: One issue in the action plan which related to the ceilings was not signed off. This should be reviewed and signed off. Reference should be made to requirement 3 in the attached Quality Improvement Plan.</p>	Partially Met
<p>Requirement 5</p> <p>Ref: Regulations 26(4)(b) 26(4)(e)</p>	<p>The arrangements for smoking in the premises should be reviewed and revised as required. Particular attention should be given to the smoking policy to direct practice and the individual risk assessments for service users who smoke to identify the controls required. In relation to the controls specific attention should be given to the need for a fire blanket in a location convenient to where service users smoke and to ensuring that all staff receive training in the use of first aid fire-fighting equipment.</p> <hr/> <p>Action taken as confirmed during the inspection: At present only one service user smokes. A risk assessment had been carried out for this person but it was not dated. Subsequent to this Estates inspection, RQIA received confirmation that this risk assessment was reviewed and updated immediately following this Estates inspection. A fire blanket had also been provided. Fire Warden training had been provided for three members of staff in October 2014. This training included the use of first aid fire-fighting equipment. Basic fire training was also provided for staff in July 2015. This training did not however include a practical session in relation to the use of first aid fire-fighting equipment. Further fire safety training should be provided as required to ensure that all staff are competent in the use of first aid fire-fighting equipment. Reference should be made to requirement 4 in the attached Quality Improvement Plan.</p>	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 6 Ref: Regulations 26(4)(b) 26(4)(d)(iv) 26(4)(f)	The evacuation procedure for the premises and the outcome of the fire drill that was carried out on 27 April 2012 should be reviewed with the Trust's Fire Safety Officer. The purpose of this review should be to ensure that the most effective evacuation procedure is in place and to establish an evacuation time standard against which future fire drills can be measured. Monthly function checks should also be carried out to the emergency lights.	Met
	Action taken as confirmed during the inspection: The most recent fire drill was completed on 18 September 2014 with a satisfactory outcome. Mr. Haire also confirmed that monthly function checks are taking place to the emergency lights.	

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)

Limited documentation in relation to the maintenance and upkeep of the premises was presented for review during this Estates inspection. Reference should be made to the issues identified for attention in sections 5.2 & 5.5 of this report.

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.

No issues were identified for attention during this Estates inspection.

Is Care Compassionate? (Quality of Care)

The areas of the premises reviewed during this Estates inspection were well presented, very clean and free from malodours. This supports the delivery of compassionate care.

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

Areas for Improvement

1. The cupboard under the sink in the hairdressing room should be replaced. Reference should be made to requirement 5 in the attached Quality Improvement Plan.

Number of Requirements	1	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)

Limited documentation in relation to the maintenance and upkeep of the premises was presented for review during this Estates inspection. Reference should be made to the issues identified for attention in sections 5.2 & 5.5 of this report.

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.

No issues were identified for attention during this Estates inspection.

Is Care Compassionate? (Quality of Care)

There are health and safety procedures and control measures in place which support the delivery of compassionate care.

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

Areas for Improvement

1. The shower room should not be used for storage. Reference should be made to requirement 5 in the attached Quality Improvement Plan.

Number of Requirements	1	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.

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)

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.

No issues were identified for attention during this Estates inspection.

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.

No issues were identified for attention during this Estates inspection.

Areas for Improvement

1. The report for the most recent inspection and service of the fire detection and alarm system was not presented for review during this Estates inspection. A copy of this report should be forwarded to RQIA. The emergency lights were inspected and tested on 06 July 2015. The report for this inspection and test identified one light that required attention. This issue should be addressed and confirmed to RQIA. Reference should be made to requirement 6 in the attached Quality Improvement Plan.
2. The fire risk assessment for the centre should be reviewed, updated and actioned as required. A copy of the report for this review should be forwarded to RQIA. Consideration should be given during this review in relation to the need for ambient temperature smoke seals to the doors of fire hazard rooms such as the kitchen door. Reference should be made to requirement 6 in the attached Quality Improvement Plan.

Number of Requirements	1	Number Recommendations:	0
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5.6 Additional Areas Examined

No additional areas were examined during this Estates inspection.

6 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs. Tierna Armstrong, Head of Residential and Day Care Services, Southern Health and Social Care Trust, Ms. Barbara Roberts, Senior Care Worker and Mr. Johnathon Haire, Estates Officer, Southern Health and Social Care Trust, 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 this 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 persons 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 persons 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)(l)</p> <p>Stated: Second time</p> <p>To be Completed by: 04 November 2015</p>	<p>The following documents should be available for inspection in relation to the premises:</p> <ol style="list-style-type: none"> 1. Inspection and test reports for the fixed wiring installation 3. Gas safety inspection reports 4. Thorough examination reports for the hoists (LOLER) 5. Thermostatic mixing valve service reports. 6. Current risk assessment for the prevention or control of legionella bacteria in the water systems.
	<p>Response by Registered Manager Detailing the Actions Taken:</p> <p>No 1 returned to RQIA Estates No 3 Not required as heating is fed from Eden SEC No 4 returned to RQIA Estates</p> <p>No 5 Returned to RQIA Estates No 6 RQIA Estates advised that Legionella Report from July 2015 Assessment is being prepared and will be by 31st December 2015</p>
<p>Requirement 2</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: 04 November 2015</p>	<p>The up to date information in relation to the legionella controls that are in place for the premises should be confirmed to RQIA.</p>
	<p>Response by Registered Manager Detailing the Actions Taken:</p> <p>Confirmation the 2 x pipes in main and resource kitchen are 'dead' i.e. no longer in use and have been capped off - these are not dead legs Evidence of recording monthly Temperatures have been sent to RQIA. The most recent Assessment report regarding Legionella Controls is being prepared and will be sent to RQIA by December 31st 2015</p>
<p>Requirement 3</p> <p>Ref: Regulations 26(4)(b) 26(4)(c) 26(4)(d)(i)</p> <p>Stated: Second time</p> <p>To be Completed by: 04 November 2015</p>	<p>The issue in the action plan for the previous fire risk assessment which related to the ceilings should be signed off.</p>
	<p>Response by Registered Manager Detailing the Actions Taken:</p> <p>The issue regarding the ceilings in previous fire risk assessment has been signed off by Colin Spiers Head of Estates. Copy of Confirmation e mail sent to RQIA.</p>

Quality Improvement Plan

Statutory Requirements

<p>Requirement 4</p> <p>Ref: Regulations 26(4)(b) 26(4)(e)</p> <p>Stated: Second time</p> <p>To be Completed by: 04 November 2015</p>	<p>Further fire safety training should be provided as required to ensure that all staff are competent in the use of first aid fire-fighting equipment.</p> <p>Response by Registered Manager Detailing the Actions Taken: An On Site Training Event is being held on 7/12/2015 , delivered by Trust Fire Prevention Officers,to provide Training on usage of Fire Fighting Equipment All staff requiring Training will attend..</p>			
<p>Requirement 5</p> <p>Ref: Regulations 13(7) 26(2)(b)</p> <p>Stated: First time</p> <p>To be Completed by: 04 December 2015 and Ongoing</p>	<p>The cupboard under the sink in the hairdressing room should be replaced. The shower room should not be used for storage.</p> <p>Response by Registered Manager Detailing the Actions Taken: Cupboard in hairdressing room has been replaced. Shower Room has been emptied of all but essential Shower Equipment and a Notice has been placed on Door stating "ONLY ESSENTIAL SHOWER EQUIPMENT ALLOWED IN SHOWER ROOM."</p>			
<p>Requirement 6</p> <p>Ref: Regulations 26(4)(a) 26(4)(b) 26(4)(d)(i) 26(4)(d)(iv)</p> <p>Stated: First time</p> <p>To be Completed by: 04 November 2015</p>	<p>A copy of the report for the most recent inspection and service of the fire detection and alarm system should be forwarded to RQIA. The emergency light identified for attention in the report for the inspection and test that was completed on 06 July 2015 should be made good. The fire risk assessment for the centre should be reviewed, updated and actioned as required. A copy of the report for this review should be forwarded to RQIA. Consideration should be given during this review in relation to the need for ambient temperature smoke seals to the doors of fire hazard rooms such as the kitchen door.</p> <p>Response by Registered Manager Detailing the Actions Taken: Fire Alarm inspection & service sent to RQIA Estates Smoke Seals have been put on Kitchen doors.The Emergency light is in working order. Rqia have received the most recent fire risk assessment and all items identified have been actioned. Fire resistance mat is in place for hairtongs.Safety extension leads are in place.AFire Evacuation Drill was carried out on 4/12/2015.</p>			
Registered Manager Completing QIP		Iona Henry	Date Completed	6/12/2015
Registered Person Approving QIP		Mrs Angela McVeigh Director OPPC	Date Approved	11/12/2015

RQIA Inspector Assessing Response	K. Monaghan	Date Approved	*21/12/15
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* Follow up or additional information required on some items

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