



The **Regulation** and
Quality Improvement
Authority

Lisanally Resource Centre
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**Announced Estates Inspection
of
Lisanally Resource Centre**

9 July 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

1. Summary of Inspection

An announced estates inspection took place on 9 July 2015 from 10.10am to 12.25pm. 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 items 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	4	0

The details of the QIP within this report were discussed with the Ms Denise McManus, Senior Day Care Worker as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Southern HSC Trust/Mrs Anne Mairead McAlinden	Registered Manager: Mr Martin Stevenson
Person in Charge of the Premises at the Time of Inspection: Ms Denise McManus, Senior Day Care Worker	Date Manager Registered: December 2010
Categories of Care: DCS-DE & DCS-I	Number of Registered Places: 25
Number of Service Users Accommodated on Day of Inspection: 22	Weekly Tariff at Time of Inspection: Trust rates

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 include the following:

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

During the inspection the inspector met with Ms Denise McManus.

The following records were examined during the inspection: Copies of engineering service inspection/test certificates, maintenance log books, legionellae and fire risk assessments.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an announced care inspection dated 14 May 2015. The completed QIP was returned and assessed as acceptable by the care inspector on 26 June 2015.

5.2 Review of Requirements and Recommendations from the last Estates Inspection on 3 September 2012.

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 26.(2)(a)	Complete a dementia environmental risk assessment on enclosed courtyard and implement recommended improvements.	Met
	Action taken as confirmed during the inspection: Environmental survey and audit completed; awaiting Trust implementation of action plan.	
Requirement 2 Ref: Regulations 14.(1)(b) & (c)	Submit verification that LOLER Regulation 9 thorough examinations have been completed and are currently valid for two in number mobile hoists.	Met
	Action taken as confirmed during the inspection: Last inspection 13 February 2015, next due 17 July 2015	
Requirement 3 Ref: Regulation 26.(4)(a)	Complete fire safety improvement works actions recommended by the fire risk assessment. Ascertain that management precautions are implemented to maintain fire safety prior to completion of recommended works.	Met
	Action taken as confirmed during the inspection: Items implemented.	
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 25.1	Investigate damp staining on kitchen dry goods store ceiling, repair defect and redecorate ceiling finish.	Met
	Action taken as confirmed during the inspection: Repairs completed and surfaces redecorated.	

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 documents related to the maintenance of the premises was presented for review during this Estates inspection. This documentation included inspection/ test reports for various elements of the engineering services and risk assessments. This supports the delivery of safe care.

(There were no issues identified for attention during this Estates inspection.)

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.

(There were no issues 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, clean and free from malodours. This supports the delivery of compassionate care.

(There were no issues identified for attention during this Estates inspection.)

Areas for Improvement

Not applicable.

Number of Requirements	0	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 documents 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.

(A number of issues were identified for attention during this Estates inspection and are detailed in the 'areas for improvement' section below.)

Is Care Effective? (Quality of Management)

The care and dependency of the residents is considered as part of the risk assessment processes, this is reflected in the management of the premises. This supports the delivery of effective care.

(There were no issues 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.

(There were no issues identified for attention during this Estates inspection.)

Areas for Improvement

The last BS7671 Periodic Inspection Report for the electrical installation presented for examination was dated 30/03/2009, ref IPR1/0089765.
Refer to Quality Improvement Plan, Requirement 1.

The space heating boiler gas safe certificate was not presented for examination.
Refer to Quality Improvement Plan, Requirement 3.

The legionella risk assessment action plan recommendations/requirements were not verified as completed by a competent person.
Refer to Quality Improvement Plan, Requirement 4.

Number of Requirements	3	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 and 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.

(There were no issues identified for attention during this Estates inspection.)

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 and supports the delivery of effective care.

(One issue was identified for attention during this Estates inspection, and 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.

(There were no issues identified for attention during this Estates inspection.)

Areas for Improvement

Combustible materials are stored in the sluice room area containing the washing machine and dryer appliance.

Refer to Quality Improvement Plan, Requirement 2.

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

Not applicable.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Denise McManus (Senior Day Care Worker) 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	
Requirement 1 Ref: Regulations 14.(1)(a),(b) & (c) Stated: First time To be Completed by: 10 September 2015	<p>Submit verification that the electrical installation has been inspected and tested in accordance with BS7671, and that the electrical installation is deemed compliant with the Electricity at Work Regulations.</p> <p>Response by Registered Manager Detailing the Actions Taken: Recently conducted electrical installation report for Lisanally has been return as unsatisfactory from MTC electrical contractor . Estates currently working with external contractor to identify and implement remedial works to have a satisfactory electrical installation report returned for signing off by estates - confirmed by e-mail Mon 10/08/2015</p>
Requirement 2 Ref: Regulations 26.(4)(b) & (d) Stated: First time To be Completed by: Immediate	<p>Remove combustible materials stored in sluice room.</p> <p>Response by Registered Manager Detailing the Actions Taken: The registered manager acknowledges that the store/sluice room is not within the allocated spatial remit of the day centre and therefore not within the responsibilities of the registered manager. The registered manager has alerted Trust Support Services of the above hazzard and has addressed this with the facility support staff for the building (lisanally House) and can confirm that the combustible materials were removed from the store 14/08/15</p>
Requirement 3 Ref: Regulations 14.(1)(a),(b) & (c) Stated: First time To be Completed by: 10 September 2015	<p>Submit a copy of the gas safe inspection/test certificate for the space heating boiler.</p> <p>Response by Registered Manager Detailing the Actions Taken: The gas commissioning certificates provided on behalf of Estates were associated with the installation of new gas fired boilers. Annual testing thereafter is delivered by Estates Operations as part of Operations & Maintenance . Trst Estates Deptament have been advised to confirm with RQIA if any contract has been established for annual gas certificate verification on gas bolier installations throughout trust facilities .The registreerd manager has put this request in an email seeking clarification on Thursday 13/08/2015.</p>
Requirement 4 Ref: Regulations 14.(1)(a),(b) & (c) Stated: First time To be Completed by: 10 September 2015	<p>Verify that the legionella works action plan recommendations/requirements have been implemented.</p> <p>Response by Registered Manager Detailing the Actions Taken: The registered manager has requested this information by e-mail on 10 August 2015 to the Trust Estates officer. Unable to sign of at present but has commissioned Bullocks Ltd, (Trust approved contractor) who called to lisanally on 12/08/2015 and they are currently reviewing legionella report to complete any outstanding recommendations before estates can sign off. The Registrerd manager will update RQIA Estates Dept on progress monthly until resolved.</p>

Registered Manager Completing QIP	Martin Stevenson	Date Completed	14/08/2015
Registered Person Approving QIP	Mrs Angela McVeigh	Date Approved	14/08/2015
RQIA Inspector Assessing Response	Raymond Sayers	Date Approved #	22/10/15

Clarification/verification 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****