



The **Regulation** and
Quality Improvement
Authority

Inspector: Colin Muldoon
Inspection ID: IN021494

Hawthorns Adult Centre
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**Announced Estates Inspection
of
Hawthorns Adult Centre**

12 January 2016

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 12 January 2016 from 10.30 to 13.40. 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	2	2

The details of the QIP within this report were discussed with Mr Marc Carey (Registered Manager) as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Northern HSC Trust Dr A Stevens	Registered Manager: Mr Marc Carey
Person in Charge of the Premises at the Time of Inspection: Mr Marc Carey	Date Manager Registered: 21 May 2014
Categories of Care: DCS-LD, DCS-LD(E), DCS-PH, DCS-PH(E)	Number of Registered Places: 65
Number of Service Users Accommodated on Day of Inspection: 55	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 include the following:

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

Discussion with Mr Marc Carey (Registered Manager) and Mr Conor Sage (Trust Estates Officer).

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.

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 21 May 2015. The completed QIP was returned and approved by the specialist inspector.

5.2 Review of Requirements and Recommendations from the last Estates Inspection on 05 December 2013

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulations 26.-(2)(c) 26.-(2)(l)	It should be confirmed that the thermostatic mixing valves are being maintained in accordance with the manufacturer's instructions.	Met
	Action taken as confirmed during the inspection: The TMV's were serviced, tested and set in September 2015.	
Requirement 2 Ref: Regulation 26.-(2)(c)	It should be confirmed that the hoisting equipment is being thoroughly examined in accordance with LOLER and that the examination reports verify that the equipment is free from defects.	Partially Met
	Action taken as confirmed during the inspection: There were records relating to the service and thorough examination of the hoists. All were deemed to be in good condition by the service contractor. The service and examination records did not appear to include associated slings and harnesses. Refer also to section 5.3 item 1 and requirement 1 in quality improvement plan.	

<p>Requirement 3</p> <p>Ref: Regulation 26.-(2)(l)</p>	<p>It should be confirmed that the electrical installation is in a satisfactory condition and that any defects found during the test and inspection have been rectified.</p> <hr/> <p>Action taken as confirmed during the inspection: The electrical installation was tested and inspected in November 2013 just prior to the last inspection. The response to the last Estates inspection quality improvement plan confirmed that remedial works were ongoing.</p> <p>It could not be confirmed that all necessary repairs have been completed and the installation restored to a satisfactory condition. Mr Sage undertook to follow this up on the day of inspection. Refer also to section 5.3 item 2 and requirement 2 in quality improvement plan.</p>	<p>Partially Met</p>
<p>Requirement 4</p> <p>Ref: Regulation 26.-(2)(l)</p>	<p>It should be confirmed that there are valid Gas Safe certificates which verify that the gas appliances and installation are in a safe and satisfactory condition.</p> <hr/> <p>Action taken as confirmed during the inspection: There was current service documentation for the boiler.</p>	<p>Met</p>
<p>Requirement 5</p> <p>Ref: Regulations 13.-(7) 14.-(1)(c)</p>	<p>It should be ensured that the scheme for the control of legionella which results from the new legionella risk assessment is fully implemented.</p> <hr/> <p>Action taken as confirmed during the inspection: There is a scheme in place towards the control of legionella. This includes monthly monitoring by a specialised contractor and testing of water samples. Mr Sage confirmed that remedial work identified in the previous legionella risk assessment has been fully addressed.</p>	<p>Met</p>

Requirement 7 Ref: Regulations 26.-(4)(a) 26.-(4)(b)	The fire risk assessment identified that the testing and inspection of some portable electrical appliances requires to be updated.	Met
	Action taken as confirmed during the inspection: There are arrangements in place for the test and inspection of portable electrical appliances.	
Requirement 8 Ref: Regulation 26.-(4)(d)(iv)	It should be confirmed that the fire detection and alarm system and the emergency lights are being maintained in accordance with BS 5839 and BS 5266.	Met
	Action taken as confirmed during the inspection: There are arrangements in place for these installations to be function tested and serviced.	
Previous Inspection Recommendations		Validation of Compliance
Recommendation 6 Ref: Standard 27	The temperature of the hot water accessible to service users should be monitored monthly to verify the satisfactory performance of the thermostatic mixing valves.	Met
	Action taken as confirmed during the inspection: Mr Carey advised that the safe temperature of hot water is monitored by staff daily during the course of their care for service users.	

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.

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)

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

1. It should be ensured that all equipment used for hoisting service users, including slings, is included in a scheme of thorough examination.
Refer to requirement 1 in quality improvement plan.
2. It should be confirmed that the electrical installation has been restored to a satisfactory condition.
Refer to requirement 2 in quality improvement plan.
3. There was heavy rain on the day of inspection as a result of which it was necessary to walk through ponding on the path leading to one of the cabins and some of the roof gutters were overflowing.
Refer to recommendation 1 in quality improvement plan.
4. During the walk round with the manager one of the service users spoke to the inspector about her dissatisfaction with the cabin building. The provider is making arrangements to obtain additional accommodation and it is understood that it is expected to be available within the next few weeks.

Number of Requirements	2	Number Recommendations:	1
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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 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.

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

No issues were identified during this inspection.

Number of Requirements	0	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.

One issue was however identified for attention during this Estates inspection. This is 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.

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

1. A practice fire drill was carried out in September 2015. This was discussed during the inspection and it was agreed that the information being recorded for each drill would be reviewed.
Refer to recommendation 2 in quality improvement plan.

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

No additional issues were raised during this inspection.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Marc Carey (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 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: Regulation 26.-(2)(c) Stated: First time To be Completed by: 12 February 2016 and ongoing	<p>In relation to the Lifting Operations and Lifting Equipment Regulations (NI) 1999 it should be ensured that all hoisting equipment, including slings, has a valid thorough examination report which verifies that the item is safe to use.</p> <p>Response by Registered Manager Detailing the Actions Taken: The Trust insurance inspector will inspect any slings presented with the hoist during their inspection (please see attached copy of inspection report for one sling present during last inspection.) The majority of slings now used within Adult Centres are now owned by the members who use them and are brought in from home. Adult centre staff have general training on potential areas of risk with slings and would report issues such as "fraying" or "rips" to Occupational Therapy. However, there is no formal mechanism in place to inspect all slings currently in use. The unit manager has raised this with their line managers and with Occupational Therapy department.</p>
Requirement 2 Ref: Regulation 26.-(2)(l) Stated: Second time To be Completed by: 12 February 2016	<p>It should be confirmed that the electrical installation has been restored to a satisfactory condition.</p> <p>Response by Registered Manager Detailing the Actions Taken: Trust Measured Term Contractor is currently onsite addressing any C1/C2 defects. Works to be completed by 26/02/16. Certification to be provided asap.</p>
Recommendations	
Recommendation 1 Ref: Standard 25 Stated: First time To be Completed by: 12 April 2016	<p>The necessary repairs should be carried out to prevent ponding on the path to the cabin. The roof gutters should be cleaned.</p> <p>Response by Registered Manager Detailing the Actions Taken: This issue has been actioned via our Estates department. Job number 463684.</p>
Recommendation 2 Ref: Standard 28 Stated: First time To be Completed by: 12 February and ongoing	<p>The information maintained on fire drills should be reviewed to ensure that comprehensive records are kept of participants, circumstances, outcome, learning points, etc.</p> <p>Response by Registered Manager Detailing the Actions Taken: Registered manager has devised a new proforma for recording of fire drills. This will ensure that a more detailed record can capture those who took part, what the circumstances were, outcomes and learning/issues. This will be used for future drills.</p>

Registered Manager Completing QIP	Marc Carey	Date Completed	9/02/16
Registered Person Approving QIP	Tony Stevens	Date Approved	25/2/16
RQIA Inspector Assessing Response	C Muldoon	Date Approved	03/03/16

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