

# Announced Premises Inspection Report 21 September 2016



## Ballyowen Day Centre

**Type of Service: Day Care Setting**

**Address: 179 Andersonstown Road, Belfast, BT11 9EA**

**Tel No: 028 9030 1034**

**Inspector: K. Monaghan**

## 1.0 Summary

An announced premises inspection of Ballyowen Day Centre took place on 21 September 2016 from 14:00hrs to 15:05hrs.

The inspection sought to assess progress with any issues raised during and since the last premises inspection and to determine if the day care setting was delivering safe, effective and compassionate care and if the service was well led.

### 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 provider. 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.

### 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
<b>Total number of requirements and recommendations made at this inspection</b>	<b>0</b>	<b>2</b>

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms. Mary Lindsay, Acting Manager, Mr. Danny McCartney, Estates Operations Manager, MAH & Community, Estate Services N&W Division, Belfast Health and Social Care Trust and Mr. Drew Denvir, Estates Officer, Belfast Health and Social Care Trust, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this 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 most recent premises inspection on 17 October 2013.

## 2.0 Service Details

<b>Registered organisation/registered provider:</b> Belfast Health and Social Care Trust / Mr. Martin Joseph Dillon	<b>Registered manager:</b> Mrs. Margaret Dunlop
<b>Person in charge of the establishment at the time of inspection:</b> Ms. Mary Lindsay, Acting Manager	<b>Date manager registered:</b> 20 October 2010
<b>Categories of care:</b> DCS-I, DCS-A, DCS-DE, DCS-LD(E), DCS-MP(E), DCS-PH(E), DCS-SI	<b>Number of registered places:</b> 45

## 3.0 Methods/processes

Prior to this premises inspection, the following records were reviewed:

- The previous premises inspection report
- The statutory notifications over the past 12 months (No notifications)
- The concerns log (No concerns).

During this premises inspection discussions took place with the following people:

- Ms. Mary Lindsay, Acting Manager
- Mr. Danny McCartney, Estates Operations Manager, MAH & Community, Estate Services N&W Division, Belfast Health and Social Care Trust
- Mr. Drew Denvir, Estates Officer, Belfast Health and Social Care Trust.

During this premises inspection, the following records were reviewed:

- A range of service records and in-house records relating to the maintenance and upkeep of the premises
- The fire risk assessment report
- The legionella bacteria risk assessment report
- Support documentation in relation to the engineering services.

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection on 01 August 2016

The most recent inspection of this day care setting was an unannounced care inspection IN026841 on 01 August 2016. The completed QIP for this inspection was returned to RQIA on 03 October 2016. This QIP has still to be approved by the care inspector. This QIP will also be validated by the care inspector at their next inspection.

### 4.2 Review of requirements and recommendations from the last premises inspection on 17 October 2013

Last premises inspection statutory requirements		Validation of compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 26(2)(b)  <b>Stated:</b> First time	The fastenings on the final exit doors from the main activity room/hall will should be changed to the push bar type to hold the doors in better alignment when closed.	Met
	<b>Action taken as confirmed during the inspection:</b> The fastenings on these final exit doors had been changed to the push bar type.	
<b>Requirement 2</b>  <b>Ref:</b> Regulations 26(2)(a) 26(2)(g)  <b>Stated:</b> First time	A multi-disciplinary review of the toilet facilities should completed to establish what improvements would be required to ensure compliance with all aspects of current good practice. The outcome of this review should inform a programme of improvement. The outcome of this review and the proposed programme of improvement works should be confirmed to RQIA.	Met
	<b>Action taken as confirmed during the inspection:</b> A review in relation to the toilet facilities was carried out following the last premises inspection. The outcome of this review was used to inform a programme of improvements to the toilets.	

Last premises inspection statutory requirements		Validation of compliance
<b>Requirement 3</b>  <b>Ref:</b> Regulation 26(2)(a)  <b>Stated:</b> First time	A dementia audit should be completed for the premises. The outcome of this audit should inform a programme of improvement to ensure compliance with current good practice for dementia care. The outcome of this audit and the proposed programme of improvement should be forwarded to RQIA.	Met
	<b>Action taken as confirmed during the inspection:</b> Although not presented for review during this premises inspection, it is understood that a dementia audit was carried out following the last premises inspection. The outcome of this audit was used to carry out improvements to make the environment more dementia friendly.	
<b>Requirement 4</b>  <b>Ref:</b> Regulations 13(7) 26(2)(c)  <b>Stated:</b> First time	The bath should be reviewed and arrangements for a replacement should be made. The infection control advisor for the premises should be consulted as part of this review. The outcome of this review and the proposals for the replacement of the bath should be confirmed to RQIA.	Met
	<b>Action taken as confirmed during the inspection:</b> It is good to report that a new specialist bath had been installed in the bathroom. This is to be commended.	
<b>Requirement 5</b>  <b>Ref:</b> Regulations 14(1)(a) 14(1)(c) 26(2)(l)  <b>Stated:</b> First time	Confirmation of completion of the re-inspection and re-testing of the fixed wiring installation along with any remedial works required to the installation should be confirmed to RQIA.	Met
	<b>Action taken as confirmed during the inspection:</b> The fixed wiring installation was inspected and tested on 21 October 2013 with a satisfactory outcome. The report for this inspection and test included three code C3 issues. One of these issues related to the installation of residual current device (RCD) protection. It was however noted that none of the service users would either take an interest in the electrical plugs or plug any equipment into the system. It was therefore considered that none of the service users would be considered to be at any significant risk in relation to this issue.	

Last premises inspection statutory requirements		Validation of compliance
<b>Requirement 6</b>  <b>Ref:</b> Regulations 14(1)(a) 14(1)(c) 26(2)(c) 26(2)(l)  <b>Stated:</b> First time	A gas safety inspection for the gas equipment and the gas installation should be completed. Confirmation of completion of this gas safety inspection and any remedial works required should be confirmed to RQIA.	Met
	<b>Action taken as confirmed during the inspection:</b> The gas equipment including the gas detection system were inspected and tested on 05 July 2016 with a satisfactory outcome.	
<b>Requirement 7</b>  <b>Ref:</b> Regulations 13(7) 14(1)(a) 14(1)(c) 26(2)(l)  <b>Stated:</b> First time	The shower facility should be cleaned and disinfected at least on a quarterly basis. The current position in relation to the completion of a comprehensive risk assessment for the prevention or control of legionella bacteria in the water systems and ongoing monthly checks to the water temperatures should be confirmed to RQIA. A record should also be kept for the twice weekly flushing of any outlet that is not in frequent use.	Met
	<b>Action taken as confirmed during the inspection:</b> The showers are not cleaned and disinfected on a quarterly basis. Instead the shower outlets are replaced each year and cleaning and disinfected after six months. This is in line with the Trust's water risk management arrangements. A water risk assessment was completed on 21 June 2016. The report for this risk assessment identified a small number of issues for attention. Subsequent to this premises inspection RQIA received confirmation from the Trust Estates Department that arrangements would be made to address these issues. Mr. Denvir confirmed that the redundant fire hose would be removed within the next week and that the water temperatures for the Ballyowen complex are checked every Monday. It was agreed that the temperatures at all of the outlets in the day care centre section of the premises would be included in this check from Monday 26 September 2016. Ms. Lindsay confirmed that there were currently no infrequently used outlets in the premises.	

Last premises inspection statutory requirements		Validation of compliance
<b>Requirement 8</b>  <b>Ref:</b> Regulation 26(2)(c)  <b>Stated:</b> First time	A check should be carried out to ensure that the ceiling mounted tracking system in the bathroom is included in the ongoing six monthly thorough examinations in accordance with the Lifting Operations and Lifting Equipment Regulations (LOLER).	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The ceiling mounted tracking system was thoroughly examined on 20 September 2016.	
<b>Requirement 9</b>  <b>Ref:</b> Regulations 26(4)(b) 26(4)(c) 26(4)(d)(iv)  <b>Stated:</b> First time	The next duration test to the emergency lighting should be completed. In addition monthly function checks should be carried out to each emergency light fitting in accordance with the guidance contained in British Standard 5266.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The emergency lights were inspected and tested on 25 April 2016 with a satisfactory outcome. Monthly function checks are also carried out and a record for this activity is kept on the premises.	
<b>Requirement 10</b>  <b>Ref:</b> Regulations 26(4)(b) 26(4)(d)(i)  <b>Stated:</b> First time	In addition to the risk assessments that have been completed for the two service users who smoke, the availability of an easily accessible fire blanket in close proximity to the area used for smoking should be reviewed with the Fire Risk Assessor for the premises.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> At present only one service user smokes. Fire blankets had been provided at each set of double doors from the main activity room.	



Last premises inspection statutory requirements		Validation of compliance
<b>Requirement 11</b>  <b>Ref:</b> Regulations 26(4)(b) 26(4)(d)(iv) 26(4)(d)(v)  <b>Stated:</b> First time	The date and the outcome for the most recent inspection and test to the fire detection and alarm system should be confirmed to RQIA. In addition the co-ordination arrangements (between the different services using the premises) for completing the weekly fire alarm tests should also be reviewed to ensure that these remain adequate.	Met
	<b>Action taken as confirmed during the inspection:</b> The fire detection and alarm system was inspected and serviced on 11 July 2016 with as satisfactory outcome. This inspection and service included 100% of the system. Ms. Lindsay also confirmed that the fire alarms are tested every Monday and these tests are co-ordinated with the other user services groups using the Ballyowen complex.	
<b>Requirement 12</b>  <b>Ref:</b> Regulations 26(4)(b) 26(4)(d)(i)  <b>Stated:</b> First time	The provision of first aid firefighting equipment for the main activity room/hall should be reviewed to ensure that this is appropriate to the level of fire risk in this area. In this regard particular consideration should be given to the provision of water fire extinguishers and smaller carbon dioxide fire extinguishers at each set of final exit doors.	Met
	<b>Action taken as confirmed during the inspection:</b> The provision of first aid fire-fighting equipment for the main activity room had been reviewed following the last premises inspection. Additional first aid fire-fighting equipment had been provided as considered appropriate by the Trust's fire safety officer.	
<b>Requirement 13</b>  <b>Ref:</b> Regulations 26(4)(b) 26(4)(c) 26(4)(d)(i)  <b>Stated:</b> First time	The small cabin hook on the door to music room should be removed. The layout of the staff room should be kept under review to ensure that good fire safety housekeeping standards are maintained.	Met
	<b>Action taken as confirmed during the inspection:</b> The small cabin hook on the door to the music room had been removed. No issues were identified for attention in relation to the staff room.	



Last premises inspection statutory requirements		Validation of compliance
<b>Requirement 14</b>  <b>Ref:</b> Regulations 26(4)(b) 26(4)(c) 26(4)(d)(i) 26(4)(d)(iv)  <b>Stated:</b> First time	The smoke sealing to the meeting edges of the double fire doors to the main activity room/hall should be improved. The fire safety control measures in relation to bathroom and hairdressing room should be reviewed and enhanced as required. Advice should be sought from the Fire Risk Assessor for the premises.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A new smoke seal had been fitted to the double doors to the main activity room. These doors were checked during this premises inspection and they closed effectively to provide a good smoke seal. Fire training was provided on various dates in 2016 and a fire drill was carried out on 20 June 2016. The next fire drill was also planned for 28 September 2016. The most recent fire risk assessment for the premises was carried out by the Trust's fire safety officer on 31 August 2016. The issues identified for attention in the report for this risk assessment had been addressed and signed off with the exception of the issue in relation to some storage in the stage area. Completion of this issue should be confirmed to RQIA. Reference should be made to recommendation 1 in the attached Quality Improvement Plan.	

### 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.

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

#### Areas for improvement

1. The date and outcome for the most recent service of the thermostatic mixing valves should be confirmed to RQIA.  
Reference should be made to recommendation 2 in the attached Quality Improvement Plan.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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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.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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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.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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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.

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.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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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 Ms. Mary Lindsay, Acting Manager and Mr. Danny McCartney, Estates Operations Manager, MAH & Community, Estate Services N&W Division, Belfast Health and Social Care Trust, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, 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.Mailbox@rqia.org.uk](mailto:Estates.Mailbox@rqia.org.uk) for assessment 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

<b>Recommendation 1</b>  <b>Ref:</b> Standard 28  <b>Stated:</b> First time  <b>To be completed by:</b> 21 October 2016	The storage in the stage areas should be removed.  <b>Response by registered provider detailing the actions taken:</b> All storage is in the process of being removed from the stage area and this is forecast to have been completed by the end of January 2017
<b>Recommendation 2</b>  <b>Ref:</b> Standard 27  <b>Stated:</b> First time  <b>To be completed by:</b> 21 October 2016	The date and outcome for the most recent service of the thermostatic mixing valves should be confirmed to RQIA.  <b>Response by registered provider detailing the actions taken:</b> The most recent service of the thermostatic mixing valves was on 13.1.17 this is carried out by estates on Fridays and there have been no significant issues.

*\*Please ensure this document is completed in full and returned to [Estates.Mailbox@rqia.org.uk](mailto:Estates.Mailbox@rqia.org.uk) from the authorised email address\**



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

Tel 028 9051 7500  
Fax 028 9051 7501  
Email [info@rqia.org.uk](mailto:info@rqia.org.uk)  
Web [www.rqia.org.uk](http://www.rqia.org.uk)  
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