

Announced Premises Inspection Report 31 January 2017



Edenderry Dementia Day Care

Type of Service: Day Care Setting
Address: 18 Gilford Road, Portadown, BT63 5ED
Tel No: 028 3839 8333
Inspector: Kieran Monaghan

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Edenderry Dementia Day Care took place on 31 January 2017 from 10:30am. to 12:00hrs.

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. Reference should be made 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 one issue was identified for attention by the registered provider. Reference should be made 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. However one issue was identified for attention by the registered provider. Reference should be made to section 4.6.

This inspection was underpinned by The Day Care Setting 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	5	6

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Iona Henry, Registered Manager, Mr Jonathan Haire, Estate Compliance, Southern Health and Social Care Trust and Mr Rory King, Southern Health and Social Care Trust Estates, 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.

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 10 October 2013.

2.0 Service Details

Registered Provider/Responsible Person: Southern Health and Social Care Trust/Mr Francis Rice	Registered manager: Mrs Iona Henry
Person in charge of the establishment at the time of inspection: Mrs Iona Henry, Registered Manager	Date manager registered: 25 October 2010
Categories of care: DCS-DE	Number of registered places: 20

3.0 Methods/processes

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

- The report for the previous premises inspection on 10 October 2013
- The notifications log
- The concerns log.

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

- Mrs Iona Henry, Registered Manager
- Mr Jonathan Haire, Estate Compliance, Southern Health and Social Care Trust
- Mr Rory King, Southern Health and Social Care Trust Estates.

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 legionella bacteria risk assessment report
- The fire risk assessment report.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection on 06 October 2015

The most recent inspection of the day care setting was an unannounced care inspection IN023100 on 06 October 2015. The completed QIP for this inspection was returned to RQIA on 03 December 2015 and approved by the care inspector 07 December 2015. This QIP will be validated by the care inspector at their next inspection. An unannounced care inspection was also ongoing at the time of this premises inspection.

4.2 Review of requirements and recommendations from the last premises inspection on 10 October 2013

Last premises inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 31(h) Stated: First time	Details for the scheme of improvement for the front entrance to the day care centre should be forwarded to RQIA when the development proposals have been finalised.	Met
	Action taken as confirmed during the inspection: These works had been completed.	
Requirement 2 Ref: Regulations 26(2)(b) 26(2)(c) 26(2)(l) 26(4)(iv) Stated: First time	The dates and outcomes for the most recent inspections and tests to the following should be confirmed to RQIA: <ul style="list-style-type: none"> • Fire detection and alarm system • Emergency lighting • Fixed wiring installation • Thermostatic mixers • Gas equipment. In addition the control measures in place in relation to the risks associated with legionella bacteria in water systems should also be confirmed to RQIA.	Not Met
	Action taken as confirmed during the inspection: With the exception of information in relation to the legionella controls, the information in relation to	

	these issues was not presented for review during this premises inspection. Reference should be made to requirement 1 in the attached Quality Improvement Plan.	
Requirement 3 Ref: Regulations 14(1)(a) 14(1)(c) 26(2)(c) 26(2)(l) Stated: Second time	<p>The shower installation should be checked to establish if it incorporates a DO8 Type 3 fail-safe thermostatic mixer. If it incorporates this type of thermostatic mixer it should be adjusted to reduce the maximum hot water temperature to 41oC. If it does not incorporate this type of mixer a new shower unit to current standards should be installed. A check should also be made to ensure that a D08 Type 3 fail-safe thermostatic mixer is fitted at the hair dressing sink.</p> <p>Action taken as confirmed during the inspection: Mr Haire confirmed that new type 3 fail-safe thermostatic mixing valves had been fitted at the shower and at the hairdressing sink.</p>	Met
Requirement 4 Ref: Regulation 26(4)(a) Stated: First time	<p>The fire risk assessment should be reviewed, updated, actioned and signed off by the Registered Manager. The issues included in the action plan in the report for the previous fire risk assessment that was carried out on 13 June 2011 should be checked as part of the new fire risk assessment. In addition the fire risk assessment should be reviewed at least once each year.</p> <p>Action taken as confirmed during the inspection: The most recent review of the fire risk assessment was carried out on 18 November 2014. All of the issues indented for attention in the report for this fire risk assessment had not been addressed. The report for the fire risk assessment that was carried out on 13 June 2011 was not presented for review during this premises inspection. Reference should be made to requirement 2 in the attached Quality Improvement Plan.</p>	Not Met

Requirement 5 Ref: Regulations 26(4)(b) 26(4)(i) Stated: First time	The switchgear room should be cleared out. In addition, fire stopping should be carried out at the cable trays at high level in this store.	Not Met
	Action taken as confirmed during the inspection: These issues had not been addressed. Mr Haire agreed that arrangements would be made to address these issues without further delay. Reference should be made to requirement 3 in the attached Quality Improvement Plan.	

4.3 Is care safe?

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. Three requirements made in last premises inspection on 10 October 2013 were not met (see section 4.2 above). These are restated in the attached Quality Improvement Plan. See requirements 1, 2, and 3 in the attached Quality Improvement Plan.
2. The corridor door at the switch room should be adjusted to seat fully into the frame with the self-closing device. The meeting edges of the double doors to the kitchen/dining room hatch should also be fully smoke sealed. The fault warning on the main fire alarm control panel should be investigated and made good. Reference should be made to requirement 4 in the attached Quality Improvement Plan.
3. A ceiling and a fire detector should be provided in the small switch gear cupboard. Reference should be made to requirement 4 in the attached Quality Improvement Plan.

Areas for improvement

4. The call system should be extended to the toilet beside the assisted toilet. Reference should be made to recommendation 1 in the attached Quality Improvement Plan.
5. The thermostatic mixing valve at the shower should be adjusted so that the maximum blended hot water temperature does not exceed 41° C. A new shower hose should also be provided for this shower. Reference should be made to recommendation 2 in the attached Quality Improvement Plan.
6. The paved areas to the rear of the day care centre were generally in good order. There were however some slightly uneven paving stones which should be levelled. In addition consideration should be given to replacing these paths with insitu concrete or bitmac. Reference should be made to recommendation 3 in the attached Quality Improvement Plan.
7. The shower was disinfected on 21 September 2016. The most recent legionella check by a specialist outside contractor was carried out on 06 January 2017. A new water heater was to be fitted but this work had not been completed. The legionella risk assessment should be reviewed, updated and actioned as required. Reference should be made to requirement 5 in the attached Quality Improvement Plan.
8. The electrical equipment should be checked to ensure that the inspections and tests are up to date. Reference should be made to recommendation 4 in the attached Quality Improvement Plan.

Number of requirements	5	Number of recommendations:	4
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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.

No areas for improvement were identified during the inspection.

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.

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

Areas for improvement

1. Opening windows should be provided in the extension to the dining room. Alternatively air conditioning with fresh air input could be provided. Reference should be made to recommendation 5 in the attached Quality Improvement Plan.

Number of requirements	0	Number of recommendations:	1
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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.

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

Areas for improvement

1. Some of the issues from the Quality Improvement Plan for the last premises inspection had not been addressed. The arrangements for ensuring that all of the issues in the RQIA Quality Improvement Plans are addressed within in the timescales should be reviewed and improved as required. Reference should be made to recommendation 6 in the attached Quality Improvement Plan.

Number of requirements	0	Number of recommendations:	1
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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 Mrs. Iona Henry, Registered Manager, Mr. Jonathan Haire, Estate Compliance, Southern Health and Social Care Trust and Mr. Rory King, Southern Health and Social Care Trust Estates 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 Setting 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 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

Statutory requirements

Requirement 1 Ref: Regulations 26(2)(b) 26(2)(c) 26(2)(l) 26(4)(iv) Stated: Second time To be completed by: 14 March 2017	<p>The dates and outcomes for the most recent inspections and tests to the following should be confirmed to RQIA:</p> <ul style="list-style-type: none"> • Fire detection and alarm system • Emergency lighting • Fixed wiring installation • Thermostatic mixers • Gas equipment. <p>Response by registered provider detailing the actions taken: All provided 28/3/17 to Kieran Monaghan via email except for TMV maintenance - to follow when received from contractor.</p>
Requirement 2 Ref: Regulation 26(4)(a) Stated: Second time To be completed by: 14 March 2017 & Ongoing	<p>The fire risk assessment should be reviewed, updated, actioned and signed off by the Registered Manager. The issues included in the action plans in the reports for the previous fire risk assessments that were carried out on 13 June 2011 and 18 November 2014 should be checked as part of the new fire risk assessment. Any outstanding issues should be addressed. In addition the fire risk assessment should be reviewed at least once each year.</p> <p>Response by registered provider detailing the actions taken: Order issued to contractor to clear issues on latest fire risk assessment - works to be complete by end April 17</p>
Requirement 3 Ref: Regulations 26(4)(b) 26(4)(i) Stated: Second time To be completed by: 03 March 2017	<p>The switchgear room should be cleared out. In addition, fire stopping should be carried out at the cable trays at high level in this store.</p> <p>Response by registered provider detailing the actions taken: Order issued to contractor - works to be complete by end April 17</p>
Requirement 4 Ref: Regulations 26(4)(b) 26(4)(c) 26(4)(i) Stated: First time To be completed by: 14 March 2017	<p>The corridor door at the switch room should be adjusted to seat fully into the frame with the self-closing device. The meeting edges of the double doors to the kitchen/dining room hatch should also be fully smoke sealed. The fault warning on the main fire alarm control panel should be investigated and made good. A ceiling and a fire detector should be provided in the small switch gear cupboard.</p> <p>Response by registered provider detailing the actions taken: Order issued to contractor - works to be complete by end April 17</p>

Requirement 5 Ref: Regulations 13(7) 14(1)(a) 14(1)(c) 26(2)(l) Stated: First time To be completed by: 14 March 2017	The new water heater should be fitted. The legionella risk assessment should be reviewed, updated and actioned as required. Response by registered provider detailing the actions taken: Order issued to contractor - to be complete by end April 17
Recommendations	
Recommendation 1 Ref: Standard 25 Stated: First time To be completed by: 14 March 2017	The call system should be extended to the toilet beside the assisted toilet. Response by registered provider detailing the actions taken: Order issued to contractor to be complete by end April 17
Recommendation 2 Ref: Standard 27 Stated: First time To be completed by: 03 March 2017	The thermostatic mixing valve at the shower should be adjusted so that the maximum blended hot water temperature does not exceed 41° C. A new shower hose should also be provided for this shower. Response by registered provider detailing the actions taken: Order issued to contractor, to be complete by end April 17
Recommendation 3 Ref: Standard 27 Stated: First time To be completed by: 14 March 2017 & Ongoing	The slightly uneven paving stones to the paved areas to the rear of the day care centre should be levelled. In addition consideration should be given to replacing these paths with insitu concrete or bitmac. Response by registered provider detailing the actions taken: Order issued to contractor, to be complete by end April 17
Recommendation 4 Ref: Standard 27 Stated: First time To be completed by: 14 March 2017	The electrical equipment should be checked to ensure that the inspections and tests are up to date. Response by registered provider detailing the actions taken: Fixed Wiring & PAT Testing both up to date.

Recommendation 5 Ref: Standard 27 Stated: First time To be completed by: 28 April 2017	Opening windows should be provided in the extension to the dining room. Alternatively air conditioning with fresh air input could be provided. Response by registered provider detailing the actions taken: Registered Manager has progressed a minor works for approval and action .
Recommendation 6 Ref: Standard 17 Stated: First time To be completed by: 14 March 2017	The arrangements for ensuring that all of the issues in the RQIA Quality Improvement Plans are addressed within in the timescales should be reviewed and improved as required. Response by registered provider detailing the actions taken: The Registered manager and Head of Service agreed arrangements to meet this will improve meeting and addressing QI requirements in line with RQIA time scales,

Please ensure this document is completed in full and returned to Estates.Mailbox@rqia.org.uk from the authorised email address



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