



The Regulation and
Quality Improvement
Authority

Bannvale Social Education Centre
RQIA ID: 11287
10 Moyallen Road
Gilford
BT63 5JX

Inspector: Kieran Monaghan
Inspection ID: IN021655

Tel: 028 38 831545
Email:
mairead.murphy@southerntrust.hscni.net

**Announced Estates Inspection
of
Bannvale Social Education 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 10:30am to 12:20pm. 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	0

The details of the QIP within this report were discussed with Mrs. Mairead Murphy, Registered Manager, Mr. Melvyn Purdy, Assistant Manager and Mr. Steven Johnston, Estates Officer with the Southern HSC, 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 (HSC) / Mrs. Paula Mary Clarke	Registered Manager: Mrs. Mairead Murphy
Person in Charge of the Premises at the Time of Inspection: Mrs. Mairead Murphy, Registered Manager	Date Manager Registered: 04 December 2012
Categories of Care: DCS-LD	Number of Registered Places: 90
Number of Service Users Accommodated on Day of Inspection: 60	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: The previous estates inspection report and the statutory notifications over the past 12 months.

During the inspection the inspector met with Mrs. Mairead Murphy, Registered Manager, Mr. Melvyn Purdy, Deputy Manager and Mr. Steven Johnston, Estates Officer with the Southern HSC 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, legionellae risk assessment, fire risk assessment etc...

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of this service was an announced estates inspection on 14 October 2014. The completed QIP for this inspection was returned to RQIA on 01 December 2014. The current position in relation to the issues included in the QIP for this inspection is detailed in the following section 5.2 below.

5.2 Review of Requirements and Recommendations from the last Estates Inspection on 14 October 2014

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulations 13(7) 26(2)(a) 26(2)(c) 26(2)(g)</p>	<p>The following issues should be addressed in relation to the male toilets located in the corridor leading to the activity rooms:</p> <ol style="list-style-type: none"> 1. The support frame in the assisted toilet should be replaced 2. The bin should be replaced 3. Any plaster damage at low level should be made good 4. The exposed boarding panels should be covered with impervious sheeting and these toilets should be repainted. <p>In addition the Registered Manager should carry out a review of the toilet provision in consultation with the staff to determine how many toilets and the type of toilets (ambulant and assisted) that are required to meet the needs of the service users. The outcome of this assessment should inform a programme of improvement in relation to the toilets. The outcome of the needs assessment and a programme of improvement set within firm timescales should be forwarded to RQIA.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>Items 1, 2, 3, and 4 above had been addressed. In addition a review in relation to the toilet provision had been carried out a phased programme of improvement was being implemented. RQIA should be kept up to date with progress in relation to these improvements.</p>	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 2 Ref: Regulation 26(2)(b)	<p>The floor coverings in the premises should be reviewed and a programme of replacement with firm timescales should be drawn up. The floor covering in the main dining hall should be given a priority in this programme. A copy of this programme should be forwarded to RQIA.</p>	Met
	<p>Action taken as confirmed during the inspection: It is good to report that a programme of floor covering replacement had been implemented. The floor coverings, for example; in the main dining hall and the corridor at the Ash Activity Room had been replaced. Further floor covering replacements are also planned. New furniture and new window blinds had also been provided in the main dining hall. This is to be commended.</p>	
Requirement 3 Ref: Regulation 26(2)(d)	<p>The standard of décor in the premises should be reviewed and a programme of redecoration should be drawn up. Priority should be given in this programme to the repainting of the changing/shower rooms. A copy of this programme of work should be forwarded to RQIA.</p>	Met
	<p>Action taken as confirmed during the inspection: A programme of redecoration works had been implemented and further redecoration was planned.</p>	
Requirement 4 Ref: Regulation 26(2)(i)	<p>The bins should not be located below the kitchen windows.</p>	Met
	<p>Action taken as confirmed during the inspection: It is good to report that a new bin compound had been constructed.</p>	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 5 Ref: Regulations 13(7) 14(1)(a) 14(1)(c) 26(2)(l)	The remaining 'dead legs' in the kitchen freezer store should either be flushed twice each week or disconnected from the system.	Met
	Action taken as confirmed during the inspection: A wash basin had been installed to remove these 'dead legs'.	
Requirement 6 Ref: Regulation 18(2)(a)	The need for a staff to staff communication system should be reviewed by the Registered Manager in consultation with the staff. The outcome of this review should be confirmed to RQIA.	Met
	Action taken as confirmed during the inspection: A new staff to staff communication system had been installed in the premises.	

Previous Inspection Statutory Requirements	Validation of Compliance
<p>Requirement 7</p> <p>Ref: Regulations 13(7) 14(1)(a) 14(1)(c) 26(2)(c) 26(2)(l)</p>	<p>The details in relation to the legionella bacteria controls, the ventilation installations, the report for the most recent service of the thermostatic mixers and the thorough examination information for the lifting equipment should be forwarded to RQIA.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>A risk assessment in relation to legionella bacteria in the water systems was completed on 06 May 2011. The estates officer however confirmed that a further risk assessment was completed recently and the report for this was being followed up. In addition a sample of the reports (September and November 2015) for the ongoing monthly legionella monitoring by a specialist company was also presented for review during this estates inspection. The temperature of the uncontrolled hot water at the sentinel outlet in the Rowan Activity Room should be closely monitored to ensure that it is maintained above 55° C. The estates officer confirmed that the only room with input ventilation was the Ash Activity Room and this was installed when this room was equipped with a kiln. This input ventilation installation had been inspected and some issues had been identified for attention which the estates officer confirmed would be addressed so that the system could be used if required during the summer months. The report for the servicing of the thermostatic mixing valves that was completed in August 2015 was presented for review during this estates inspection. This report identified one valve at a shower in the Sycamore Activity Room that was not a TMV3 valve. Confirmation that this valve has been replaced with a TMV3 valve should be provided to RQIA. Reference should be made to requirement 1 in the attached Quality Improvement Plan. The reports for the most recent thorough examinations of the lifting equipment were presented for review during this estates inspection. One issue was identified for attention in relation to one of the tracking systems and this had been emailed to the service company. Confirmation of completion should be provided to RQIA. Reference should be made to requirement 1 in the attached Quality Improvement Plan.</p>

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 8 Ref: Regulation 13(7)	<p>The arrangements for dealing with soiled clothing should be reviewed. The Infection Control Advisor, the staff, the service user's representatives and the RQIA Care Inspector should be consulted as part of this review. The outcome of this review should be confirmed to RQIA.</p>	Met
	<p>Action taken as confirmed during the inspection: The registered manager confirmed that this issue had been addressed and the laundry arrangements were in line with the Trust's current infection control policy.</p>	
Requirement 9 Ref: Regulations 26(2)(b) 26(2)(d)	<p>The pipe casing in the changing/shower rooms should be reviewed and made good as required.</p>	Met
	<p>Action taken as confirmed during the inspection: This issue had been addressed.</p>	
Requirement 10 Ref: Regulations 26(4)(b) 26(4)(c) 26(4)(d)(i)	<p>The need to install cold smoke seals should be reviewed with the Fire Safety Advisor for the premises. The outcome of this review should be confirmed to RQIA.</p>	Met
	<p>Action taken as confirmed during the inspection: The Trust's fire safety officer had reviewed this issue as part of the fire risk assessment in December 2014 and the fire protection measures in the premises were considered to be satisfactory without the installation of cold smoke seals. This should be kept under review in relation to the ongoing fire risk in the premises.</p>	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 11 Ref: Regulations 26(4)(a) 26(4)(b)	<p>The action plan for the fire risk assessment review that was completed in February 2014 should be reviewed by the Registered Manager and signed off where the issues have been addressed. A copy of the signed off action plan along with the proposals to address any remaining issues should be forwarded to RQIA.</p>	Met
	<p>Action taken as confirmed during the inspection: The action plan for the fire risk assessment that was completed in December 2014 was presented for review during this estates inspection. The issue in relation to improving the fire protection to the wheel chair store had still to be addressed. Refer to section 5.5.1 of this report.</p>	
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 28.2	<p>It is recommended that additional hold open devices linked to the fire detection and alarm system should be installed. It is also recommended that monthly function checks to the emergency lights should also be carried out.</p>	Met
	<p>Action taken as confirmed during the inspection: The registered manager confirmed that five hold open devices had been installed. The estates officer confirmed that the ongoing inspection and testing of the emergency lights was now carried out by a specialist contractor on a monthly basis. The most recent inspection and test was carried out in December 2015 and arrangements had been made to address the issues identified for attention during this inspection and test.</p>	

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.

No issues were 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.

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, clean and free from malodours. This supports the delivery of compassionate care.

No issues were identified for attention during this Estates inspection.

Areas for Improvement

N/A

Number of Requirements	0	Number Recommendations:	0
-------------------------------	---	--------------------------------	---

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.

No issues were identified for attention during this Estates inspection.

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 & safety procedures and control measures in place which support the delivery of compassionate care.

No issues were identified for attention during this Estates inspection.

Areas for Improvement

1. Two oil filled portable heaters were in use in the Rowan Group room. The registered manager confirmed that this was a temporary measure; the risks associated with the hot surfaces had been assessed and were being monitored. A more permanent arrangement was also being followed up.
2. The fixed wiring installation was inspected and tested on 31 July 2015 with an overall assessment of satisfactory. The additional sheets for the report for this inspection and test should be followed up, actioned as required and retained on the premises available for review during further inspections.

Number of Requirements	0	Number Recommendations:	0
-------------------------------	---	--------------------------------	---

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 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.

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. A comprehensive fire risk assessment was completed in December 2014. The issues included in the action plan in the report for this risk assessment had been addressed with the exception of upgrading the level of fire protection to the wheelchair store. The plans in place to address this issue should be confirmed to RQIA. Reference should be made to requirement 1 in the attached Quality Improvement Plan.

Number of Requirements	1	Number Recommendations:	0
-------------------------------	---	--------------------------------	---

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. Mairead Murphy, Registered Manager, Mr. Melvyn Purdy, Deputy Manager and Mr. Steven Johnston, Estates Officer with the Southern HSC 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 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 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: Regulations 13(7) 14(1)(a) 14(1)(c) 26(2)(l)</p> <p>Stated: First time</p> <p>To be Completed by: Ongoing & 12 February 2016</p>	<p>The temperature of the uncontrolled hot water at the sentinel outlet in the Rowan Activity Room should be closely monitored to ensure that it is maintained above 55° C. Confirmation that the valve at the shower in the Sycamore Activity Room has been replaced with a TMV3 valve should be provided to RQIA. Confirmation of completion in relation to the one issue identified for attention during the most recent thorough examinations of the lifting equipment should be provided to RQIA.</p>
	<p>Response by Registered Manager Detailing the Actions Taken:</p> <p>The temperature of the uncontrolled hot water at the sentinel outlet in Rowan room is monitored on a monthly basis. Any irregularities will be reported and actioned by Estates Officer (SJ)</p> <p>Estates Officer (SJ) has confirmed that the TMV3 valve in Sycamore room will be replaced by 29th Feb 2016.</p> <p>Estates Officer (SJ) will confirm the completion of the issue re-tracking system and Manager will update RQIA.</p>

<p>Requirement 2</p> <p>Ref: Regulation 26(4)(a)</p> <p>Stated: First time</p> <p>To be Completed by: 11 March 2016</p>	<p>The plans in place for upgrading the level of fire protection to the wheelchair store should be confirmed to RQIA.</p>
	<p>Response by Registered Manager Detailing the Actions Taken:</p> <p>A minor works form has been completed (18.08.15) and the Head of Service (BMcK) has forwarded to Assistant Director (MC) for prioritisation. Manager will update RQIA.</p>

Registered Manager Completing QIP	Mairead Murphy	Date Completed	22.02.16
Registered Person Approving QIP	Miceal Crilly	Date Approved	21.03.16
RQIA Inspector Assessing Response	K. Monaghan	Date Approved	* 30/03/16

* Clarification or follow up 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****

