

Announced Premises Inspection Report 12 April 2016



Millbrook Resource Centre incorporating New-Route

49a Ballymena Road, Ballymoney, BT53 7EZ

Tel: 028 2766 6889

Inspector: Kieran Monaghan

1.0 Summary

An announced premises inspection of Millbrook Resource Centre incorporating New-Route was carried out on 12 April 2016 from 11:00 to 12:30hrs.

Is care safe?

On the day of this inspection, the premises supported the delivery of safe care. A number of issues were however identified for attention by the registered persons. Reference should be made to section 4.3.

Is care effective?

On the day of this inspection the premises supported the delivery of effective care. No areas for improvement were identified during this premises inspection

Is care compassionate?

On the day of this inspection the premises supported the delivery of compassionate care. No areas for improvement were identified during this premises inspection.

Is the service well led?

On the day of this inspection the management of the premises was considered to be well led. No areas for improvement were identified during this premises inspection.

This premises inspection was underpinned by The Day Care Setting Regulations (Northern Ireland) 2007 and the following Day Care Settings Minimum Standards issued by the Department of Health, Social Services and Public Safety in January 2012 :

- Standard 25: Premises and grounds
- Standard 27: Safe and healthy working practices
- Standard 28: Fire safety

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

Details of the QIP within this report were discussed with Ms. Linda Dealey, Registered Manager and Mr R. Hogg, Estates Officer with the Northern HSC 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 last inspection.

2.0 Day care setting details

Provider / Registered person: Northern Health and Social Care (HSC) Trust / Dr. Anthony Baxter Stevens	Registered manager: Ms. Linda Dealey
Person in charge of the day care setting at the time of this inspection: Ms. Linda Dealey, Registered Manager	Date manager registered: Registration pending
Categories of care: DCS-SI, DCS-PH, DCS-PH(E), DCS-LD, DCS-LD(E)	Maximum Number of Service Users: 90

3.0 Inspection 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
- The duty call log

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

- Ms. Linda Dealey, Registered Manager
- Mr R. Hogg, Estates Officer with the Northern HSC 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 legionella bacteria risk assessment report
- The fire risk assessment report

4.0 The inspection

4.1 Review of the requirements and recommendations from the previous inspection on 10/02/2016

The previous inspection of this day care setting was an unannounced primary care inspection IN023727 on 10 February 2016. The completed QIP for this inspection was returned to RQIA on 21 March 2016 and approved by the care inspector on 22 March 2016.

4.2 Review of the requirements and recommendations from the last premises inspection on 22/12/2014

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 26(2)(j) Stated: First time	The hand rails along the corridor walls should be extended as required to cover the areas where the alterations were made at the new office/physiotherapy room.	Met
	Action taken as confirmed during the inspection: This issue had been addressed.	
Requirement 2 Ref: Regulations 26(2)(b) 26(2)(d) Stated: First time	The reason for the water staining on the ceiling in the activity room where the extensions and alterations were carried out should be investigated and remedial works should be completed as required.	Met
	Action taken as confirmed during the inspection: This issue was not reviewed during this premises inspection. The information returned to RQIA following the last premises inspection however confirmed that this issue had been investigated, remedial action was complete and the ceiling had been made good.	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 3 Ref: Regulation 13(7) Stated: First time	Following the recent completion of the works, an infection control audit with a focus on the environment should be carried out and actioned as required. It is good to report that arrangements had been made to complete this audit in January 2015.	Met
	Action taken as confirmed during the inspection: Ms. Dealey confirmed that an infection control audit had been carried out following the completion of the works with no issues being identified for attention.	
Requirement 4 Ref: Regulations 13(7) 26(2)(c) Stated: First time	The list for the ongoing servicing and maintenance of the thermostatic mixing valves at the water outlets accessible to service users should be reviewed and updated as required. A check should also be carried out to ensure that the thermostatic mixing valves at the showers and baths are DO8 Type 3 fail-safe.	Met
	Action taken as confirmed during the inspection: A list for the thermostatic mixing valves was presented for review during this premises inspection. Mr. Hogg also confirmed that a check had been carried out in all of the Trust's premises to confirm that Type 3 fail-safe thermostatic mixing valves were in place at all showers and baths. The most recent service of the thermostatic mixing valves was carried out on 06 April 2016.	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 5 Ref: Regulation 26(2)(l) Stated: First time	A copy of the completion certificate for the extensions and alterations to the fixed wiring installation should be forwarded to RQIA.	Met
	Action taken as confirmed during the inspection: The most recent inspection and test of the fixed wiring installation was completed on 16 March 2016. The report for this inspection and test identified four issues for attention. These issues related to upgrading the shock protection to the latest standards with residual current devices (RCDs). This was not however considered to pose any significant risk to the service users at this time. This position should be kept under review until the issues have been addressed. It was also noted that the Trust's Electrical Supervisor visits the premises on a monthly basis to check if there are any issues that require attention in relation to the fixed wiring installation.	
Requirement 6 Ref: Regulations 13(7) 14(1)(a) 14(1)(c) 26(2)(c) 26(2)(l) Stated: First time	A copy of the report for the most recent risk assessment in relation to the prevention or control of legionella bacteria should be forwarded to RQIA. The record for the November 2014 monthly legionella check should also be followed up and retained in the premises available for review during future inspections.	Met
	Action taken as confirmed during the inspection: The report for the legionella bacteria risk assessment that was completed in December 2014 was presented for review. Mr. Hogg confirmed that the issues identified for attention in this report had been addressed. Mr. Hogg also agreed to ask the Trust's Water Safety Manager to sign off these recommendations. Records for the monthly monitoring visits as part of the legionella controls were presented for review during this premises inspection. The most recent visit was carried out on 06 April 2016.	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 7 Ref: Regulations 26(4)(b) 26(4)(c) 26(2)(d)(i) Stated: First time	An appropriate hold open device linked to the fire detection and alarm system should be installed at the door to the new sensory room to prevent this door from being wedged open. The drawing for the fire alarm system should be checked to ensure that it fully reflects the new layout and an up to date plan for the premises indicating the extensions and alterations should also be forwarded to the local Northern Ireland Fire and Rescue Service.	Met
	Action taken as confirmed during the inspection: A hold open device has been fitted, the fire alarm drawing included the new extension and Ms. Dealey confirmed that the local Northern Ireland Fire and Rescue Service had been notified about the recent change to the premises.	

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.

A range of fire protection measures are in place for the premises. This includes a comprehensive 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 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 supports the delivery of safe care.

A number of issues were identified for attention during this premises inspection. These are detailed in the 'areas for improvement' section below.

Areas for improvement

1. It is good to report that the lifting equipment was serviced in September 2015 and thoroughly examined in December 2015. One item of lifting equipment (ceiling mounted tracking system) is to be replaced. Ms. Dealey confirmed that this tracking system had been taken out of service and the paperwork had been completed for a replacement tracking system to be installed.

Areas for improvement Continued

2. The fire extinguishers were serviced in May 2015. Ms. Dealey also confirmed that new seals had been affixed to each fire extinguisher during this service. Some of the dates noted in the service record on a number of sample fire extinguishers checked during this premises inspection were not clearly marked. This should be followed up with the service engineers. In addition it appeared that the fire extinguishers in the New-Route satellite unit had not been serviced recently. This equipment should be checked and serviced as required. Subsequent to this premises inspection, Mr. Hogg undertook to refer this matter to the Trust's fire safety officer and to make arrangements to have the fire extinguishers in the New-Route satellite unit checked and serviced if required.
3. A hold open device linked to the fire detection and alarm system should be fitted to the door to the small kitchenette in the New-Route satellite unit. Subsequent to this premises inspection, Mr. Hogg undertook to refer this matter to the Trust's fire safety officer and to make arrangements to address this issue. Reference should be made to recommendation 1 in the attached Quality Improvement Plan.
4. It was noted that fire safety training was provided on 08 February 2016 and a fire drill was carried out on 22 April 2015. Ms. Dealey confirmed that arrangements were being made for a further fire drill to be carried out and for any staff who did not attend the fire safety training on 08 February 2016 to attend fire safety training at the next session in the nearby hospital. It was also agreed that in addition to recording the overall time to complete the fire drill exercises, it would be helpful to note the time to move the service users to a place of safety.
5. It was noted that one leaf of the double corridor doors ref. MC DD3 was not closing fully to provide an effective smoke seal. Ms. Dealey confirmed that a maintenance request would be forwarded to the Trust's Estates Department to have this door adjusted.

Number of requirements:	0	Number of recommendations:	1
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4.4 Is care effective?

Arrangements are in place for the effective management and upkeep of the premises and for timely response maintenance. Service users are involved where appropriate in decisions in relation to the premises. This supports the delivery of effective care.

No areas for improvement were identified during this premises 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, clean and comfortable. There were no malodours and the standard of artificial lighting was good. Service users are consulted about decisions in relation to décor when this is appropriate. This supports the delivery of compassionate care.

No areas for improvement were identified during this premises inspection. It was however noted that there is a range of different toilet facilities provided in the premises. This includes a small number of toilets that are based on the cubicle model with open top and bottom partitions and wash basins located outside the cubicles. Consideration should be given to redeveloping these toilets to provide individual fully self-contained toilets in line with current best practice as part of medium term improvement plans for this day care setting.

Number of requirements:	0	Number of recommendations:	0
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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. Arrangements are in place for managing premises related incidents/notifiable events and Medical Device and Equipment Alerts. The registered manager 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 in the context of premises management.

No areas for improvement were identified during this premises inspection.

Number of requirements:	0	Number of recommendations:	0
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5.0 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms. Linda Dealey, Registered Manager and Mr R. Hogg, Estates Officer with the Northern HSC Trust as part of the inspection process. The timescales commence from the date of inspection.

The registered persons 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 persons 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.

5.1 Statutory requirements

This section outlines the actions that should be taken so that the registered persons meet the legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and 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 persons may enhance service, quality and delivery.

5.3 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 responsible person should review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP should 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 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 person/manager 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 person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

Recommendation 1 Ref: Standard 28	It is recommended that a hold open device linked to the fire detection and alarm system should be fitted to the door of the small kitchenette in the New-Route satellite unit.
Stated: First time To be Completed by: 08 July 2016	Response by Registered Manager Detailing the Actions Taken: Unit manager to submit a minor works request. Done by manager 17/05/16

Registered Manager Completing QIP	Linda Dealey	Date Completed	17/05/16
Registered Person Approving QIP	Dr Tony Stevens	Date Approved	16/06/16
RQIA Inspector Assessing Response	K. Monaghan	Date Approved	*21/06/16

* Follow up required on one item.

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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