

# Announced Premises Inspection Report 16 March 2017



## Crozier Lodge

**Type of service: Day Care Service**  
**Address: 1a Meeting House Road, Banbridge, BT32 3ER**  
**Tel no: 02840662154**  
**Inspector: Kieran Monaghan**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced premises inspection of Crozier Lodge took place on 16 March 2017 from 10:00hrs to 11:00hrs.

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 supported the delivery of 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.

### 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 Setting 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>	1	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Pauline Grattan, Senior Care and Mr Jonathan Haire, Estate Compliance, Southern 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 QIP there were no further actions required to be taken following the most recent inspection on 18 March 2016.

## 2.0 Service details

<b>Registered Provider / Responsible Individual:</b> Southern Health and Social Care Trust/ Mr Francis Rice	<b>Registered manager:</b> Mrs Iona Henry
<b>Person in charge of the service at the time of inspection:</b> Ms Pauline Grattan, Senior Care	<b>Date manager registered:</b> 13 December 2010

## 3.0 Methods/processes

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

- The report for the previous premises inspection on 18 March 2016
- The notifications log (no notifications)
- The concerns log (no concerns).

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

- Ms Pauline Grattan, Senior Care
- Mr Jonathan Haire, Estate Compliance, Southern 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 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 16 September 2016

The most recent inspection of this day care setting was an unannounced care inspection IN026384 on 16 September 2016. The completed QIP for this inspection was returned to RQIA on 02 November 2016 and approved by the care inspector on 14 November 2014. This QIP will be validated by the care inspector at their next inspection.

## 4.2 Review of requirements and recommendations from the last estates inspection dated 18 March 2016

Last estates inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulations 13(7) 26(2)(l) <b>Stated:</b> First time	The 'dead leg' pipework at high level in the small activity room beside the therapy kitchen should be checked to establish if it is connected to the plumbing system. If it is connected to the plumbing system it should be removed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> These pipes had been removed.	

## 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.

### Comments and areas for improvement

1. The fire extinguishers are checked weekly and the fire alarm is tested each week with the most recent test having been carried out on 10 March 2017. A fire drill was carried out in August 2016 and fire training was provided on 13 June 2016, 07 July 2016 and 20 October 2016. In addition the fire alarm system was inspected and serviced on 08 February 2017 and the emergency lights are inspected on a monthly basis. Mr Haire confirmed that the most recent inspection and test to the emergency lights was carried out on 16 February 2017 with a satisfactory outcome.
2. It was noted that arrangements had been made to alter the swing of the door to the main activity room.

3. Plans are in place to convert the existing shower into a wet room. In the meantime the control for the existing shower should be fail-safe tested. Reference should be made to recommendation 1 in the attached Quality Improvement Plan.
4. The fixed wiring installation was inspected and tested on 24 June 2016 with a satisfactory outcome. The electrical equipment was also inspected and tested on 21 June 2016. In addition the heating boilers were serviced on 12 January 2017.
5. The most recent legionella risk assessment was completed by a specialist company on 23 February 2017. The report for this risk assessment identified a number of issues for attention. These issues included an issue in relation to the temperature of the unblended hot water in the plumbing system. This issue and the other issues identified for attention should be addressed within the timescales agreed with the risk assessor. Reference should be made to requirement 1 in the attached Quality Improvement Plan.
6. The physiotherapy room is not used extensively by the service users. Consideration should be given to relocating the physiotherapy room to the adjacent residential care home so that this room could be used more by the service users. Reference should be made to recommendation 2 in the attached Quality Improvement Plan.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	2
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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.

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

Extensive redecoration works had recently been carried out in the premises. Other improvement works such as, new floor coverings, extending the car park and altering the entrance had also been completed. In addition improvements had been made to the main activity rooms. This is to be commended.

Service users are consulted about decisions around décor where appropriate.

This supports the delivery of compassionate care.

No areas for improvement were identified during the inspection.

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

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.

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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#### 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Pauline Grattan, Senior Care and Mr Jonathan Haire, Estate Compliance, Southern 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 in respect of this 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 provider meets legislative requirements based on The Day Care Setting Regulations (Northern Ireland) 2007.

#### 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

### 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the 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

Statutory requirements	
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulations 14(1)(a) 14(1)(c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> In agreement with legionella risk assessor</p>	<p>The issues identified for attention in the report for the most recent legionella risk assessment that was completed on 23 February 2017 including the issue in relation to the temperature of the unblended hot water in the plumbing system should be addressed within the timescales agreed with the risk assessor.</p> <p><b>Response by registered provider detailing the actions taken:</b> The Registered Manager can confirm this requirement has been addressed and hot water temps are within range.</p>
Recommendations	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 27</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 14 April 2017</p>	<p>The control for the existing shower should be fail-safe tested.</p> <p><b>Response by registered provider detailing the actions taken:</b> The Registered Manager can confirm this has been addressed and all TMVs serviced.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 25</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 09 June 2017</p>	<p>Consideration should be given to relocating the physiotherapy room to the adjacent residential care home so that this room could be used more by the service users.</p> <p><b>Response by registered provider detailing the actions taken:</b> Following discussion with the Head of Service the Registered manager can confirm that the adjacent residential care home does not have a free room to accommodate the Physiotherapy Equipment from the day centre. The recent redesign within the day centre has created a greater flexibility of existing rooms available for service users</p>

*\*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\**







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