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## **Announced Estates Inspection**

of

**Crozier Lodge Day Care Centre** 

on

18 March 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 18 March 2016 from 10:35am. to 11:25am.. 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	1	0

The details of the QIP within this report were discussed with Ms. Tierna Armstrong, Head of Residential & Day Care Services for the Southern Health and Social Care Trust, as part of the inspection process. The timescales for completion commence from the date of inspection.

#### **Service Details**

Registered Organisation/Registered Person: Southern Health and Social Care Trust / Mrs. Paula Mary Clarke, Interim Chief Executive	Registered Manager: Mrs. Iona Henry
Person in Charge of the Premises at the Time of Inspection: Ms. Tierna Armstrong, Head of Residential & Day Care Services	Date Manager Registered: 13 December 2010
Categories of Care: DCS-DE, DCS-I	Number of Registered Places: 15
Number of Service Users Accommodated on Day of Inspection: Not discussed during this estates inspection.	Weekly Tariff at Time of Inspection: N/A

## 2. 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

#### 3. Methods/Process

Specific methods/processes used in this inspection included the following:

The previous estates inspection report was analysed

Discussions with Ms. Tierna Armstrong, Head of Residential and Day Care Services

The following records were examined prior to the inspection: Copies of various documents relating to the maintenance and upkeep of the building and engineering services, legionellae risk assessment, fire risk assessment, etc.

## 4. The Inspection

## 4.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of this establishment was an unannounced primary care inspection IN023494 on 07 September 2015. The completed QIP for this inspection was returned to RQIA on 20 October 2015 and approved by the care inspector on 26 October 2015.

# 4.2 Review of Requirements and Recommendations from the last Estates Inspection on 10 September 2013

Previous Inspection	Validation of Compliance		
Requirement 1  Ref: Regulations 14(1)(a) 14(1)(c) 26(2)(c)	The shower should be replaced with a new shower unit incorporating a DO8 Type 3 fail-safe thermostatic mixer in accordance with the advice contained in the Health Guidance Note 'Safe hot water and surface temperatures' issued by National Health Service Estates.  Action taken as confirmed during the inspection: A new shower had been installed.	Met	
Requirement 2  Ref: Regulations 26(4)(b) 26(4)(d)(i)	Specific risk assessments should be completed in relation to the two service users who smoke. The need for an easily accessible fire blanket in close proximity to the area used for smoking should also be considered. Advice should be sought from the Fire Risk Assessor for the premises.  Action taken as confirmed during the inspection: The Southern Health and Social Care Trust have recently introduced a new 'no smoking' policy for all of their premises. Service users no longer smoke on these premises.	Met	

# **4.3 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 forwarded to RQIA prior to 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.

Two issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

## 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.

Two issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

## Is Care Compassionate? (Quality of Care)

The areas of the premises reviewed during this Estates inspection were clean and free from malodours. Ms. Armstrong also confirmed that there were plans in place to carry out redecoration works to the premises in the near future. This supports the delivery of compassionate care.

Two issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

## **Areas for Improvement**

- 1. A number of issues were identified for clarification in relation to the premises support documentation that was received by RQIA prior to this estates inspection. These issues will be followed up by RQIA through separate correspondence with the Trust.
- 2. Mrs. Armstrong advised that the Trust were in the process of moving to a new catering service arrangement. This would involve the installation of a new specialist oven and a freezer. Some minor changes to room use may also be required to accommodate this new catering arrangement. Mrs. Armstrong agreed to follow up the need for a minor variation application with the RQIA Registrations team in respect of these changes.

Number of Requirements	0	Number Recommendations:	0
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**4.4 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 in relation to the maintenance and upkeep of the premises was forwarded to RQIA prior to 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.

Two issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

## Is Care Effective? (Quality of Management)

The nature and needs of the residents 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.

Two issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

## Is Care Compassionate? (Quality of Care)

There are health and safety procedures and control measures in place which support the delivery of compassionate care.

Two issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

### **Areas for Improvement**

- 1. A portable oil filled electric heater was in place in the small activity room beside the therapy kitchen. Ms. Armstrong however confirmed that service users are accompanied by staff when using this room and this heater was not considered to pose a significant risk. This should be kept under review. In the longer term, it would be beneficial to improve this space heating arrangement with additional permanent low surface temperature heaters.
- 2. The 'dead leg' pipework at high level in the small activity room beside the therapy kitchen should be checked to establish if this is connected to the plumbing system. If it is connected to the plumbing system it should be removed. Reference should be made to requirement 1 in the attached Quality Improvement Plan.

Number of Requirements	1	Number Recommendations:	0
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**4.5 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.

No issues were identified for attention during this Estates inspection.

### 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**

Not applicable.

Number of Requirements	0	Number Recommendations:	0
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#### 4.6 Additional Areas Examined

Not applicable.

#### 5. Quality Improvement Plan

The issue identified for attention during this inspection is detailed in the QIP. Details of this QIP were discussed with Ms. Tierna Armstrong, Head of Residential and Day Care Services, 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.

#### **5.1 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

#### 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 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 <a href="mailbox@rqia.org.uk">estates.mailbox@rqia.org.uk</a> 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				
<b>Statutory Requirement</b>	S			
Requirement 1  Ref: Regulations 13(7) 26(2)(I)	the therapy kitch	pework at high level in the en should be checked to estem. If it is connected to the	stablish if it is co	nnected to
Stated: First time  To be Completed by: 06 May 2016	Response by Registered Manager Detailing the Actions Taken: mThe dead leg pipework has been removed.			
Registered Manager Completing QIP		Iona Henry	Date Completed	18 May 2016
Registered Person Approving QIP		Mrs Angela McVeigh	Date Approved	19 May 2016
RQIA Inspector Assessing Response		K. Monaghan	Date Approved	19/05/2016

<sup>\*</sup>Please ensure the QIP is completed in full and returned to <a href="mailto:estates.mailbox@rqia.org.uk">estates.mailbox@rqia.org.uk</a> from the authorised email address\*