

**Announced Estates Inspection
of
Larne Adult Centre

12 November 2015**

1. Summary of Inspection

An announced Estates inspection took place on 12 November 2015 from 10.30 to 14.00. 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	6	4

The details of the QIP within this report were discussed with Mrs Linda Montgomery (Acting Manager), Ms Kellie Ritchie (Senior Day Care Worker) and Mr Paul Wilson (Northern Trust Estates Officer) as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Northern Health and Social Care Trust Dr A Stevens (Responsible Person)	Registered Manager: Mrs Linda Montgomery (Acting)
Person in Charge of the Premises at the Time of Inspection: Mrs Linda Montgomery	Date Manager Registered: Acting Manager
Categories of Care: DCS-LD, DCS-LD(E), DCS-PH, DCS-PH(E)	Number of Registered Places: 84
Number of Service Users Accommodated on Day of Inspection: 70	Weekly Tariff at Time of Inspection: Not applicable

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 include the following:

Prior to inspection the following records were analysed: Previous estates inspection report and statutory notifications over the past 12 months.

During the inspection the inspector met with Mrs Linda Montgomery (Acting Manager), Ms Kellie Ritchie (Senior Day Care Worker) and Mr Paul Wilson (Northern Trust Estates Officer).

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.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an unannounced care inspection dated 29 September 2015. There were two requirements and four recommendations arising from that inspection. The completed QIP had not been returned at the date of this inspection.

5.2 Review of Requirements and Recommendations from the last Estates Inspection on 15 August 2013.

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 14.-(1)(c)	A risk assessment in relation to hot water accessible to clients must be carried out and actioned as necessary. Reference should be made to Health Guidance Note ' <i>Safe</i> ' hot water and surface temperatures	Met
	Action taken as confirmed during the inspection: The wash hand basins and taps in service user's toilets were upgraded following the last Estates inspection. It is understood that the safety of the hot water was considered and TMV's were installed as part of that scheme. On the day of inspection the hot water at randomly selected taps used by service users was found to be at a safe temperature.	
Requirement 2 Ref: Regulation 26.-(2)(l)	It should be confirmed that existing thermostatic mixing valves are being maintained in accordance with the manufacturer's instructions.	Met
	Action taken as confirmed during the inspection: There was documentation relating to the recent servicing of thermostatic mixing valves. However, the number of valves serviced appeared to be low in relation to the number of service user accessible hot outlets on site. Refer also to Requirement 1 above and section 5.3 item 1 and Requirement 1 in the Quality Improvement Plan.	
Requirement 3 Ref: Regulation 14.-(1)(c)	The satisfactory performance of the thermostatic mixing valves should be verified with monthly checks of the hot water temperature at each blended outlet.	Not Met
	Action taken as confirmed during the inspection: These checks have not been implemented. Refer to section 5.3 item 2 and Requirement 2 in the Quality Improvement Plan	

Requirement 4 Ref: Regulation 26.-(2)(c)	<p>It should be confirmed that the patient hoisting equipment is being thoroughly examined in accordance with LOLER. The report on the thorough examination should be in accordance with schedule 1 of LOLER.</p> <p>Action taken as confirmed during the inspection: There were valid LOLER (Lifting Operations and Lifting Equipment Regulations (NI) 1999) thorough examination reports which verify that the hoists are without defects.</p>	Met
Requirement 5 Ref: Regulation 26.-(2)(c)	<p>It must be ensured that the portable electrical appliances are maintained in a safe condition.</p> <p>Action taken as confirmed during the inspection: There are arrangements in place for testing and inspecting portable electrical appliances.</p>	Met
Requirement 6 Ref: Regulations 26.-(2)(c) 26.-(2)(l)	<p>It must be confirmed that there are valid Gas Safe certificates which verify that all the gas appliances and pipework installations are in a safe and satisfactory condition.</p> <p>Action taken as confirmed during the inspection: There were valid Gas Safe certificates for the boilers. There were gas service sheets for the catering equipment which confirm that gas safety checks were carried out. Refer to section 5.3 item 7 and recommendation 3 in Quality Improvement Plan.</p>	Met

Requirement 7 Ref: Regulation 26.-(2)(b)	<p>Arrangements should be made to address the following maintenance issues:</p> <ol style="list-style-type: none">1. The décor should be made good following the installation of the new fire alarm system.2. The ventilation grills in toilets and bathrooms should be regularly cleaned.3. Built in cupboards which have become damaged should be repaired.	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Items 1 and 3 were confirmed as addressed during the inspection. Whilst it is understood action has been taken on item 2 the arrangements for cleaning the ventilation grills may benefit from review.</p>	
Requirement 8 Ref: Regulation 14.-(1)(c)	<p>The legionella risk assessment should be reviewed. The outcome of the risk assessment should be a scheme for the effective control of legionella. The scheme must be fully implemented.</p>	Partially Met
	<p>Action taken as confirmed during the inspection:</p> <p>The legionella risk assessment was reviewed in January 2014. The status of the action plan arising from the assessment could not be confirmed on the day of inspection.</p> <p>Refer to section 5.3 item 3 and Requirement 3 in the Quality Improvement Plan.</p>	
Requirement 9 Ref: Regulation 14.-(1)(c)	<p>A routine should be established to flush infrequently used water outlets.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Arrangements are in place to flush infrequently used outlets.</p>	

Requirement 10 Ref: Regulation 26.-(4)(d)(v)	<p>The fire alarm system should be function tested weekly in accordance with good practice. Reference should be made to BS5839-1:2002 'Fire detection and fire alarm systems for buildings'.</p> <hr/> <p>Action taken as confirmed during the inspection: There is a procedure in place to carry out weekly tests of the alarm system. Refer also to section 5.5 item 1 and Requirement 5 in Quality Improvement Plan.</p>	Met
Requirement 11 Ref: Regulation 26.-(4)(a)	<p>It should be confirmed that there is a current fire risk assessment and that the action plan arising from the assessment has been fully addressed. A copy of the assessment and the marked up action plan should be forwarded to RQIA.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of the fire risk assessment was carried out by the Trust fire safety officer in June 2015.</p>	Met
Requirement 12 Ref: Regulations 26.-(4)(b) 14.-(1)(a)	<p>All fire extinguishers should be mounted on secure wall brackets.</p> <hr/> <p>Action taken as confirmed during the inspection: Extinguishers observed during the inspection were on secure wall brackets.</p>	Met
Requirement 13 Ref: Regulations 26.-(4)(c) 26.-(4)(d)(i)	<p>Fire doors should be kept closed. If they are required to stand open for operational reasons then consideration should be given to the fitting of stand open devices or swing free closers which are linked to the fire alarm system. The advice of the fire safety advisor should be sought.</p> <hr/> <p>Action taken as confirmed during the inspection: Generally fire doors were closed. However, some doors in the lower ground floor ISU were being kept open for operational reasons. Refer also to section 5.5 item 2 and Requirement 6 in Quality Improvement Plan.</p>	Met

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.

A number of 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.

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.

Areas for Improvement

1. The actual number and arrangement of thermostatic mixing valves should be clarified. Refer to Requirement 1 in Quality Improvement Plan.
2. The satisfactory performance of the thermostatic mixing valves should be verified with checks of the hot water temperature at each blended outlet. Refer to Requirement 2 in Quality Improvement Plan.
3. It should be confirmed that there are arrangements in place to address the issues in the legionella risk assessment action plan within timescales acceptable to the risk assessor. Refer to Requirement 3 in the Quality Improvement Plan.
4. Documentation relating to the test and inspection of the electrical installation was not available on the day of inspection. The inspector was informed that test and inspection was being carried out week commencing 09 November 2015. Refer to Requirement 4 in the Quality Improvement Plan.
5. There were reports on the monthly actions and monitoring measures taking place for the control of legionella. These were discussed during the inspection and the inspector recommended that the format of the report be amended to ensure there is clarity about the date of each result. Refer to Recommendation 1 in the Quality Improvement Plan.
6. The report on the last LOLER thorough examination of the lift records some category B defects. Refer to Recommendation 2 in the Quality Improvement Plan.

7. Although there was a gas service sheet for the catering equipment which confirms that safety checks were carried out it was not a Gas Safe certificate.
Refer to Recommendation 3 in the Quality Improvement Plan.
8. The centre has a number of double glazed windows which have condensation within the glazing unit. The inspector was informed that there is an ongoing program to replace the faulty units.

Number of Requirements	4	Number Recommendations:	3
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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.

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.

Is Care Compassionate? (Quality of Care)

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

Areas for Improvement

No issues identified.

Number of Requirements	0	Number Recommendations:	0
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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.

A number of 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 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 residents, 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.

A number of 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 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.

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

Areas for Improvement

1. The procedure for carrying out the weekly test of the fire alarm system should be reviewed to ensure that all manual call points are identified and tested in rotation.
Refer to Requirement 5 in Quality Improvement Plan.
2. A review should be carried out of the needs of service users in relation to the management of fire doors.
Refer to Requirement 6 in Quality Improvement Plan.
3. The records showed that some staff required their fire safety training to be updated.
The manager informed the inspector that arrangements had been made with the fire officer to train all these staff on 25 November 2015.
4. Two fire drills were carried out recently. These were discussed and the inspector recommended that the management of drills be reviewed.
Refer to Recommendation 4 in Quality Improvement Plan.

Number of Requirements	2	Number Recommendations:	1
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5.6 Additional Areas Examined

Not applicable.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Linda Montgomery (Acting Manager), Ms Kellie Ritchie (Senior Day Care Worker) and Mr Paul Wilson (Northern Trust Estates Officer) 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 person/manager 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 person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory Requirements	
Requirement 1 Ref: Regulations 13.-(7) 14.-(1)(a)(c) Stated: First time To be Completed by: 12 December 2015	<p>The number and arrangement of thermostatic mixing valves should be clarified. It should be confirmed that the arrangement ensures the delivery of safe hot water to outlets accessible to service users and also complies with good practice for the control of legionella. The advice of the legionella risk assessor should be sought.</p> <p>Response by Registered Manager Detailing the Actions Taken: TMV's were serviced in November, with the exception of TMV's found within the thermostatic mixing taps. These TMV's will be serviced by end of January 2016. TMV arrangement is being addressed by a legionella risk assessment action plan.</p>
Requirement 2 Ref: Regulation 14.-(1)(a)(c) Stated: Second time To be Completed by: Ongoing	<p>The satisfactory performance of the thermostatic mixing valves should be verified with checks of the hot water temperature at each blended outlet carried out monthly or at a frequency determined by risk assessment.</p> <p>Response by Registered Manager Detailing the Actions Taken: Unit staff are responsible to monitor. This has been confirmed with Larne Adult Centre manager Linda Montgomery via email on 03/12/2015.</p>
Requirement 3 Ref: Regulations 13.-(7) 14.-(1)(c) Stated: First time To be Completed by: 12 December 2015	<p>It should be confirmed that there are arrangements in place to address the issues in the legionella risk assessment action plan within timescales acceptable to the risk assessor.</p> <p>Response by Registered Manager Detailing the Actions Taken: Remedial work has begun with a view of completion by end of February 2016.</p>
Requirement 4 Ref: Regulation 26.-(2)(l) Stated: First time To be Completed by: Ongoing	<p>The report on the test and inspection of the electrical installation should be obtained and assessed by a responsible person who should ensure that any remedial work required to restore the installation to a satisfactory condition is carried out in accordance with the urgency attached to the category of each fault.</p> <p>Response by Registered Manager Detailing the Actions Taken: Attached is Fixed Wire testing results. Resulting remedial work will be completed by end of February 2016.</p>

Requirement 5 Ref: Regulation 26.-(4)(d)(v) Stated: First time To be Completed by: 12 December 2015	<p>The procedure for carrying out the weekly test of the fire alarm system should be reviewed to ensure that all manual call points are identified and tested in rotation. Reference should be made to BS 5839.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: Unit management issue - has been actioned and tests are being carried out and recorded</p>
Requirement 6 Ref: Regulation 26.-(4)(c) and (d)(i) Stated: First time To be Completed by: 12 December 2015	<p>A review should be carried out of the needs of service users in relation to the management of fire doors. If fire doors are required to stand open for operational reasons plans should be made to install suitable stand open devices which are linked to the fire detection and alarm system. The advice of the fire safety advisor should be sought.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: Minor works request has been submitted. Funding dependant expected completion by end of March 2016.</p>
Recommendations	
Recommendation 1 Ref: Standard 25 Stated: First time To be Completed by: 15 December 2015	<p>It is recommended that the format of the monthly legionella controls report is amended to provide clarity on the date of each action.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: This recommendation is being addressed with Chemical Treatment Services, who currently hold the water monitoring contract, by the Trust Water Safety Manager.</p>
Recommendation 2 Ref: Standard 25 Stated: First time To be Completed by: 15 December 2015	<p>The defects recorded in the report on the last thorough examination of the lift should be followed up and actioned by a responsible person.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: Thorough examination report has been forwarded to Trust's maintenance contractor for quotation. On receipt of quotations orders will be placed to action remedial works.</p>

Recommendation 3 Ref: Standard 25 Stated: First time To be Completed by: 15 December 2015	It should be confirmed that the service of the gas catering equipment complies fully with Gas Safe certification. Response by Registered Manager Detailing the Actions Taken: Please see attached CE-Tech & GasSafe documentation.		
Recommendation 4 Ref: Standard 28 Stated: First time To be Completed by: 15 December 2015 and ongoing	The management of fire drills should be reviewed. The drills should confirm that, using the emergency procedure and apparatus and the information in PEEPs, an effective evacuation can be carried out at any time including when the minimum number of staff are on duty. It should be ensured that all staff participate in drills based on up to date training and procedures. Records should be kept of all drills including the circumstances, the name of those participating and the outcome of post drill debriefs. The learning points gained during drills and debriefs should be included in subsequent training and team meetings. Response by Registered Manager Detailing the Actions Taken: Unit management issue and checks and drills taking place		
Registered Manager Completing QIP	Natalie Jackson	Date Completed	6/1/16
Registered Person Approving QIP	Tony Stevens	Date Approved	6/1/16
RQIA Inspector Assessing Response	*C Muldoon	Date Approved	*22/01/16

Please ensure the QIP is completed in full and returned to estates.mailbox@rqia.org.uk from the authorised email address

*Clarification or follow up required on some items.