

# Announced Premises Inspection Report 14 September 2016



## Glenmona Resource Centre

Type of Service: Day Care Setting  
Address: Cottage Wood, 21 High Street, Cushendall, BT44 0NB  
Tel No: 028 2176 1218  
Inspector: P Cunningham

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

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced premises inspection of Glenmona Resource Centre took place on 14 September 2016 from 10:15 to 12:15hrs.

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 was delivering 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 two issues were identified for attention by the registered provider. Refer 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 Settings Regulations (Northern Ireland) 2007 and The Day Care Settings Minimum Standards (DHSSPS, 2012).

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## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	<b>0</b>	<b>2</b>

Details of the Quality Improvement Plan (QIP) within this report were discussed with Anne Heggarty, Centre Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 1.2 Actions/enforcement taken following the most recent premises inspection on 23 October 2013

There were no further actions required to be taken following the most recent inspection.

## 2.0 Service Details

<b>Registered organisation/registered provider:</b> Northern Health and Social Care Trust	<b>Registered manager:</b> Anne Heggarty
<b>Person in charge of the establishment at the time of inspection:</b> Anne Heggarty	<b>Date manager registered:</b> 16 December 2013
<b>Categories of care:</b> DCS-LD, DCS-DE, DCS-I, DCS-MP, DCS-MP(E), DCS-PH, DCS-PH(E)	<b>Number of registered places:</b> 25

## 3.0 Methods/processes

Prior to inspection the following records were analysed: Previous premises inspection report, statutory notifications over the past 12 months, duty call log.

During the inspection the inspector met with Anne Heggarty, Centre Manager and Ronnie Hogg, Estates Manager, Northern Health and Social Care Trust Estates Department.

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.

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 01 September 2016

The most recent inspection of the day care setting was an unannounced care inspection. The QIP from the report of this inspection will be validated by the specialist inspector on receipt and at the next care inspection.

### 4.2 Review of requirements and recommendations from the last premises inspection dated 23 October 2013

There were no requirements of recommendations made as a result of the last premises inspection.

### 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. 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.

#### Areas for improvement

1. The records of the fire risk assessment review dated 21 June 2016 and previous reviews were presented for inspection. The report states 'no changes of significance' without any further detail or description of evidence of or reference to the ongoing range of fire safety measures in place in the centre. The reports do not give an overall assessment of the adequacy of the fire precautions in the centre, e.g. that they are 'tolerable'.
2. The legionella risk assessment dated 19 May 2016 highlights a number of items requiring remedial works. It is good to note that the Estates Manager stated that sampling to the water system carried out in July 2016 did not result in any legionella bacteria being detected.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>2</b>
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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.

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

Service users are consulted about decisions around décor where appropriate.

This supports the delivery of compassionate care.

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

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

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Anne Heggarty, Centre Manager 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 of the 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 person/manager meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, 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 Provider

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

### Recommendations

<p><b>Recommendation 1</b></p> <p>Ref: Standard 28.1</p> <p>Stated: First time</p> <p>To be completed by: At time of next fire risk assessment review</p>	<p>The registered provider should ensure that on further reviews of the fire risk assessment, details of the evidence sources examined and an overall rating of the adequacy of the precautions are recorded.</p>
	<p><b>Response by registered provider detailing the actions taken:</b> NHSCT Fire Office has been informed that the next Fire Risk Assessment due in June 2017 needs to include evidence of Fire Risks/Precautions examined by the Fire Officer.</p>
<p><b>Recommendation 2</b></p> <p>Ref: Standard 25.7</p> <p>Stated: First time</p> <p>To be completed by: 7 December 2016</p>	<p>The registered provider should carry out relevant remedial works to address the action plan of the legionella risk assessment report.</p>
	<p><b>Response by registered provider detailing the actions taken:</b> Estates Department has been informed and a work request has been lodged.</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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