

Announced Premises Inspection Report 20 June 2016



Ardarragh Resource Centre

Type of Service: Day Care Setting

Address: Downshire Estate, Ardglass Road, Downpatrick, BT30 6RA

Tel No: 028 4461 1236

Inspector: Gavin Doherty

1.0 Summary

An announced premises inspection of Ardarragh Resource Centre took place on 20 June 2016 from 10:30 to 12:30.

Is care safe?

On the day of the inspection the premises supported the delivery of safe care. However a number of 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. However one issue was identified for attention by the registered provider. Refer to section 4.4

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).

1.1 Inspection outcome

| | Requirements | Recommendations |
|---|--------------|-----------------|
| Total number of requirements and recommendations made at this inspection | 0 | 4 |

Details of the Quality Improvement Plan (QIP) within this report were discussed with Heather McFerran, registered manager, and Neil Smith, estates supervisor with the South Eastern 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 Service Details

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| Registered organisation/registered provider: South Eastern HSC Trust – Mr Hugh Henry McCaughey | Registered manager: Heather McFerran |
| Person in charge of the establishment at the time of inspection: Heather McFerran | Date manager registered: 26 March 2014 |
| Categories of care: DCS-PH, DCS-SI | Number of registered places: 20 |

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 Heather McFerran, registered manager, and Neil Smith, estates supervisor with the South Eastern HSC Trust. The inspector also had discussions with members of staff during the walk around of the premises.

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, and fire risk assessment.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 14/05/2015

The most recent inspection of the establishment was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be validated by the specialist inspector at their next inspection.

4.2 Review of requirements and recommendations from the last premises inspection dated 31/01/2011

| Last care inspection statutory requirements | | Validation of compliance |
|--|--|--------------------------|
| Requirement 1 Ref: Regulation 26(4)(a) Stated: First time | The Facility at present has no Fire Risk assessment in place. This shortcoming must be rectified immediately using a suitable assessment tool and taking into account all the current users of the facility. Specific areas of concern include an inner room scenario off the wood work shop and fire hazard rooms not offering 30 minute fire resistance. | Met |
| | Action taken as confirmed during the inspection: This requirement related to the previous premises occupied by this day centre. It is no longer valid. | |
| Requirement 2 Ref: Regulation 14(1)(a)(b)(c) Stated: First time | Ensure that a risk assessment is carried out for the wood workshop. This risk assessment should take account of the following. Provision of; <ul style="list-style-type: none"> • First aid Kit • Emergency Isolation for all electrical equipment. • Adequate personal protective equipment • Suitable slip resistant floor finish • Adequate dust extraction • Suitable risk assessments • Suitable training. (This list is not exhaustive and is intended as guidance only.) | Met |
| | Action taken as confirmed during the inspection: This requirement related to the previous premises occupied by this day centre. It is no longer valid. | |

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 window locking mechanisms on the top edge of the sliding sash windows throughout the centre are located at a height that makes it impossible for many staff to operate without having to step up on chairs or furniture. It is recommended that a suitable alternative locking mechanism is sourced and fitted to these windows at a height which staff can operate without risking injury to themselves or others.

2. During the inspection, staff highlighted to the inspector that they currently have difficulties assisting certain service users to use the toilets due to a lack of access to both sides of the toilet bowls. It is recommended that suitable action is taken or provision made to ensure service users are able to safely use the toilet facilities with whatever assistance is required.

3. From the fire safety records examined during the inspection, there appears to be some confusion regarding the correct frequency for undertaking the fire safety user checks within the premises. It is recommended that advice is sought from the Trust's fire safety officer regarding the correct frequency for the following user checks:

- Fire alarm and detection system
- Emergency lighting installation
- Portable fire-fighting equipment.

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| Number of requirements | 0 | Number of recommendations: | 3 |
|-------------------------------|----------|-----------------------------------|----------|

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.

One issue was however identified for attention during this premises inspection. This is detailed in the 'areas for improvement' section below.

Areas for improvement

During the inspection, staff highlighted to the inspector that they currently have difficulties assisting certain service users into particular areas due to the door closers fitted. This was discussed with Neil Smith at the time of the inspection who agreed that a request should be forwarded to the trust's estates department to have suitable hold open devices (suitably linked to the premises fire alarm and detection system) fitted at these doors.

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| Number of requirements | 0 | Number of recommendations: | 1 |
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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 and many items made by the service users were on display throughout the premises. Trophies which were recently won by service user's arts and crafts at the Saintfield Show were also on display.

A new secure garden area has also been developed with a large decked area and raised planting beds which enables service users to participate in various garden activities.

This supports the delivery of compassionate care.

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| 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 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.

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| Number of requirements | 0 | Number of recommendations: | 0 |
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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 Heather McFerran, registered manager, and Neil Smith, estates supervisor with the South Eastern HSC 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 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 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

Recommendation 1

Ref: Standard 25.7

Stated: First time

To be completed by:
12 September 2016

The registered provider should confirm to RQIA that a suitable alternative locking mechanism has been sourced and fitted to the premises windows at a height which staff can operate; or other suitable arrangements have been put in place so that staff can operate the window locks without risking injury to themselves or others.

Response by registered provider detailing the actions taken:
The registered manager has contacted the Estates Department to request that alternative window locking mechanisms are sourced and fitted to the windows throughout Ardarragh Resource Centre. The Estates Department are currently sourcing alternative window locking mechanisms. Replacement of the window locking devices throughout the centre will be subject to available funding. A minor capital works application may be required.

Recommendation 2

Ref: Standard 25.3

Stated: First time

To be completed by:
12 September 2016

The registered provider should consult with the Trust's estates department regarding the provision of suitable access at the premises toilets when service users require assistance. Details of the outcome of this consultation should be forwarded to RQIA for information.

Response by registered provider detailing the actions taken:
The registered manager has contacted the Estates Department to request a review of the provision of suitable access to the toilets for service users who require assistance. Any alteration to the provision of access to the toilets will be subject to available funding and progressed via a minor capital works application.

Recommendation 3

Ref: Standard 28.5

Stated: First time

To be completed by:
1 August 2016

The registered provider should consult with the Trust's fire safety officer regarding the correct frequency for the following user checks and implement accordingly:

- Fire alarm and detection system
- Emergency lighting installation
- Portable fire-fighting equipment.

Response by registered provider detailing the actions taken:
The registered manager has contacted the Trust's fire safety officer who has advised that the fire alarm and detection system and the portable fire-fighting equipment are required to be completed weekly. These weekly checks have now commenced as from 1.7.16. The registered manager contacted the Estates Department who confirmed that emergency lighting installation checks are carried out monthly. Estates Department complete this procedure.

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| <p>Recommendation 4</p> <p>Ref: Standard 25.3</p> <p>Stated: First time</p> <p>To be completed by: 12 September 2016</p> | <p>The registered provider should confirm to RQIA that suitable hold open devices (suitably linked to the premises fire alarm and detection system) have been fitted at doors to accommodate the free movement of service users throughout the premises.</p> <p>Response by registered provider detailing the actions taken: The registered manager has contacted the Estates Department to request that a number of doors within the centre are fitted with hold open devices. Installation of door hold open devices within the centre will be subject to available funding. A minor capital works application will be completed.</p> |
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