



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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ANNOUNCED ESTATES INSPECTION

Inspection No:	18070
Establishment ID No:	11005
Name of Establishment:	Foreglen Community Association, Dungiven
Date of Inspection:	08 July 2014
Inspector's Name:	K. Monaghan

GENERAL INFORMATION

Name of Centre:	Foreglen Community Association
Address:	267 Foreglen Road Dungiven BT47 4PJ
Telephone Number:	028 71 33 83 47
Registered Responsible Person:	Ms. Anne Hegarty, Foreglen Community Association
Registered Manager:	Mr. William Somerville
Person in Charge of the Centre at the time of Inspection:	Mr. William Somerville, Registered Manager
Other person(s) present during inspection:	N/A
Categories of Care:	DCS-I
Conditions of Registration:	N/A
Number of Registered Places:	25
Date of previous Estates Inspection:	21 September 2011
Date and time of inspection:	08 July 2014 (11:00am. – 12:13pm.)
Name of Inspector:	K. Monaghan

1.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect Day Care Centres.

This is a report of an announced inspection to assess the quality of the premises and grounds in which the service is being provided including the upkeep of the building and engineering services and equipment. The report details the extent to which the standards measured during inspection were met.

3.0 PURPOSE OF INSPECTION

The purpose of this inspection was to consider whether the premises and grounds were safe, well maintained and remain suitable for their stated purpose in compliance with legislative requirements and the minimum standards. This was achieved through a process of evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards.

The aims of the inspection were to examine the estates related policies, practices and monitoring arrangements for the provision of Day Care, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Day Care Settings Regulations (Northern Ireland) 2007
- Day Care Centre, Minimum Standards (DHSSPS) January 2012

Other published standards which guide best practice may also be referenced during the Inspection process.

4.0 METHODS/PROCESSES

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

- Discussions with Mr. William Somerville, Registered Manager
- Examination of records
- Inspection of the centre internally.
- Evaluation and feedback

Any other relevant information received by RQIA about this regulated establishment has also been considered by the Inspector in preparing for this inspection.

5.0 CONSULTATION PROCESS

During the course of the inspection, the Inspector spoke to Mr. William Somerville, Registered Manager.

6.0 INSPECTION FOCUS

The inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Day Care Centre, Minimum Standards and to assess progress with the issues raised during and since the previous inspection:

Standards inspected:

- Standard 25 - Premises and grounds
- Standard 27 - Safe and healthy working practices
- Standard 28 - Fire Safety

7.0 PROFILE OF SERVICE

Foreglen Community Association Day Care was initially established in 1996. The premises used are a community hall situated five or six miles from the village of Dungiven.

Day Care is provided two days per week. An additional group meets twice monthly. The provision of day care is contracted by the Western Health and Social Care Trust. Attendance is approximately twenty persons on two days per week, Tuesday and Thursday.

The overall aim is to provide a service for persons over sixty five years who remain living in the community. The facility provides social contact for persons who otherwise may be isolated in their own homes.

Referrals to receive the service are by way of a Community Social Worker.

8.0 SUMMARY

The premises being used for the purposes of Foreglen Community Association in Dungiven were in good order. This is to be commended.

Following the Estates Inspection of this day care centre on 08 July 2014, some improvements are required to comply with the Day Care Settings Regulations (Northern Ireland) 2007 and the criteria outlined in the following minimum standards:

- Standard 25 - Premises and grounds
- Standard 27 - Safe and healthy working practices
- Standard 28 - Fire Safety

This resulted in five requirements and one recommendation. These are outlined in the quality improvement plan appended to this report. The Estates Inspector would like to acknowledge the assistance of Mr. William Somerville, Registered Manager, throughout the inspection process.

9.0 INSPECTION FINDINGS

9.1 Recommendations and requirements from previous inspection 21 September 2011

- 9.1.1 The following issues should be noted in relation to the issues included in the Quality Improvement Plan for the previous Estates inspection on 21 September 2011:
- 9.1.2 The fixed wiring installation was inspected and tested on 15 August 2013. The report for this work was presented for review during this Estates inspection. This report confirmed that the installation was in an overall satisfactory condition. This report also identified five issues for attention. These were categorised as Code C3 issues ie recommendations for improvement. Although these issues would not be considered critical for the safety of the installation it is recommended that they should be reviewed with the electrical engineer during the next inspection and test of the fixed wiring installation and the electrical equipment that is planned for August 2014 to establish what action should be taken re same. The outcome of this review should be confirmed to RQIA. Reference should be made to item 4 in the Quality Improvement Plan.

9.0 INSPECTION FINDINGS CONTINUED

9.1 Recommendations and requirements from previous inspection 21 September 2011

- 9.1.3 Guidance documentation had been obtained by Mr. Somerville in relation to the control of legionella bacteria in the water systems. Mr. Somerville had also spoken to an officer from the local council about this matter and a risk assessment had been carried out. The hot and cold water temperatures were being checked and recorded on a weekly basis. The risk assessment should be reviewed and updated. Particular attention should be given to the cold water storage tanks in this review. The format of the risk assessment should also follow the guidance from the Health and Safety Executive in relation to the five steps to risk assessment and the APPROVED CODE OF PRACTICE AND GUIDANCE L8 Legionnaires disease the control of legionella bacteria in water systems'. Reference should be made to item 2 in the Quality Improvement Plan.
- 9.1.4 The fire detection and alarm system was inspected and tested on 15 August 2013. The report for this work identified three issues for attention; one code 4 issue and two code 1 issues. Mr. Somerville confirmed that the code 1 issues had been addressed. The fire detection and alarm system is to be re-inspected and re-tested in August 2014. The frequency for the ongoing inspections and tests to the system should be checked with the engineer during this inspection. Reference should be made to British Standard 5839 Part 1. The outcome of this review should be confirmed to RQIA. Reference should be made to item 5 in the Quality Improvement Plan.
- 9.1.5 The above issues are restated where appropriate in the relevant sections of the attached Quality Improvement Plan.

9.2 Standard 25 - Premises and grounds

The premises and grounds are safe, well maintained and remain suitable for their stated purpose

- 9.2.1 It is good to report that the premises being used for the purposes of Foreglen Community Association in Dungiven were in good order, clean and offered comfortable facilities for the service users. The following issue was identified for attention in relation to this standard during this Estates inspection:
- 9.2.2 The support frame at the toilet in the assisted toilet at the front entrance foyer should be replaced (rusted in parts). Reference should be made to item 1 in the Quality Improvement Plan.

9.0 INSPECTION FINDINGS CONTINUED

9.3 Standard 27 - Safe and healthy working practices

The day care setting is maintained in a safe manner

9.3.1 One issue was identified for attention in relation to this standard as follows:

9.3.2 The kitchen is equipped with two gas cookers. The annual gas safety inspection to these cookers was in the process of being completed. The outcome of the gas safety inspection should be confirmed to RQIA. In addition the gas safety checks and monitoring required for the portable gas heater should be checked with the Gas Safe Engineer. A risk assessment should be completed in relation to the use of this heater in the premises. In addition consideration should be given to an alternative form of heating to this portable gas heater. Reference should be made to item 3 in the Quality Improvement Plan.

9.3.3 The above issue is detailed in the section of the attached quality improvement plan entitled 'Standard 27 - Safe and healthy working practices'

9.4 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.

9.4.1 The first aid fire-fighting equipment was serviced on 07 August 2013. The emergency lights were inspected and tested on 15 August 2013 and a comprehensive fire risk assessment was carried out on 03 February 2014. Fire Safety training was provided for the staff on 03 July 2014 and a fire drill was carried out on 01 July 2014. This is to be commended. The following issues were identified for attention in relation to this standard during this Estates inspection:

9.4.2 Some of the service users smoke. The need for a fire blanket in an easily assessable location in close proximity to the area used for smoking should be reviewed with the fire risk assessor for the premises. Reference should be made to item 6 in the Quality Improvement Plan

9.0 INSPECTION FINDINGS CONTINUED

9.4 Standard 28: Fire safety continued

- 9.4.3 The heating boiler was serviced on 24 February 2014. The catering facilities were awarded a grade 5 by the local Environmental Health Department. One of the double doors to the kitchen was wedged open and the self-closer to the other door had been disconnected. Fire doors should not be wedged or propped open. The self-closing devices should also remain connected. Consideration should be given to the installation of appropriate hold open devices linked to the fire detection and alarm system if these doors need to be kept open for operational reasons. Reference should be made to item 6 in the Quality Improvement Plan
- 9.4.4 The above issues are detailed in the section of the attached quality improvement plan entitled 'Standard 28: Fire safety'

10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement plan appended to this report were discussed with Mr. William Somerville, Registered Manager, as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (Northern Ireland) 2007 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the day care centre to improve the quality of life experienced by service users.

The registered provider is required to record comments on the quality improvement plan.

11.0 ENQUIRIES

Enquiries relating to this report should be addressed to:

Kieran Monaghan
Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT



The Regulation and
Quality Improvement
Authority

QUALITY IMPROVEMENT PLAN

ANNOUNCED ESTATES INSPECTION

FOREGLEN COMMUNITY DAY CARE CENTRE, DUNGIVEN, RQIA ID 11005

08 JULY 2014

QIP Position Based on Comments from Registered Persons			QIP Closed		Estates Officer	Date
			Yes	No		
A.	All items confirmed as addressed.					
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.					
C.	Clarification or follow up required on some items.	√	–	√	K. Monaghan	14 November 2014

NOTES:

The details of the quality improvement plan were discussed with of Mr. William Somerville, Registered Manager, as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (Northern Ireland) 2007 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the day care centre to improve the quality of life experienced by service users.

The registered provider is required to record comments on the quality improvement plan.

The quality improvement plan is to be signed below by the registered provider and registered manager and returned to estates@rqia.org.uk.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Norman Somerville
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Anne Hegarty

Announced Estates Inspection to Foreglen Community Association Day Centre, Dungiven RQIA ID 11005 on 08 July 2014 (K. Monaghan)

Assurance, Challenge, Improvement in Health and Social Care

Standard 25 - Premises and grounds

The following requirement should be noted for action in relation to Standard 25 - Premises and grounds :

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
1.	Regulations 13(7) 26(2)(c)	The support frame at the toilet in the assisted toilet at the front entrance foyer should be replaced (rusted in parts). Reference should be made to paragraph 9.2.2 in the report.	1 Month	Frame ordered - awaiting delivery and installment

Standard 27 - Safe and healthy working practices

The following requirement should be noted for action in relation to Standard 27 - Safe and healthy working practices:

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
2.	Regulations 13(7) 14(1)(a) 14(1)(c) 26(2)(l)	The risk assessment in relation to the prevention or control of legionella bacteria in the water systems should be reviewed and updated. Particular attention should be given to the cold water storage tanks in this review. The format of the risk assessment should also follow the guidance from the Health and Safety Executive in relation to the five steps to risk assessment and the APPROVED CODE OF PRACTICE AND GUIDANCE L8 Legionnaires disease the control of legionella bacteria in water systems'. Reference should be made to paragraph 9.1.3 in the report.	1 Month	Risk assessment reviewed. Inspection of cold water storage tanks in process of being arranged.

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Standard 27 - Safe and healthy working practices

The following requirement should be noted for action in relation to Standard 27 - Safe and healthy working practices:

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
3.	Regulations 14(1)(a) 14(1)(c) 26(2)(c) 26(2)(l)	The outcome of the annual gas safety inspection to the cookers should be confirmed to RQIA. In addition the gas safety checks and monitoring required for the portable gas heater should be checked with the Gas Safe Engineer. A risk assessment should be completed in relation to the use of this heater in the premises. In addition consideration should be given to an alternative form of heating to this portable gas heater. Reference should be made to paragraph 9.3.2 in the report.	1 Month	A safety certificate has been issued for one year from July for the gas cookers. The gas heater has been withdrawn from service pending completion of the engineer's report.
Item	Regulation Reference	Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
4.	Standard 27.1	It is recommended that the code 3 issues identified for attention in the report for the fixed wiring installation that was completed on 15 August 2013 should be reviewed with the electrical engineer during the next inspection and test of the fixed wiring installation and the electrical equipment that is planned for August 2014 to establish what action should be taken re same. The outcome of this review should be confirmed to RQIA. Reference should be made to paragraph 9.1.2 in the report.	3 Months	Discussed with electrical engineer. He confirms no electrical shortcomings are inherent in the code 3 comments. Switches need labelling to identify their use, and we can complete ourselves. This will be done immediately. There is no risk present in the electrical installation.

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Standard 28 - Fire Safety

The following requirement should be noted for action in relation to Standard 28 - Fire Safety:

Item	Regulation Reference	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (S)
5.	Regulations 26(4)(b) 26(4)(d)(iv)	The frequency for the ongoing inspections and tests to the fire detection and alarm system should be checked with the engineer during the planned inspection and test for August 2014. The outcome of this review should be confirmed to RQIA. Reference should be made to British Standard 5839 Part 1. Reference should be made to paragraph 9.1.4 in the report.	2 Months	Inspection of the fire detection and alarm systems were given 'satisfactory' status on 9/9/14. They should be retested in 6 months. Routine tests are made and recorded monthly.
Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
6.	Regulations 26(4)(b)	The need for a fire blanket in an easily assessable location in close proximity to the area used for smoking should be reviewed with the fire risk assessor for the premises. Fire doors should not be wedged or propped open. The self-closing devices should also remain connected. Consideration should also be given to the installation of appropriate hold open devices linked to the fire detection and alarm system for the double doors to the kitchen if these doors need to be kept open for operational reasons. Reference should be made to paragraphs 9.4.2 and 9.4.3 in the report.	Ongoing	Need for fire blanket being addressed with fire risk assessor. He has confirmed he will look at on next visit; also kitchen doors issue.

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