



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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ANNOUNCED ESTATES INSPECTION

Inspection No:	IN021301
Establishment ID No:	11081
Name of Establishment:	SCA Montague Centre
Date of Inspection:	31 March 2015
Inspector's Name:	Colin Muldoon

1.0 GENERAL INFORMATION

Name of Day Care Centre:	SCA Montague Centre
Address:	2 Fallswater Street, Belfast. BT12 6BZ
Telephone Number:	02890 235350
Registered Organisation/Provider:	Springfield Charitable Association Mr G O'Neill (Responsible Person)
Registered Manager:	Mrs Jacqueline Magee
Person in Charge of the centre at the time of Inspection:	Mrs Jacqueline Magee
Other person(s) consulted during inspection:	N/A
Type of establishment:	Day Care Centre
Date and time of Estates inspection:	31 March 2015 10.30am – 12.20pm
Date of previous Estates inspection:	29 March 2012
Name of Inspector:	Colin Muldoon

2.0 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 Settings.

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 THE 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 current 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 Settings, 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
- The Day Care Settings Minimum Standards (DHSSPS, 2012)

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

4.0 METHODS/PROCESS

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

- Discussion with Mrs Jacqueline Magee.
- Examination of records
- Inspection of the centre internally and externally
- Evaluation and feedback

Any other information received by RQIA about this registered provider 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 Mrs Jacqueline Magee.

6.0 INSPECTION FOCUS

The inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Day Care Centre's 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

SCA Montague is located in west Belfast close to local amenities and transport. The premises are in a former two storey church building with ramped access to the front of the centre.

The accommodation for service users is on the ground floor where there is: a large reception/lobby area; a main activity room, library, lavender/relaxation room; kitchen and open plan dining area; hairdressing room; laundry room; bathroom with a Malibu bath for easy access; separate female and male WC's and shower facilities.

The first floor has a manager's office; a board/training room and two WC's.

Car parking is on the street as there is no designated SCA Montague car parking area.

8.0 SUMMARY

Following the Estates inspection of SCA Montague Centre on 31 March 2015, improvements are required to comply with the Day Care Settings Regulations (Northern Ireland) 2007 and the criterion outlined in the following minimum standards:

- Standard 25 - Premises and grounds
- Standard 28 - Fire safety

This resulted in seven requirements. These are outlined in the Quality Improvement Plan appended to this report.

The Estates Inspector would like to acknowledge the assistance of Mrs Jacqueline Magee during the inspection process.

9.0 INSPECTOR'S FINDINGS

9.1 Recommendations and requirements from previous Estates inspection on 29 March 2012.

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
9.1.1	Regulation 14 (2)(a)(c) 26 (2)(c)	Replace the damaged shower hose at the shower.	Addressed.	It is understood that the showers have been redundant for some time. It is recommended that they are removed and the pipework adjusted in line with good legionella control practice. (Item 3 in Quality Improvement Plan)
9.1.2	Regulation 14 (2)(a)(c) 26 (2)(l)	Ensure the patient bath lift is serviced in accordance with the manufacturers' recommendations and receives suitable 'thorough examination' every 6 months in accordance with the 'Lifting operations, lifting equipment regulations (LOLER, 1999).	There are arrangements in place for a specialist contractor to maintain the complete bath installation. The last service visit was on 18 March 2015.	N/A
9.1.3	Regulation 14 (2)(a)(c) 26 (2)(n)	Carry out a risk assessment with regards to the provision of safe hot water throughout the premises. Ensure that suitable control measures	The risk to service users from hot water was discussed with the manager who informed the inspector that all at risk service users are accompanied when using hot water, that the showers are not used (see item 9.1.1) and that service users are always assisted	N/A

		are implemented to remove or reduce any identified risks.	with bathing. The service record relating to the maintenance of the Malibu bath (see item 9.1.2) included checks of the thermostatic mixing valves.	
9.1.4	Regulation 14 (2)(a)(c)	Implement the required procedure for accessing and acting upon relevant Medical Device Alerts and maintain a signed log of all such visits to the Northern Ireland Adverse Incident Centre web-site. Further information is available at the following web address. http://www.rqia.org.uk	Addressed	N/A
9.1.5	Regulation 14 (2)(a)(c) 26 (2)(l)	Ensure that suitable safeguards are in place with regards to electrical safety in the premises. All portable appliances must receive regular visual inspection and testing in accordance with the 'Electricity at work regulations' (EAWR, 1991) and current best practice (BS7671, 'Requirements for electrical installations').	There were no records relating to the maintenance of portable electrical appliances. The electrical installation was last tested and inspected in June 2012. The report on that inspection recommended that a further test and inspection be carried out in June 2013.	Arrangements should be made to maintain all the portable electrical appliances in a safe condition. (Item 2 in Quality Improvement Plan) The advice of a competent electrician should be sought and followed regarding the safety and the test and inspection of the electrical installation. (Item 1 in Quality Improvement Plan)

9.1.6	Regulation 26 (4)(b)	The door to the Kitchen/Dining area must not be wedged open. If there is a requirement for this door to be held open for operational reasons, then a suitable hold open device, linked to the fire alarm and detection system should be fitted.	This door was not wedged open on the day of inspection. However, the door was not closing tight to the stops.	The door from the main reception area into the kitchen/dining room should be adjusted so that it closes correctly to provide an effective fire seal. (Item 4 in Quality Improvement Plan)
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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 There was a legionella risk assessment which was carried out in October 2014. Although there are measures in place towards the control of legionella, some actions, such as the monitoring of water temperatures, appear to have lapsed. The risk assessment and scheme of control should be revisited to ensure that all necessary actions are being fully implemented.

(Item 3 in Quality Improvement Plan)

These are detailed in the section of the attached quality improvement plan titled '**Standard 25 - Premises and grounds**'.

9.3 Standard 27 - Safe and healthy working practices - *The centre is maintained in a safe manner*

9.3.1 No issues identified.

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 There was no fire risk assessment available.
(Item 5 in Quality Improvement Plan)

9.4.2 There were records of the fire alarm system being tested weekly and of monthly function tests of the emergency lights. However, the last recorded test of the emergency lights was in December 2014.

There were no records relating to the maintenance of the fire detection and alarm system or the emergency lighting system.

(Item 6 in Quality Improvement Plan)

9.4.3 The closer on the door to the lavender room was disconnected.
(Item 7 in Quality Improvement Plan)

These issues are detailed in the section of the attached Quality Improvement Plan titled '**Standard 28: Fire safety**'.

10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Jacqueline Magee 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 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:

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

Quality Improvement Plan
Announced Estates Inspection
SCA Montague Centre
31 March 2015

QIP Position Based on Comments from Registered Persons (for RQIA use only)			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.	√		√	C Muldoon	08 June 2015

NOTES:

The details of the Quality Improvement Plan were discussed with Mrs Jacqueline Magee 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 centre to improve the quality of life experienced by clients.

The registered provider is required to record comments on the Quality Improvement Plan.

The quality improvement plan is to be completed 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	Jackie Magee
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Gerard O Neill

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Standard 25 - Premises and grounds

The following requirements and recommendations 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	Regulation 26.-(2)(l)	The advice of a competent and suitably qualified electrician should be sought and followed regarding the safety and the test and inspection of the electrical installation. (Item 9.1.5 in report)	One month	Following advice from HSENI, they have stated that wiring checks for this type of organisation usually happen after approximately 5 years. I am aware that the electrician who carried out this check in June 2012 recommended for a re check in June 2013, however, there was no staff available to explain as to why. SCA Montague intend to have the fixed wire testing carried out within the month of May - confirmation will be forwarded to RQIA on completion
2	Regulation 26.-(2)(c)	Arrangements should be made to maintain all the portable electrical appliances in a safe condition. (Item 9.1.5 in report) This is a restated requirement.	One month	All portable electrical appliances were checked by a member of the Solv Group on 1/5/15 - confirmation attached to this document
3	Regulation 13.-(7)	In relation to the control of legionella, the risk assessment should be revisited and the scheme of control reviewed to ensure that all necessary actions are being fully implemented and recorded. If the showers are no longer required, it is recommended that they are removed and the pipework cut back in accordance with good	One month	The organisations risk assessment with regards to legionella was revisited and more stringent checks are now in place. Springfield Charitable Association has recently purchased a new building to be used as the Montague day centre which we hopefully be complete

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		<p>practice. Reference should be made to the Health and Safety Executive document <i>Legionnaires' disease. The control of legionella bacteria in water systems</i> including HSG274 Part 2. (Items 9.1.1 and 9.2.1 in report)</p>		<p>within around 18 months. Because of the uncertainty of what will happen to the current premises, it is not feasible to remove the showers as they may be required for whomever wishes to purchase the building. Staff will continue to carryout their daily / weekly / monthly checks in the interim period, which are currently all up to date</p>
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<p>Standard 28 - Fire Safety The following requirements and recommendations should be noted for action in relation to Standard 28 - Fire Safety</p>				
Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
4	Regulation 26.-(4)(c) 26.-(4)(d)(i)	The door from the main reception area into the kitchen/dining room should be adjusted so that it closes correctly to provide an effective fire seal. (Item 9.1.6 in report)	Two weeks	Completed - door was removed and planed and now closes easily
5	Regulation 26.-(4)(a)	A suitable and sufficient fire risk assessment should be carried out by a competent person. The action plan arising from the assessment should be fully addressed within timescales acceptable to the fire risk assessor. A copy of the fire risk assessment and action plan should be forwarded to RQIA. (Item 9.4.1 in report)	One month	A Fire Risk Assessment was carried out on 28th April 2014 by a qualified assessor Jim Mason through McLarnons Fire Safety. To date, he has not sent his copy through to ourselves. I will forward it directly to estates@rqia.org.uk upon receipt. He advised at the time that there were no pressing

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				issues with regards to fire safety within the organisation
6	Regulation 26.-(4)(d)(iv) and (v)	<p>The fire detection and alarm system and the emergency lights should be maintained by a competent person in accordance with good practice.</p> <p>Reference should be made to BS5839 (alarm system) and BS5266 (emergency lights)</p> <p>Copies of the service certificates should be forwarded to RQIA.</p> <p>The emergency lights should be function tested monthly and records kept.</p> <p>(Item 9.4.2 in report)</p>	One month	<p>The organisations fire detection system was serviced on 13th April 2015 and the emergency lighting was serviced / repaired on 1st May 2015 - both certificates are attached with this document and all now in safe working order. All emergency lighting checks are now fully up to date</p>
7	Regulation 26.-(4)(c) 26.-(4)(d)(i)	<p>The automatic closer on the lavender room door should be reconnected and adjusted so that it closes the door correctly to provide an effective fire seal.</p> <p>(Item 9.4.3 in report)</p>	Two weeks	<p>This work has been carried out and the door now closes correctly</p>

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