

Announced Premises Inspection Report 13 October & 1 November 2016



Edgcumbe Training and Resource Centre incorporating 'The Junction Club' and 'Edging Out'

Type of Service: Day Care Setting
Address: Edgcumbe View, Belfast, BT4 2EG
Tel No: 028 9504 3130
Inspector: Gavin Doherty

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Edgcumbe Training and Resource Centre incorporating 'The Junction Club' and 'Edging Out' took place on 13 October 2016 from 1030 to 1230 and on 1 November 2016 from 1100 to 1330 hours.

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. However one issue was identified for attention by the registered provider. Refer to section 4.5

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 Setting 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	1	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Irene Maguire, Registered Manager and Dorothy Forsythe, Deputy Manager 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 most recent premises inspection.

2.0 Service Details

Registered organisation/registered provider: Belfast HSC Trust/Mr Martin Joseph Dillon	Registered manager: Ms Irene Maguire
Person in charge of the establishment at the time of inspection: Ms Irene Maguire	Date manager registered: 20 May 2009
Categories of care: DCS-LD, DCS-LD(E)	Number of registered places: 145

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 Ms Irene Maguire, Registered Manager, Mrs Dorothy Forsythe, Deputy Manager, Mr Stephen Knox and Mr Mark Gunning from Belfast HSC 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, and fire risk assessment.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 15/09/15

The most recent inspection of the day care setting was an unannounced care inspection. The completed QIP was returned and approved by the specialist 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 06/06/13

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 26 (2)(b) Stated: First time	Provide confirmation to RQIA, that suitable measures have been implemented to remove or reduce the significant hazard associated with vehicles accessing the Centre's main entrance to drop-off or pick-up service users.	Not Met
	Action taken as confirmed during the inspection: Inspector confirmed that this work had progressed. A proposal has been prepared and costs obtained, but further approvals are required before the proposal can be implemented. This requirement is therefore restated as Requirement 1 in the attached Quality Improvement Plan.	
Requirement 2 Ref: Regulation 26 (2)(b) Stated: First time	Ensure that the access ramp to the outdoor space at activity room number 37 is completed, including the provision of suitable hand rails and guarding.	Met
	Action taken as confirmed during the inspection: Inspector confirmed this work had been undertaken at the time of inspection.	
Requirement 3 Ref: Regulation 26 (2)(b) Stated: First time	Ensure that the Lockers provided are secured to the wall to prevent them from toppling if pulled.	Met
	Action taken as confirmed during the inspection: Inspector confirmed this work had been undertaken at the time of inspection.	
Requirement 4 Ref: Regulation 13 (7) 14 (1)(a)(c) Stated: First time	Provide confirmation to RQIA, that the infection control issues surrounding the training kitchen have been fully addressed, or that a commitment has been given by the Trust for the replacement of this kitchen.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that suitable action had been taken at the time of inspection.	

Requirement 5 Ref: Regulation 14 (1)(a)(c) Stated: First time	Provide confirmation to RQIA, that the inspection of the Centre's Fixed Electrical Installation has been completed. Details concerning any remedial works completed or outstanding as a result of this inspection should also be forwarded to RQIA.	Met
	Action taken as confirmed during the inspection: Inspector confirmed this work had been undertaken at the time of 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.

Two 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 most recent inspection records for the premises fire detection and alarm system were dated 14 March 2016. The date of the most recent inspection of this system should be confirmed to RQIA along with assurances that any required remedial works have been completed. (Refer to recommendation 1 in the Quality Improvement Plan).
2. At the time of the inspection, the monthly visual inspection of the premises Emergency lighting installation was not being undertaken. Suitable action should be taken to ensure that a suitable inspection schedule is put in place and maintained in accordance with current best practice guidance. (Refer to recommendation 2 in the Quality Improvement Plan).

Number of requirements	0	Number of recommendations:	2
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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.

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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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.

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

Areas for improvement

1. Whilst the premises are generally very well maintained, the level of decoration in many of the group rooms and communal areas was tired. A suitable time bound program for the redecoration of these areas should be prepared and forwarded to RQIA for information and further comment if necessary. (Refer to recommendation 3 in the Quality Improvement Plan).

Number of requirements	0	Number of recommendations:	1
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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.

No areas for improvement were identified during the inspection.

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 Irene Maguire, Registered Manager and Dorothy Forsythe, Deputy 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 Setting 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 the web portal 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

Statutory requirements

<p>Requirement 1</p> <p>Ref: Regulation 26 (2)</p> <p>Stated: Second time</p> <p>To be completed by: 31 May 2017</p>	<p>The registered provider must provide confirmation to RQIA, that suitable measures have been implemented to remove or reduce the significant hazard associated with vehicles accessing the Centre's main entrance to drop-off or pick-up service users.</p>
	<p>Response by registered provider detailing the actions taken: In response to this requirement, the Registered Provider can confirm that suitable measures have commenced to remove or reduce the significant hazard associated with vehicles accessing the Centre's main entrance to drop-off or pick-up Service Users. A Capital Bid for the creation of a turning circle and parking bays was submitted on 5th December 2016 for the Service Group Accountant's signature and the Co-Director's signature. Completion date for this work is prior to 31st March 2017.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 25.7</p> <p>Stated: First time</p> <p>To be completed by: 5 January 2017</p>	<p>The registered provider should confirm to RQIA the date of the most recent inspection for the premises fire detection and alarm system, along with assurances that any required remedial works have been completed.</p>
	<p>Response by registered provider detailing the actions taken: In response to this recommendation, the Registered Provider can confirm that the most recent inspection for the premises fire detection and alarm system was carried out on 13th September 2016. All tests were good and no faults were noted.</p>
<p>Recommendation 2</p> <p>Ref: Standard 25.7</p> <p>Stated: First time</p> <p>To be completed by: 5 January 2017</p>	<p>The registered provider should ensure that a suitable inspection schedule is put in place and maintained for the monthly visual inspection of the premises emergency lighting installation, in accordance with current best practice guidance.</p>
	<p>Response by registered provider detailing the actions taken: In response to this recommendation, estates are getting the key switches moved from the switch room which staff are not permitted access to so that monthly testing can commence in 2017.</p>
<p>Recommendation 3</p> <p>Ref: Standard 25.1</p> <p>Stated: First time</p> <p>To be completed by: 5 January 2017</p>	<p>The registered provider should ensure that a suitable time bound program for the redecoration of the group rooms and communal areas within the premises is prepared and forwarded to RQIA for information and further comment if necessary.</p>
	<p>Response by registered provider detailing the actions taken: In response to this recommendation, the Registered Provider can confirm that a schedule for completion of the redecoration of the premises has been drawn up and work commenced on 29th November 2016.</p>

Please ensure this document is completed in full and returned to the web portal



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