

Announced Premises Inspection Report 31 August 2016



Bayview Resource Centre

Type of service: Day Care Service
Address: 11-13 Ballyholme Road, Bangor, BT20 5JH
Tel No: 028 9127 0352
Inspector: Gavin Doherty

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Bayview Resource Centre took place on 31 August 2016 from 10:30 to 12:30.

The inspection sought to assess progress with any issues raised during and since the last premises inspection and to determine if the premises 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 some 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).

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 Mr Darren Bradshaw, Acting Manager, and Mr David Currie, SEHSCT Estates 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 QIP there were no further actions required to be taken following the most recent premises inspection.

2.0 Service details

Registered organisation/registered person: South Eastern HSC Trust/Mr Hugh Henry McCaughey	Registered manager: N/A
Person in charge of the home at the time of inspection: Mr Darren Bradshaw	Date manager registered: Mr Darren Bradshaw - Acting
Categories of care: DCS-DE, DCS-I, DCS-MP, DCS-MP(E), DCS-PH, DCS-PH(E), DCS-A, DCS-SI	Number of registered places: 60

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 Mr Darren Bradshaw, Acting Manager, and Mr David Currie, SEHSCT Estates.

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 24/08/2015

The most recent inspection of the establishment 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 the next care inspection.

4.2 Review of requirements and recommendations from the last premises inspection dated 20/08/13

Last premises inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 26.- (2)(c) 26.-(2)(l)</p> <p>Stated: First time</p>	<p>It should be confirmed that there are valid Gas Safe certificates which verify that all the gas appliances and their associated pipework installations are in a safe and satisfactory condition.</p> <p>Action taken as confirmed during the inspection: Inspector confirmed that gas safe inspections for all appliances were undertaken on 7 June 2016.</p>	Met
<p>Requirement 2</p> <p>Ref: Regulation 26.- (2)(c) 14.-(1)(c)</p> <p>Stated: First time</p>	<p>It should be confirmed that the thermostatic mixing valves are being maintained in accordance with the manufacturer's instructions and that the hot water at each outlet accessible to clients is being regularly checked for safe temperature.</p> <p>Action taken as confirmed during the inspection: Inspector confirmed that TMV maintenance was undertaken by the Trust on 7 July 2016.</p>	Met
<p>Requirement 3</p> <p>Ref: Regulation 26.- (2)(c)</p> <p>Stated: First time</p>	<p>It should be confirmed that the patient hoisting equipment is being thoroughly examined in accordance with LOLER. The report on the thorough examination should be in accordance with schedule 1 of LOLER.</p> <p>Action taken as confirmed during the inspection: Inspector confirmed that Abbey Medicare have a contract for the servicing and thorough examination of this equipment. The most recent thorough examination was undertaken on 21 July 2016.</p>	Met
<p>Requirement 4</p> <p>Ref: Regulation 14.- (1)(c)</p> <p>Stated: First time</p>	<p>It should be confirmed that there is a valid legionella risk assessment and fully implemented scheme for the control of legionella.</p> <p>Action taken as confirmed during the inspection: Inspector confirmed that the current legionella risk assessment was undertaken on 23 July 2015. Suitable controls have been implemented and are maintained accordingly.</p>	Met

Requirement 5 Ref: Regulation 26.- (4)(c) 26.-(4)(d)(i) Stated: First time	All fire doors should be surveyed and the necessary repairs carried out which will ensure the doors close correctly to provide an effective fire seal.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that all fire doors effectively self-closed 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.

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 most recent fire risk assessment was undertaken on 20 May 2015. It is important that this risk assessment is suitably reviewed annually and that any significant findings are implemented in accordance with the timescales stipulated in the risk assessment. (Refer to recommendation 1 in the Quality Improvement Plan).
2. The seam welded joints to the floor finish in the 'Butterfly Suite' were damaged, leading to the floor finish lifting and creating a trip hazard. This floor finish should be suitably repaired or replaced in a timely manner. (Refer to recommendation 2 in the Quality Improvement Plan).
3. There were several areas within the centre where boast plasterwork was noted. This was especially evident in the ground floor General Office. These wall areas should be repaired and redecorated in a timely manner. (Refer to recommendation 3 in the Quality Improvement Plan).

4. The Sedum roof covering was found to be poorly maintained at the time of the inspection. Suitable maintenance to this roof covering should be undertaken without further delay. (Refer to recommendation 4 in the Quality Improvement Plan).

Number of requirements	0	Number of recommendations:	4
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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.

No areas for improvement were identified during the inspection.

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.

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 the QIP were discussed with Mr Darren Bradshaw, Acting Manager, and Mr David Currie, SEHSCT Estates, 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 service. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the 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 provider 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 provider/manager 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 and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to 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>Recommendation 1</p> <p>Ref: Standard 28.1</p> <p>Stated: First time</p> <p>To be completed by: 26 October 2016</p>	<p>The registered provider should ensure that the fire risk assessment is suitably reviewed and that any significant findings are implemented in accordance with the timescales stipulated in the risk assessment.</p> <p>Response by registered provider detailing the actions taken: Fire risk assessment was completed on 23rd September 2016 by Brian Gough</p>
<p>Recommendation 2</p> <p>Ref: Standard 25.1</p> <p>Stated: First time</p> <p>To be completed by: 23 November 2016</p>	<p>The registered provider should ensure that the seam welded joints to the floor finish in the 'Butterfly Suite' are suitably repaired or replaced in a timely manner.</p> <p>Response by registered provider detailing the actions taken: Flooring in Butterfly Suite will be repaired within timeframe</p>
<p>Recommendation 3</p> <p>Ref: Standard 25.7</p> <p>Stated: First time</p> <p>To be completed by: 26 October 2016</p>	<p>The registered provider should ensure that all areas of boast plasterwork throughout the premises are identified and are repaired and redecorated in a timely manner.</p> <p>Response by registered provider detailing the actions taken: This will be actioned within timeframe</p>
<p>Recommendation 4</p> <p>Ref: Standard 25.5</p> <p>Stated: First time</p> <p>To be completed by: 26 October 2016</p>	<p>The registered provider should ensure that maintenance of the Sedum roof covering is undertaken without further delay.</p> <p>Response by registered provider detailing the actions taken: This has been referred to Estates to be actioned within timeframe</p>

Please ensure this document is completed in full and returned to Estates.Mailbox@rqia.org.uk from the authorised email address



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