



The Regulation and
Quality Improvement
Authority

Mountfern Centre
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**Announced Estates Inspection
of
Mountfern Centre**

9 June 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An announced estates inspection took place on 9 June 2015 from 10.30 to 12.00. Overall on the day of the inspection the premises supported the delivery of safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by;

- 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)

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	0

The details of the QIP within this report were discussed with the Mr Michael Bacon, Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Dr Anthony Stevens, Northern HSC Trust	Registered Manager: Mr Michael Bacon
Person in Charge of the Premises at the Time of Inspection: Mr Michael Bacon	Date Manager Registered: 15 June 2012
Categories of Care: DCS-LD, DCS-LD(E)	Number of Registered Places: 102
Number of Service Users Accommodated on Day of Inspection: Service users arriving at time of inspection	Weekly Tariff at Time of Inspection: Trust Rates

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

Standard 25: Premises and Grounds

Standard 27: Safe and Healthy working Practices

Standard 28: Fire safety

4. Methods/Process

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

Prior to inspection the following records were analysed:

- Previous Estate's inspection report
- Statutory notifications over the past 12 months

During the inspection the inspector did not meet with any service users, care staff, visiting professionals or service user's representatives. The inspector spoke with Mr Ronnie Hogg, Estates Manager for Northern HSC Trust.

The following records were examined during the inspection:

- Fire Risk assessment
- Fire Safety service records and in-house log books
- Control of Legionella Risk Assessment and associated records
- Mechanical and Electrical Certificates and associated records
- Thorough Examination records for all lifting equipment

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was a primary announced care inspection dated 4 November 2014. The completed QIP was returned and approved by the care inspector on 12 January 2015.

5.2 Review of Requirements and Recommendations from *the last* Estates Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 26(2)	Ensure that suitable and sufficient artificial lighting is provided in the main activity area in accordance with current best practice guidance.	Met
	Action taken as confirmed during the inspection: Large electrically controlled Velux roof lights have been installed, greatly enhancing the levels of natural daylight available in this area.	
Requirement 2 Ref: Regulation 26(2)	The following is required in accordance with current infection prevention and control best practice: <ul style="list-style-type: none"> • Replace the cupboard units in the Laundry • Provide suitable enclosed storage for use in the Shower room and • Provide a whb suitable for hand washing in the Shower room 	Met
	Action taken as confirmed during the inspection: Inspector confirmed that this work had been completed at the time of inspection.	
Requirement 3 Ref: Regulation 14(1)	Ensure that a program is put in place for the twice weekly flushing of all seldom used outlets throughout the facility. Records should be maintained and be available for inspection.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that records were available and up to date at the time of inspection.	

Requirement 4 Ref: Regulation 26(4)	Maintain the fire doors to the Store off the Workshop and the Domestic store off the dining room to ensure they effectively self-close.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that this work had been completed at the time of inspection.	
Requirement 5 Ref: Regulation 26(4)	Ensure that suitable 'fire safety' training is provided to all staff without further delay.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that records were available and up to date at the time of inspection.	
Requirement 6 Ref: Regulation 26(4)	Ensure that the remedial works highlighted in the most recent fire risk assessment are completed within the required timescales and are suitably signed off in the fire risk assessment.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that the most recent fire risk assessment had been undertaken on 24 September 2014. There were no significant findings identified as a result of this risk assessment.	

5.3 Standard 25: Premises and grounds - *The premises and grounds are safe, well maintained and remain suitable for their stated purpose*

Is Care Safe? (Quality of Life)

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this Estates inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. This supports the delivery of safe care.

Is Care Effective? (Quality of Management)

A range of accommodation, facilities and support services is provided in the premises. This supports the delivery of effective care.

Is Care Compassionate? (Quality of Care)

The areas of the premises reviewed during this Estates inspection were well presented, clean and free from malodours. This supports the delivery of compassionate care. One issue was however identified for attention during this Estates inspection. This is detailed in the 'areas for improvement' section below.

Areas for Improvement

There appear to be ongoing issues relating to the sub floor in the intensive support unit of the premises. This is causing the flooring to blister and lift leading to a potential trip hazard and concerns for the welfare of the staff and service users. The root cause for this defect should be determined and resolved without further delay and the flooring in this area made good or replaced with a suitably slip resistant surface.

Number of Requirements	1	Number Recommendations:	0
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5.4 Standard 27: Safe and healthy working practices - *The Centre is maintained in a safe manner, and safe and healthy working practices are promoted in all aspects of its work.*

Is Care Safe? (Quality of Life)

A range of documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this Estates inspection. This supports the delivery of safe care.

Is Care Effective? (Quality of Management)

The nature and needs of the residents are considered as part of the risk assessment processes and this is reflected in the management of the premises. This supports the delivery of effective care.

Is Care Compassionate? (Quality of Care)

There are health and safety procedures and control measures in place which support the delivery of compassionate care.

Areas for Improvement

No areas for improvement were deemed necessary against this standard as a result of this estates inspection. This is to be commended.

Number of Requirements	0	Number Recommendations:	0
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5.5 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.*

Is Care Safe? (Quality of Life)

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. This supports the delivery of safe care.

Is Care Effective? (Quality of Management)

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 residents, 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 effective care.

Is Care Compassionate? (Quality of Care)

The standard used by the registered persons to determine the extent of fire safety protection measures that are appropriate for the premises recognises the need to maintain a homely, non-institutionalised environment. This supports the delivery of compassionate care.

Areas for Improvement

No areas for improvement were deemed necessary against this standard as a result of this estates inspection. This is to be commended.

Number of Requirements	0	Number Recommendations:	0
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5.6 Additional Areas Examined

No additional areas were examined during this inspection.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Michael Bacon, Registered Manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. 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.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Day Care Settings Regulations (Northern Ireland) 2007

6.2 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.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to estates.mailbox@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 14(2)</p> <p>Stated: First time</p> <p>To be Completed by: 1 September 2015</p>	<p>Ensure that the cause for the flooring to blister and lift in the Intensive Support Unit is determined and resolved without further delay and that the flooring in this area is made good or replaced with a suitably slip resistant surface.</p>
	<p>Response by Registered Manager Detailing the Actions Taken:</p> <p>Minor works order completed and forwarded to head of Service to authorise, it will then be passed on to Estate Services to be actioned.</p> <p>This QIP has been shared with estates and a completion date re flooring will be forwarded once received.</p>

Registered Manager Completing QIP	Michael Bacon	Date Completed	08.07.15
Registered Person Approving QIP	Dr Tony Stevens	Date Approved	08/07/15
RQIA Inspector Assessing Response	P Cunningham	Date Approved	*18/8/15

**Item to be followed up*