



The Regulation and  
Quality Improvement  
Authority

**Bocombra Workskills**  
RQIA ID: 11127  
2 Old Lurgan Road  
Portadown  
BT63 5SG

Inspector: Kieran Monaghan  
Inspection ID: IN021657

Tel: 028 38 39 21 70  
Email: [vanessacoulter@praxiscare.org.uk](mailto:vanessacoulter@praxiscare.org.uk)

---

## **Announced Estates Inspection**

**of**

**Bocombra Workskills Day Care Centre, Portadown**

**02 July 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](http://www.rqia.org.uk)

## 1. Summary of Inspection

An announced estates inspection took place on 02 July 2015 from 10.30am. to 11.35am. 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;

- 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 |
|---|--------------|-----------------|
| <b>Total number of requirements and recommendations made at this inspection</b> | 3            | 0               |

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

## 2. Service Details

|  |   |
|--|---|
| <b>Registered Organisation/Registered Person:</b><br>Mrs. Irene Elizabeth Sloan, Praxis Care Group             | <b>Registered Manager:</b><br>Mrs. Vanessa Coulter            |
| <b>Person in Charge of the Premises at the Time of Inspection:</b><br>Mrs. Vanessa Coulter, Registered Manager | <b>Date Manager Registered:</b><br>24 May 2011                |
| <b>Categories of Care:</b><br>DCS-LD   | <b>Number of Registered Places:</b><br>15                     |
| <b>Number of Service Users Accommodated on Day of Inspection:</b><br>14  | <b>Weekly Tariff at Time of Inspection:</b><br>Not Applicable |

## 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 included the following:

Prior to the inspection an overview of the recent notified incidents was carried out. The issues included in the Quality Improvement Plan for the previous Estates inspection that was carried out on 04 December 2012 were also reviewed during this Estates inspection.

During the inspection, the inspector did not meet with service users, care staff, support staff, visiting professionals or service user's representatives.

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, fire risk assessment etc.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of this service was an unannounced primary care inspection on 07 January 2015. The completed QIP was returned to RQIA on 09 February 2015. This QIP has still to be approved by the care inspector.

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

This day care setting had recently moved to the current premises at 2 Lurgan Road, Portadown. This was the first routine announced Estates inspection to these premises. The review of the requirements and recommendations from the previous Estates inspection was therefore not applicable.

### 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.

No issues were identified for attention during this Estates inspection.

#### 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.

No issues were identified for attention during this Estates inspection.

#### Is Care Compassionate? (Quality of Care)

The areas of the premises reviewed during this Estates inspection were well presented, clean and free from malodours. The premises were in good order. This supports the delivery of compassionate care.

No issues were identified for attention during this Estates inspection.

#### Areas for Improvement

|                        |   |                         |   |
|------------------------|---|-------------------------|---|
| Number of Requirements | 0 | Number Recommendations: | 0 |
|------------------------|---|-------------------------|---|

**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.

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

**Is Care Effective? (Quality of Management)**

The nature and needs of the service users 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.

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

**Is Care Compassionate? (Quality of Care)**

There are health and safety procedures and control measures in place which support 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**

1. The legionella risk assessment should be reviewed, updated and actioned as required. In addition the issue in relation to the provision of hot water at the wash basins should be resolved. A method of providing controlled temperature hot water at the wash basins which is more appropriate to the needs of the service users should be put in place. Reference should be made to requirement 1 in the attached Quality Improvement Plan.

|                               |          |                                |          |
|-------------------------------|----------|--------------------------------|----------|
| <b>Number of Requirements</b> | <b>1</b> | <b>Number Recommendations:</b> | <b>0</b> |
|-------------------------------|----------|--------------------------------|----------|

**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.

Two issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

### 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 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 effective care.

Two issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

### 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.

Two issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

### Areas for Improvement

1. Some items of storage were located in the heating boiler enclosure. The heating boiler enclosure should be kept clear. The table located at the outside smoking area should be kept in a position that does not reduce the width of this escape route. Reference should be made to requirement 2 in the attached Quality Improvement Plan.
2. Electro-magnetic fastenings had been fitted to a number of the final exit doors from the premises. These can be operated by a fob, a key pad located at each door or a green break glass unit located at each door. The need to also link these electro-magnetic fastenings to the fire detection and alarm system should be reviewed with the fire risk assessor. The Northern Ireland Fire and Rescue Service should also be consulted as part of this review. The outcome of this review should be confirmed to RQIA. Reference should be made to requirement 3 in the attached Quality Improvement Plan.

|                               |          |                                |          |
|-------------------------------|----------|--------------------------------|----------|
| <b>Number of Requirements</b> | <b>2</b> | <b>Number Recommendations:</b> | <b>0</b> |
|-------------------------------|----------|--------------------------------|----------|

### 5.6 Additional Areas Examined

No additional areas were examined during this Estates inspection.

## 6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs. Vanessa Coulter, 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 should review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP should be returned to [estates.mailbox@rqia.org.uk](mailto: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 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   |  |                       |           |
|--|--|-----------------------|-----------|
| <b>Requirement 1</b><br><br><b>Ref:</b> Regulations<br>14(1)(a)<br>14(1)(c)<br>26(1)(l)<br><br><b>Stated:</b> First time<br><br><b>To be Completed by:</b><br><b>02 October 2015</b> | <p>The legionella risk assessment should be reviewed, updated and actioned as required. In addition the issue in relation to the provision of hot water at the wash basins should be resolved. A method of providing controlled temperature hot water at the wash basins which is more appropriate to the needs of the service users should be put in place.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b><br/>           Manager currently gathering 3 quotes to have suitable hot water provision put in place. Two quotes have been received to date and aim to have work completed by end of September. When completed legionella risk assessment can be updated.</p>  |                       |           |
| <b>Requirement 2</b><br><br><b>Ref:</b> Regulations<br>26(4)(b)<br>26(4)(c)<br><br><b>Stated:</b> First time<br><br><b>To be Completed by:</b><br><b>Ongoing</b>                     | <p>The heating boiler enclosure should be kept clear. The table located at the outside smoking area should also be kept in a position that does not reduce the width of this escape route.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b><br/>           Boiler area cleared and table moved. COMPLETED</p>   |                       |           |
| <b>Requirement 3</b><br><br><b>Ref:</b> Regulations<br>26(4)(b)<br>26(4)(c)<br><br><b>Stated:</b> First time<br><br><b>To be Completed by:</b><br><b>02 September 2015</b>           | <p>The need to link the electro-magnetic fastenings to the fire detection and alarm system should be reviewed with the fire risk assessor. The Northern Ireland Fire and Rescue Service should also be consulted as part of this review. The outcome of this review should be confirmed to RQIA.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b><br/>           NI fire service has been contacted to discuss this issue ( 028 38394690 ) and Hugh Maxwell ( Praxis Health and Safety officer). General opinion is that there are sufficient means of exiting building i.e fob/keypad and green break glass however I am awaiting feedback from fire service as they are checking out legislation that governs this.</p> |                       |           |
| <b>Registered Manager Completing QIP</b>   | V. Coulter   | <b>Date Completed</b> | 1/9/15    |
| <b>Registered Person Approving QIP</b>   | Andy Mayhew on behalf of Irene Mayhew  | <b>Date Approved</b>  | 15/9/15   |
| <b>RQIA Inspector Assessing Response</b>   | K. Monaghan  | <b>Date Approved</b>  | *18/11/15 |

\* Clarification or follow up required on some items.