

Announced Premises Inspection Report 10 May 2016



RATHMOYLE RESOURCE CENTRE INCORPORATING “SHESKBURN HOUSE”

Address: 6 Mary Street, Ballycastle, BT54 6QH

Tel No: 028 2076 2713

Inspector: Kieran Monaghan

1.0 Summary

An announced premises inspection of Rathmoyle Resource Centre incorporating 'Sheskburn House' took place on 10 May 2016 from 11:00 to 13:35hrs.

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 persons. Refer to section 4.3

Is care effective?

On the day of the inspection the premises supported the delivery of effective care. No issues were identified for attention by the registered persons.

Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care. However some issues were identified for attention by the registered persons. 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. However one issue was identified for attention by the registered person. Refer to section 4.6.

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 | 2 | 4 |

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms. Patricia Brown, Registered Manager, Mr. R. Hogg, Estates Officer with the Northern HSC Trust and Mr. A. Gibson, Placement Student with the Northern HSC Trust, 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 last inspection.

2.0 Service Details

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|--|--|
| Registered organisation/registered person: Northern Health and Social Care Trust / Dr. Anthony Baxter Stevens | Registered manager: Ms. Patricia Brown |
| Person in charge of the establishment at the time of inspection: Ms. Patricia Brown, Registered Manager | Date manager registered: Registration pending. |
| Categories of care: DCS-DE, DCS-I, DCS-LD, DCS-MP, DCS-MP(E), DCS-PH, DCS-PH(E), DCS-LD(E) | Number of registered places: 55 |

3.0 Methods/processes

Prior to this premises inspection, the following records were reviewed:

- The previous premises inspection report
- The statutory notifications over the past 12 months
- The duty call log

During this premises inspection discussions took place with the following people:

- Ms. Patricia Brown, Registered Manager
- Mr R. Hogg, Estates Officer with the Northern HSC Trust
- Mr. A. Gibson, Placement Student with the Northern HSC Trust

During this premises inspection, the following records were reviewed:

- A range of service records and in-house records relating to the maintenance and upkeep of the premises
- The legionella bacteria risk assessment report
- The fire risk assessment report

4.0 The Inspection

4.1 Review of requirements and recommendations from the previous inspection on 23 October 2015

The previous inspection of this establishment was an unannounced primary care inspection IN023710 on 21 October 2015. The completed QIP for this inspection was returned to RQIA on 12 February 2016 and approved by the care inspector on 17 February 2016.

4.2 Review of requirements and recommendations from the last premises inspection on 23 January 2013

| Previous Inspection Statutory Requirements | | Validation of Compliance |
|--|--|--------------------------|
| <p>Requirement 1</p> <p>Ref: Regulation 14(1)(c)</p> <p>Stated: Second time</p> | <p>Forward confirmation that the issues identified in the report of the legionellae risk assessment have been addressed.</p> <p>Action taken as confirmed during the inspection: The issues identified for attention in the report for the legionella risk assessment that was carried out on 05 April 2011 had been addressed and signed off. Water samples were tested for legionella bacteria in January 2015 with satisfactory results. Mr. Hogg also confirmed that arrangements had been made to complete further works in relation to the plumbing system in the weeks ahead. This work will include the removal of three 'dead legs' that have been identified.</p> | <p>Met</p> |
| <p>Requirement 2</p> <p>Ref: Regulations 14(1)(c) 26(2)(c) 26(2)(l)</p> <p>Stated: First time</p> | <p>Carry out review/audit of the relevant safety and maintenance arrangements implemented by Moyle District Council for the areas occupied by and used for the purposes of the Sheskburn Centre within the District Council offices.</p> <p>Action taken as confirmed during the inspection: No information was presented for review in relation to this issue. Confirmation should be provided to RQIA that the relevant safety and maintenance arrangements being carried out by Causeway Coast and Glens Borough Council are being reviewed and audited by a representative of the Northern HSC Trust. Reference should be made to requirement 1 in the attached Quality Improvement Plan.</p> | <p>Not Met</p> |

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. A fire risk assessment was completed on 08 January 2014. A programme of works to demolish the adjacent building and to construct a new access road to the day care centre is currently being planned. The fire risk assessment for the day care centre should be reviewed and update as part of this programme of works.
2. There is a procedure in place for checking the emergency lights each month. A record for this activity is kept on the premises. In addition to these checks, a duration test of the emergency lights was carried out on 05 May 2016. Two lights were identified for replacement during this duration test. Arrangements were in hand to complete this work.
3. A Fire drill was carried out in August 2014 and again in August 2015. It is recommended that a proforma should be developed to record the scenario covered during each fire drill, the names of the staff who attend and any points of learning that should be carried forward into future practice. Reference should be made to recommendation 1 in the attached Quality Improvement Plan.
4. The fixed wiring installation was inspected and tested on 30 March 2016. The report for this inspection and test indicated that the overall assessment of the installation condition was unsatisfactory. The report also identified a number of code C2 issues for attention. Mr. Hogg confirmed that the Trust's Authorising Engineer (Electrical) would be reviewing this report to decide what action was required re same. It is recommended that the outcome of this review and the action to be taken should be confirmed to RQIA. Reference should be made to recommendation 2 in the attached Quality Improvement Plan.
5. The thermostatic mixing valves were serviced on 05 May 2016. Mr. Hogg confirmed that one valve had been replaced during this service and another new valve was on order. In the meantime this outlet had been isolated.
6. The most recent gas safety inspection was carried out on 15 June 2015. Mr. Hogg confirmed that the issues identified for attention during this inspection had been addressed.

Areas for improvement Continued

7. A number of fire doors were either propped or wedged open. Fire doors should not be wedged or propped open. Consideration should be given to the installation of hold open devices linked to the fire detection and alarm system as part of the solution to this issue. Reference should be made to requirement 2 in the attached Quality Improvement Plan.
8. The door to the female toilet 062 was defective. Ms. Brown however confirmed that this had already been reported for repair or replacement as required.
9. The door to the toilet in the workshop is fitted with a fastening that is key operated. This fastening should be changed to a suitable privacy fastening which will facilitate easy access for staff in the event of an emergency. Reference should be made to recommendation 3 in the attached Quality Improvement Plan.
10. The lock on the door to the table tennis room in the Sheskburn Recreation Centre was fitted with a fastening that is key operated from both sides. The Trust should liaise with the Causeway Coast and Glens Borough Council for the purpose of having this fastening changed to provide an easy opening device on the inside of this door. The outcome of this liaison and the proposed action to be taken in relation to changing this fastening should be confirmed to RQIA. Reference should be made to recommendation 3 in the attached Quality Improvement Plan.

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|--------------------------------|---|-----------------------------------|---|
| Number of requirements: | 1 | Number of recommendations: | 3 |
|--------------------------------|---|-----------------------------------|---|

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 this premises inspection.

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|--------------------------------|---|-----------------------------------|---|
| Number of requirements: | 0 | Number of recommendations: | 0 |
|--------------------------------|---|-----------------------------------|---|

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. Ms. Brown confirmed that plans were in hand to replace the corridor floor coverings and to complete some redecoration works in the near future. This supports the delivery of compassionate care.

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

Areas for improvement

1. The grounds around the premises will be changed as part of the proposed scheme of works that is to be completed in the near future. The external areas that will remain as part of the day care centre should be left in a good condition on completion of the works.
2. The toilet opposite the rooms in the Sheskburn Recreation Centre that are used by the day care setting was not in good condition. The Trust should liaise with the Causeway Coast and Glens Borough Council for the purpose of having this toilet refurbished. The outcome of this liaison and the proposed action to be taken in relation to the refurbishment of this toilet should be confirmed to RQIA. Reference should be made to recommendation 4 in the attached Quality Improvement Plan.
3. It was noted that there is a range of different toilet facilities provided in the premises being used for the purposes of this day care setting. This includes toilets that are based on the cubicle model with open top and bottom partitions and wash basins located outside the cubicles. Consideration should be given to redeveloping these toilets to provide individual fully self-contained toilets in line with current best practice as part of medium term improvement plans for this day care setting.

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|--------------------------------|---|-----------------------------------|---|
| Number of requirements: | 0 | Number of recommendations: | 1 |
|--------------------------------|---|-----------------------------------|---|

4.6 Is the service well led?

Premises related policies and documentation are retained in a manner which is accessible to relevant people. The registered persons have 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.

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

Areas for improvement

1. No information was presented for review in relation to one of the issues from the last RQIA premises inspection QIP. Reference should be made to section 4.2 in this report and requirement 1 in the attached Quality Improvement Plan.

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|--------------------------------|---|-----------------------------------|---|
| Number of requirements: | 1 | Number of recommendations: | 0 |
|--------------------------------|---|-----------------------------------|---|

5.0 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms. Patricia Brown, Registered Manager, Mr. R. Hogg, Estates Officer with the Northern HSC Trust and Mr. A. Gibson, Placement Student with the Northern HSC Trust as part of the inspection process. The timescales commence from the date of inspection.

The registered persons 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 persons 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.

5.1 Statutory requirements

This section outlines the actions that should be taken so that the registered persons meet the legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and 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 persons may enhance service, quality and delivery.

5.3 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 responsible 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 team email address estates.team@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 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 persons 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 persons with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory Requirements

Requirement 1

Ref: Regulations
14(1)(c)
26(2)(c)
26(2)(l)

Stated: Second time

To be Completed by:
05 August 2016

Confirmation should be provided to RQIA that the relevant safety and maintenance arrangements being carried out by Causeway Coast and Glens Borough Council in the Sheskburn Recreation Centre are being reviewed and audited by a representative of the Northern HSC Trust.

Response by Registered Manager Detailing the Actions Taken:
NHSCT Estates Officer met with Causeway Coast and Glens Council representative to discuss the safety and maintenance arrangements. The representative confirmed that similar arrangements to the Trust are in place. Documentation has been requested by the Trust representative and will be reviewed upon receipt.

Requirement 2

Ref: Regulations
26(4)(b)
26(4)(c)

Stated: First time

To be Completed by:
Ongoing

Fire doors should not be wedged or propped open. Consideration should be given to the installation of hold open devices linked to the fire detection and alarm system as part of the solution to this issue.

Response by Registered Manager Detailing the Actions Taken:
Minor works has been submitted and is currently being costed

Recommendations

Recommendation 1

Ref: Standard 28

Stated: First time

To be Completed by:
Ongoing

It is recommended that a proforma should be developed to record the scenario covered during a fire drill, the names of the staff who attend and any points of learning that should be carried forward into future practice.

Response by Registered Manager Detailing the Actions Taken:
Performa developed by Nominated Fire Officers in Rathmoyle

Recommendation 2

Ref: Standard 27

Stated: First time

To be Completed by:
08 July 2016

The outcome of the review by the Trust's Authorising Engineer (Electrical) in relation to the issues identified for attention in the report for the inspection and test to the fixed wiring installation that was completed on 30 March 2016 should be confirmed to RQIA.

Response by Registered Manager Detailing the Actions Taken:
Estates Officer will be meeting Trust Authorising Engineer week commencing 18th July to confirm way forward.

Quality Improvement Plan

Statutory Requirements

| | | | |
|---|--|-----------------------|-----------|
| <p>Recommendation 3</p> <p>Ref: Standards 27 & 28</p> <p>Stated: First time</p> <p>To be Completed by: 08 July 2016</p> | <p>The fastening on the door to the toilet in the workshop should be changed to a suitable privacy fastening which will facilitate easy access for staff in the event of an emergency. The outcome of the liaison between the Trust and the Causeway Coast and Glens Borough Council for the purpose changing the fastening on the door to the table tennis room to an easy opening device on the inside face of the door should be confirmed to RQIA.</p> <p>Response by Registered Manager Detailing the Actions Taken: Estates contacted on the 10/5/2016 to request locks as per recommendation in workshop. Meeting arranged with Kenny Keys Assests Officer (Causeway Coast & Glens Borough Council, Ronnie Hogg (N.H.S.S.C.T) & Pat Brown (Manager Rathmoyle incorporating Sheskburn) 17/6/16</p> | | |
| <p>Recommendation 4</p> <p>Ref: Standard 25</p> <p>Stated: First time</p> <p>To be Completed by: 05 August 2016</p> | <p>The outcome of the liaison between the Trust and the Causeway Coast and Glens Borough Council for the purpose of refurbishing the toilet opposite the rooms in the Sheskburn Recreation Centre that are used by the day care setting should be confirmed to RQIA.</p> <p>Response by Registered Manager Detailing the Actions Taken: Unit manager to respond</p> | | |
| Registered Manager Completing QIP | PATRICIA BROWN | Date Completed | 1/7/16 |
| Registered Person Approving QIP | DR TONY STEVENS | Date Approved | 1/7/16 |
| RQIA Inspector Assessing Response | K. Monaghan | Date Approved | *21/07/16 |

* Clarification or follow up required on some items.

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



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