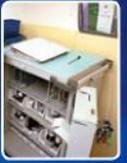


# Announced Premises Inspection Report 12 September 2016



## North Belfast Day Centre incorporating Whiterock Day Services

Type of Service: Day Care Setting  
Address: 585-587 Crumlin Road, Belfast, BT14 7GB  
Tel No: 028 9063 8387  
Inspector: Gavin Doherty

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced premises inspection of North Belfast Day Centre incorporating Whiterock Day Services took place on 12 September 2016 from 10:30 to 13:00.

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 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. However some issues were 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 Settings Regulations (Northern Ireland) 2007 and The Day Care Settings Minimum Standards (DHSSPS, 2012).

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	6

Details of the Quality Improvement Plan (QIP) within this report were discussed with Jim Gray, registered 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

<b>Registered organisation/registered provider:</b> Belfast Health and Social Care Trust/Mr Martin Joseph Dillon	<b>Registered manager:</b> Mr Jim Gray
<b>Person in charge of the day centre at the time of inspection:</b> Mr Jim Gray	<b>Date manager registered:</b> 27 August 2010
<b>Categories of care:</b> DCS-MP	<b>Number of registered places:</b> 75

## 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 Jim Gray, registered manager of the service.

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 27/1/2016

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 on 6 April 2016. 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 19/11/2013.

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> Ref: Regulation 26 (2)(a) Stated: First time	Ensure that the lockers currently installed in the corridor area of the centre are moved to a more suitable location and are securely fixed to the wall.	Met
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed that this requirement had been implemented at the time of inspection.	
<b>Requirement 2</b> Ref: Regulation 26 (2)(c) Stated: First time	Ensure that the shower head installed in the Shower room meets the needs of, and can be effectively used by service users	Met
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed that this requirement had been implemented at the time of inspection.	
<b>Requirement 3</b> Ref: Regulation 26 (2)(b) Stated: First time	The damaged hot welded joints in the Kitchen flooring should be made good or the flooring replaced. (In-hand)	Met
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed that this requirement had been implemented at the time of inspection.	
<b>Requirement 4</b> Ref: Regulation 14 (1)(a)(c) Stated: First time	The current arrangements for the storage of glass in the picture framing workshop should be addressed as a matter of urgency and suitable action taken to ensure that all glass is suitably and safely stored.	Met
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed that this requirement had been implemented at the time of inspection.	
<b>Requirement 5</b> Ref: Regulation 14 (1)(a)(c) Stated: First time	Ensure that a suitable accessible path is provided to the green house currently used by the Centre.	Met
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed that this requirement had been implemented at the time of inspection.	

<p><b>Requirement 6</b></p> <p><b>Ref:</b> Regulation 26 (4)(d)(v)</p> <p><b>Stated:</b> First time</p>	<p>Ensure that the Centre's portable fire extinguishers and emergency lighting installation are maintained in accordance with the best practice guidance contained in BS5306-3 'Code of practice for the inspection and maintenance of portable fire extinguishers and BS5266-8 'Emergency escape lighting systems' respectively.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b> Inspector confirmed that this requirement had been implemented at the time of inspection.</p>	<p style="text-align: center;"><b>Met</b></p>	
<p><b>Requirement 7</b></p> <p><b>Ref:</b> Regulation 26 (4)(a)</p> <p><b>Stated:</b> First time</p>		<p>Ensure that the significant findings from the most recent fire risk assessment are implemented and signed-off accordingly by the registered manager.</p>
<p><b>Action taken as confirmed during the inspection:</b> Inspector confirmed that this requirement had been implemented at the time of inspection.</p>	<p style="text-align: center;"><b>Met</b></p>	
<p><b>Requirement 8</b></p> <p><b>Ref:</b> Regulation 26 (4)(e)(f)</p> <p><b>Stated:</b> First time</p>		<p>Ensure that all staff receive suitable on-going fire safety training at least annually and that all staff participate in a fire evacuation drill annually.</p>
<p><b>Action taken as confirmed during the inspection:</b> Inspector confirmed that centre wide, fire safety training had been undertaken in October 2015 and that the most recent fire drill exercise had been carried out in July 2016.</p>	<p style="text-align: center;"><b>Met</b></p>	
<p><b>Requirement 9</b></p> <p><b>Ref:</b> Regulation 26 (4)(b)</p> <p><b>Stated:</b> First time</p>		<p>Several fire doors were noted as being wedged open at the time of the inspection. If there is an operational need for these doors to be held open, then a suitable hold open device, linked to the fire alarm and detection system should be installed.</p>
<p><b>Action taken as confirmed during the inspection:</b> Inspector confirmed that no fire doors were wedged open at the time of inspection.</p>		

<b>Requirement 10</b>  <b>Ref:</b> Regulation 26 (4)(b)  <b>Stated:</b> First time	PVC trunking had been installed behind the freestanding cooker in the training kitchen leading to an unacceptable fire safety hazard. Suitable action must be taken to remove this hazard.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed that suitable alterations had been carried out 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. At the time of the inspection the Laundry was in poor decorative order and there were issues with condensation and ventilation within the area. It is important that the ventilation issues are addressed and that the area is suitably redecorated in a timely manner. (Refer to recommendation 1 in the attached Quality Improvement Plan).
2. The greenhouse at the day centre is no longer used and is falling into a state of disrepair, leading to an obvious health and safety risk for service users. If this greenhouse is no longer to be used then it should be removed from the site. (Refer to recommendation 2 in the attached Quality Improvement Plan).
3. Rising / penetrating damp was noted in the corridor adjacent to the dining room. The source of this damp should be identified and addressed, and the area suitably redecorated. (Refer to recommendation 3 in the attached Quality Improvement Plan).

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>3</b>
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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.

Since the last inspection of the 'North Belfast Day Centre' premises, significant work has been undertaken in refurbishing and redecorating the facility. New lighting has been installed along with new pvc double glazed window units. The toilet accommodation has been refurbished and upgraded and a new central heating system has been installed. This commitment to the improvement and upkeep of these premises is to be commended.

This supports the delivery of effective care.

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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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.

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 carpet in the main corridor was heavily marked and stained. This carpet should be suitably deep cleaned or replaced if staining cannot be removed.  
(Refer to recommendation 4 in the attached Quality Improvement Plan).
2. Whiterock day centre is currently only operated on a Tuesday and Thursday. At the time of the inspection the overall appearance of the premises was poor. It is therefore essential that a time bound program for the redecoration (including floor finishes and suspended ceilings) of the main day spaces, communal spaces and reception should be prepared and submitted to RQIA for information.  
(Refer to recommendation 5 in the attached Quality Improvement Plan).
3. The hairdressing sink and shower in the toilet accommodation at Whiterock Day Centre are no longer used or required. These should be removed along with all deadleg pipework and the surrounding areas made good and redecorated.  
(Refer to recommendation 6 in the attached Quality Improvement Plan).

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>3</b>
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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.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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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 Jim Gray, registered 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 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 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 [Estates.Mailbox@rqia.org.uk](mailto:Estates.Mailbox@rqia.org.uk) 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><b>Recommendation 1</b></p> <p>Ref: Standard 25.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 5 December 2016</p>	<p>The registered provider should ensure that the ventilation issues in the Laundry are addressed and that the area is suitably redecorated in a timely manner.</p>
	<p><b>Response by registered provider detailing the actions taken:</b> A vented tumble dryer has now been ordered. Trust Estates Services have agreed to redecorate this area.</p>
<p><b>Recommendation 2</b></p> <p>Ref: Standard 25.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 5 December 2016</p>	<p>The registered provider should ensure that the greenhouse at the premises is removed from the site.</p>
	<p><b>Response by registered provider detailing the actions taken:</b> The greenhouse will be refurbished and all glass replaced with plastic to meet health and safety standards. Service Users have requested that the greenhouse remain in the garden and be refurbished in order that it can be still used in the spring time.</p>
<p><b>Recommendation 3</b></p> <p>Ref: Standard 25.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 5 December 2016</p>	<p>The registered provider should ensure that the source of the rising / penetrating damp noted in the corridor adjacent to the dining room is identified, addressed, and the area suitably redecorated.</p>
	<p><b>Response by registered provider detailing the actions taken:</b> Following an inspection Trust Estates Services have agreed to undertake appropriate measures to deal with this problem.</p>
<p><b>Recommendation 4</b></p> <p>Ref: Standard 25.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 5 December 2016</p>	<p>The registered provider should ensure that the carpet in the main corridor which is heavily marked and stained, is suitably deep cleaned or replaced if the staining cannot be removed.</p>
	<p><b>Response by registered provider detailing the actions taken:</b> Following discussions with domestic services, it has been agreed that they will steam clean the carpet in the main corridor as soon as possible.</p>

<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 25.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 5 December 2016</p>	<p>The registered provider should ensure that a suitable time bound program for the redecoration (including floor finishes and suspended ceilings) of the main day spaces, communal spaces and reception should be prepared implemented. This program should be submitted to RQIA for information.</p>
<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 25.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 5 December 2016</p>	<p><b>Response by registered provider detailing the actions taken:</b> Trust Estates Services have been contacted to inspect Whiterock Day Centre and put together a list of area's requiring upgrading or refurbishment. This list will then be passed on to the Senior Mental Health Operations Manager to agree costings before being forwarded to RQIA.</p> <p><b>Response by registered provider detailing the actions taken:</b> This will be included as part of the inspection by Estates Services (please see recommendation 5) and costings forwarded to the Senior Mental Health Operations Manager.</p>

*\*Please ensure this document is completed in full and returned to [Estates.Mailbox@rqia.org.uk](mailto:Estates.Mailbox@rqia.org.uk) from the authorised email address\**



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