

Announced Premises Inspection Report 22 September 2016



Gloucester Park Day Centre

Type of Service: Day Care Setting
Address: Gloucester Park, Larne, BT40 1PD
Tel No: 028 2827 4311
Inspector: C Muldoon

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Gloucester Park Day Centre took place on 22 September 2016 from 10.30 to 12.00hrs.

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. However one issue was identified for attention by the registered provider. Refer to section 4.4.

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).

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1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Catherine Kerr (Registered Manager) and Mr Joe Cafolla (Trust Estates Officer), as part of the inspection process. The timescales for completion commence from the date of 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 dated 01 October 2013.

2.0 Service Details

Registered organisation/registered provider: Northern Health and Social Care Trust Dr A Stevens	Registered manager: Ms Catherine Kerr
Person in charge of the establishment at the time of inspection: Ms Catherine Kerr	Date manager registered: 22 September 2016
Categories of care: DCS-I, DCS-PH, DCS-PH(E), DCS-DE, DCS-MP, DCS-MP(E), DCS-LD, DCS-LD(E)	Number of registered places: 65

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 Ms Catherine Kerr (Registered Manager) and Mr Joe Cafolla (Trust Estates Officer).

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, fire risk assessment.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 05 August 2016

The most recent inspection of the Gloucester Park Day Centre was an unannounced care inspection on 05 August 2016. The completed QIP will be assessed by the specialist inspector and validated at their next inspection.

4.2 Review of requirements and recommendations from the last premises inspection dated 01 October 2013

Last premises inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 26.-(2)(c) 26.-(2)(l) Stated: First time	It should be confirmed that the thermostatic mixing valves are being maintained in with the manufacturer's instructions.	Met
	Action taken as confirmed during the inspection: There were valid records relating to the maintenance of the thermostatic mixing valves.	
Requirement 2 Ref: Regulation 14.-(1)(a) and (c) Stated: First time	The safety of the opening windows must be reviewed. The review and subsequent actions should be in line with safety alert MDEA(NI)2007/100.	Met
	Action taken as confirmed during the inspection: A random selection of windows were reviewed during the inspection and it was found that the restriction arrangements had been upgraded.	
Requirement 3 Ref: Regulation 13.-(7) 14.-(1)(c) 26.-(2)(l) Stated: First time	It should be ensured that the scheme for the control of legionella which results from the new legionella risk assessment is fully implemented.	Met
	Action taken as confirmed during the inspection: The legionella risk assessment was reviewed in October 2015. There are actions and monitoring measures in place towards the control of legionella. Legionella was not detected in water samples tested in July 2016.	
Requirement 4 Ref: Regulation 26.-(4)(a) Stated: First time	The fire risk assessment must be reviewed by a competent person and actioned as necessary.	Met
	Action taken as confirmed during the inspection: The fire risk assessment was last reviewed by the Trust fire safety officer in June 2016. There were no recommendations arising from the assessment.	

<p>Requirement 5</p> <p>Ref: Regulation 26.-(4)(d)(v)</p> <p>Stated: First time</p>	<p>It should be ensured that adequate and suitable arrangements are made to include the day centre in the cycle of weekly testing of the fire alarm call points.</p> <p>The advice of the fire safety officer should be sought.</p> <p>A procedure should be established to check that held back fire doors release and close correctly each time the alarm system is tested.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>There are arrangements in place for the fire alarm system in the day centre to be included in the cycle of testing and for checking the operation of fire doors.</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. Specialist care equipment was checked for electrical safety in March 2016. The labels on other portable electrical appliances indicate that their test and inspection should be updated.
Refer to recommendation 1 in Quality Improvement Plan.
2. The automatic closer on the woodworking room door was missing and should be replaced.
Refer to recommendation 2 in Quality Improvement Plan.

Number of requirements	0	Number of recommendations:	2
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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.

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

Areas for improvement

1. The paint on the external woodwork is peeling and a program of redecoration would be beneficial.
Refer to recommendation 3 in Quality Improvement Plan.

Number of requirements	0	Number of recommendations:	1
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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.

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.

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 this QIP were discussed with Ms Catherine Kerr (Registered Manager) and Mr Joe Cafolla (Trust Estates Officer) 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 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	
Recommendation 1 Ref: Standard 25 Stated: First time To be completed by: 22 October 2016	Arrangements should be made which will ensure that the portable electrical appliances are maintained in a safe condition and in line with the Trust policy. Response by registered provider detailing the actions taken: PAT checks completed 27.10.16
Recommendation 2 Ref: Standard 28 Stated: First time To be completed by: 22 October 2016	The automatic closer on the woodwork room door should be replaced. Response by registered provider detailing the actions taken: Work completed
Recommendation 3 Ref: Standard 25 Stated: First time To be completed by: 22 September 2017	Plans should be made to redecorate the external woodwork. Response by registered provider detailing the actions taken: Minor Works Request submitted by Unit

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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