

# Announced Premises Inspection Report 02 February 2017



## Donard Day Centre

**Type of Service: Day Care Setting**  
**Address: Slieve Roe House, Kilkeel, BT34 4BN**  
**Tel No: 028 4176 4096**  
**Inspector: Kieran Monaghan**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced premises inspection of Donard Day Centre took place on 02 February 2017 from 10:35hrs 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. Reference should be made 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.

### 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 were identified for attention by the registered provider. Reference should be made to section 4.6.

This inspection was underpinned by The Day Care Setting 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>	2	6

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Maureen Smith, Registered Manager and Mr Jonathan Haire, Estate Compliance, Southern Health and Social Care 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 on 29 August 2013

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the most recent premises inspection on 29 August 2013.

## 2.0 Service Details

<b>Registered Provider/Responsible Individual:</b> Southern Health and Social Care Trust/ Mr Francis Rice	<b>Registered manager:</b> Ms Maureen Smith
<b>Person in charge of the establishment at the time of inspection:</b> Ms. Maureen Smith, Registered Manager	<b>Date manager registered:</b> 12 March 2014
<b>Categories of care:</b> DCS-MP(E), DCS-I, DCS-MP	<b>Number of registered places:</b> 15

## 3.0 Methods/processes

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

- The report for the previous premises inspection on 29 August 2013
- The notifications log (No notifications logged)
- The concerns log (No concerns logged).

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

- Ms Maureen Smith, Registered Manager
- Mr Jonathan Haire, Estate Compliance, Southern Health and Social Care 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 most recent inspection dated 09 August 2016**

The most recent inspection of this day care setting was an unannounced care inspection IN025782 on 09 August 2016. The completed QIP for this inspection was returned to RQIA in October 2016 and approved by the care inspector on 26 October 2016. This QIP will be validated by the care inspector at their next inspection.

**4.2 Review of requirements and recommendations from the last premises inspection on 29 August 2013**

Last premises inspection statutory requirements		Validation of compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulations 14(1)(a) 14(1)(c) 26(2)(a)</p> <p><b>Stated:</b> Second time</p>	<p>The small vertical threshold bar at the ramp in the rear courtyard area should be removed. The small ramp should also be reviewed and improved as necessary.</p> <p><b>Action taken as confirmed during the inspection:</b> The small vertical threshold bar at the ramp in the rear courtyard had been removed. The ramp was not considered to present a significant risk to service users. It was however agreed that further improvements would be carried out to this area.</p>	<b>Met</b>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulations 13(7) 26(2)(a)</p> <p><b>Stated:</b> First time</p>	<p>The cleaning arrangements should be reviewed and revised with the aim of providing a separate cleaner’s store. The outcome of this review should be confirmed to RQIA.</p> <p><b>Action taken as confirmed during the inspection:</b> The cleaning arrangements had been reviewed following the last premises inspection. Separate cleaning facilities had not however been provided for the day care centre. It was agreed during this premises inspection that a separate cleaning store with cleaner’s sink would be provided in the location of the shower room. Completion of this work should be confirmed to RQIA. The need to submit a variation application for this work should also be checked with the RQIA registrations team. Reference should be made to recommendation 1 in the attached Quality Improvement Plan.</p>	<b>Not Met</b>

<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulations 13(7) 14(1)(a) 14(1)(c) 26(2)(l)</p> <p><b>Stated:</b> First time</p>	<p>The issues identified for attention in the action plan included in the report for the risk assessment in relation to the prevention or control of legionella bacteria in the water systems that was completed on 02 August 2013 should be implemented and signed off the Registered Manager.</p> <p><b>Action taken as confirmed during the inspection:</b> The report for the legionella risk assessment that was completed on 02 August 2013 was not presented for review during this premises inspection. The most recent review of the legionella risk assessment was carried out on 02 December 2015. Mr Haire confirmed that an order had been issued to carry out the necessary works in relation to this risk assessment. Completion of these works should be confirmed to RQIA. A check should also be carried out to ensure that the issues identified for attention in the report for the legionella risk assessment that was completed on 02 August 2013 have been addressed. Reference should be made to recommendation 2 in the attached Quality Improvement Plan.</p>	<p><b>Not Met</b></p>
<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulations 14(1)(a) 14(1)(c) 26(2)(l)</p> <p><b>Stated:</b> First time</p>	<p>The position in relation to addressing the small number of issues identified for attention in the report for the inspection and test to the fixed wiring installation on the 16 June 2009 should be confirmed to RQIA.</p> <p><b>Action taken as confirmed during the inspection:</b> The fixed wiring installation was inspected and tested again in November 2014 with a satisfactory outcome.</p>	<p><b>Met</b></p>
<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulations 26(2)(c)</p> <p><b>Stated:</b> Third time</p>	<p>The report for the thorough examination of the lifting equipment that was completed on 02 January 2013 should be set out in accordance with the Schedule 1 of the Lifting Operations and Lifting Equipment Regulations. The next six monthly thorough examination should also be carried out.</p> <p><b>Action taken as confirmed during the inspection:</b> The most recent thorough examination of the hoist was carried out on 19 October 2016. Mr Haire also confirmed that the issue in relation to the actuator had been followed up. In addition Mr Haire confirmed that any issues in relation to actuators</p>	<p><b>Met</b></p>

	<p>are followed up as part of the service works.</p>	
<p><b>Requirement 6</b>  <b>Ref:</b> Regulations 26(4)(a) 26(4)(b) 26(4)(c) 26(4)(d)(i)  <b>Stated:</b> First time</p>	<p>The issue in relation to the roof space fire compartmentation should be addressed. The action plan included in the report for the fire risk assessment that was carried out in January 2012 should be signed off by the Registered Manager. The fire risk assessment should also be reviewed, updated and actioned as required. In addition the self-closing device for the door to the office should be reinstated with the hold open facility.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The issue in relation to the roof space compartmentation had been addressed. The most recent review of the fire risk assessment was completed on 07 November 2016. The small number of issues identified for attention in the report for this fire risk assessment had been addressed. A new free swing self-closing device had been fitted to the office door.</p>	<p><b>Met</b></p>
<p><b>Requirement 6</b>  <b>Ref:</b> Regulations 26(4)(b) 26(4)(d)(iv)  <b>Stated:</b> First time</p>	<p>The report for the most recent inspection and test to the fire detection and alarm system should be followed up. Monthly function checks should also be carried out to the emergency lights.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The report for the most recent inspection and service of the fire detection and alarm system was not presented for review during this premises inspection. Mr Haire confirmed that a new panel had been installed in August 2016 and he would arrange to have the fire detection and alarm system serviced. Monthly function checks are being carried out to the emergency lights by an outside contractor. The most recent test to the emergency lights was carried out on 16 January 2017. The remedial works identified for attention during this check should be completed. Reference should be made to requirement 1 in the attached Quality Improvement Plan.</p>	<p><b>Partially Met</b></p>

Last premises inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 27.1 <b>Stated:</b> Second time	It is recommended that the threshold at the door to the internal courtyard garden should be altered to make it level.	<b>Not Met</b>
	<b>Action taken as confirmed during the inspection:</b> The threshold to this door had not been altered. Ms Smith however confirmed that this issue did not present a significant risk to service users. Mr Haire also agreed to check if this threshold could be made level within the current programme of work that was ongoing in the overall premises. Reference should be made to recommendation 3 in the attached Quality Improvement Plan.	

### 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

- Four issues from the Quality Improvement Plan for the last premises inspection that was carried out on 29 August 2013 had either not been addressed or had only been partially addressed. These have been restated in the attached Quality Improvement Plan. Reference should be made to requirement 1, recommendation 1, recommendation 2 and recommendation 3 in the attached Quality Improvement Plan.
- The corridor door to the day/dining room required minor adjustment to ensure that it latched fully with the self-closing device. Reference should be made to requirement 2 in the attached Quality Improvement Plan.

3. The floor gully in the shower room should be replaced. The floor covering in this shower room should also be replaced as it did not appear to be very slip resistant when wet. In the meantime this issue should be managed. Reference should be made to recommendation 4 in the attached Quality Improvement Plan.
4. The shower was disinfected in November 2016 and the most recent legionella control check by an outside specialist contractor was carried out on 06 January 2017. The next service of the thermostatic mixing valves should be carried out. A check should also be carried out to the shower to confirm if it is a type 3 fail-safe thermostatic mixing valve. If this is not the case a new type 3 fail-safe thermostatic mixing valve should be fitted. Reference should be made to recommendation 5 in the attached Quality Improvement Plan.

<b>Number of requirements</b>	<b>2</b>	<b>Number of recommendations:</b>	<b>5</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.

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.

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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**4.6 Is the service well led?**

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

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. Reference should however be made to item 1 in the Areas for improvement below.

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. Some of the issues from the Quality Improvement Plan for the last premises inspection had either not been addressed or had only been partially addressed. The arrangements for ensuring that all of the issues in the RQIA Quality Improvement Plans are addressed within the timescales should be reviewed and improved as required. Reference should be made to recommendation 6 in the attached Quality Improvement Plan.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</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 Ms Maureen Smith, Registered Manager and Mr Jonathan Haire, Estate Compliance, Southern Health and Social Care Trust 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 Setting 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.

<b>Quality Improvement Plan</b>	
<b>Statutory requirements</b>	
<b>Requirement 1</b>  <b>Ref:</b> Regulations 26(4)(b) 26(4)(d)(iv)  <b>Stated:</b> Third time  <b>To be completed by:</b> 10 March 2017	<p>The fire detection and alarm system should be inspected and serviced and a copy of the report for this work would be forwarded to RQIA. The remedial works identified for attention during the check to the emergency lights on 16 January 2017 should be completed.</p> <p><b>Response by registered provider detailing the actions taken:</b>            Fire Alarm system 25% check took place on 24<sup>th</sup> February - see attached. Emergency lighting issues to be cleared by Thursday 23/03/2017.</p>
<b>Requirement 2</b>  <b>Ref:</b> Regulations 26(4)(b) 26(4)(c) 26(4)(d)(iv)  <b>Stated:</b> First time  <b>To be completed by:</b> 10 March 2017	<p>The corridor door to the day/dining room should be adjusted to ensure that it latches fully with the self-closing device.</p> <p><b>Response by registered provider detailing the actions taken:</b>            09/03/2017 Request made to Estates online to have this work carried out and this is currently being progressed in compliance with required timeline.</p>
<b>Recommendations</b>	
<b>Recommendation 1</b>  <b>Ref:</b> Standard 27  <b>Stated:</b> Third time  <b>To be completed by:</b> 28 April 2017	<p>A separate cleaning store with cleaner's sink should be provided in the location of the shower room. Completion of this work should be confirmed to RQIA. The need to submit a variation application for this work should also be checked with the RQIA registrations team.</p> <p><b>Response by registered provider detailing the actions taken:</b>            Minor works form completed 2/02/2017 and revised again on 13/03/2017 following communication from Trust Estates Team which indicated that the Contractor was not in a position to complete the required work before the 31 March 2017 .            A variation of registration form has been completed by the Registered Manager and forwarded to the Head of Service for sending to the Director OPPC to process and return to RQIA. The Estates Team have prioritised the works and the Registered Manager will keep RQIA updated on the progress of this recommendation.</p>
<b>Recommendation 2</b>  <b>Ref:</b> Standard 27  <b>Stated:</b> Third time  <b>To be completed by:</b>	<p>Completion of the works to address the issues identified for attention in the report for the most recent legionella risk assessment that was completed on 02 December 2015 should be confirmed to RQIA. A check should also be carried out to ensure that the issues identified for attention in the report for the legionella risk assessment that was completed on 02 August 2013 have been addressed.</p>

10 March 2017	<p><b>Response by registered provider detailing the actions taken:</b> The Registered Manager can confirm that this issue has been discussed with the Trust Estates Department - this team are following up on the detail and are awaiting confirmation from the contractor regarding the completion of works following 01/12/2015 Risk assessment . Confirmation regarding works completed from the 02/08/2013 risk assessment cannot be confirmed and it has been agreed that this will be re-issued to the contractor as a matter of urgency with a requirement to address all issues by 30 April 2017.</p>
<p><b>Recommendation 3</b></p> <p>Ref: Standard 27</p> <p>Stated: Third time</p> <p>To be completed by: 28 April 2017</p>	<p>It is recommended that the threshold to the door to the internal courtyard garden should be made level.</p> <p><b>Response by registered provider detailing the actions taken:</b> The Registered Manager can confirm that an order has been processed and issued to contractor requiring this recommendation to be completed by end of April 2017</p>
<p><b>Recommendation 4</b></p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 28 April 2017</p>	<p>The floor gully in the shower room should be replaced. The floor covering in this shower room should also be replaced. In the meantime this issue should be managed.</p> <p><b>Response by registered provider detailing the actions taken:</b> The Registered Manager can confirm that this work will be completed as part of the renovations to the shower room.</p>
<p><b>Recommendation 5</b></p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 10 March 2017</p>	<p>The next service of the thermostatic mixing valves should be carried out. A check should also be carried out to the shower to confirm if it is a type 3 fail-safe thermostatic mixing valve. If this is not the case a new type 3 fail-safe thermostatic mixing valve should be fitted.</p> <p><b>Response by registered provider detailing the actions taken:</b> The Registered Manager can confirm that an Order has been issued to contractor requiring the works to be completed for this recommendation by the end of April 2017.</p>
<p><b>Recommendation 6</b></p> <p>Ref: Standard 17</p> <p>Stated: First time</p> <p>To be completed by: 28 April 2017</p>	<p>The arrangements for ensuring that all of the issues in the RQIA Quality Improvement Plans are addressed within in the timescales should be reviewed and improved as required.</p> <p><b>Response by registered provider detailing the actions taken:</b> The Registered Manager has established regular weekly communications with Trust Estates Team to ensure improvements for monitoring the progress of requirements and recommendations within the required timescales.</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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