

# Announced Premises Inspection Report 24 November 2016



## Binnian Lodge Resource Centre

**Type of Service: Day Care Setting**  
**Address: Manse Road, Kilkeel, BT34 4BN**  
**Tel No: 028 4176 5473**  
**Inspector: K. Monaghan**

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

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced premises inspection of Binnian Lodge Resource Centre took place on 24 November 2016 from 10:30hrs to 12:10hrs.

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 was 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>	<b>1</b>	<b>4</b>

Details of the Quality Improvement Plan (QIP) within this report were discussed Ms. Carmel McGrath, Registered Manager and Ms. Corinne Toal, Day Care Worker, position, 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 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. Carmel McGrath
<b>Person in charge of the establishment at the time of inspection:</b> Ms. Carmel McGrath, Registered Manager	<b>Date manager registered:</b> 21 June 2013
<b>Categories of care:</b> DCS-PH, DCS-SI	<b>Number of registered places:</b> 10

## 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 statutory notifications over the past 12 months (No notifications)
- The concerns log (No concerns)

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

- Ms. Carmel McGrath, Registered Manager
- Ms. Corinne Toal, Day Care Worker

During this premises inspection, the following records were reviewed:

- In-house records relating to the maintenance and upkeep of the premises
- The fire risk assessment report

**4.0 The inspection**

**4.1 Review of requirements and recommendations from the most recent inspection dated 02 June 2016**

The most recent inspection of the day care setting was an unannounced care inspection IN026571 on 02 June 2016. The completed QIP for this inspection was returned to RQIA on 26 July 2016 and approved by the care inspector on the same day. 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
<b>Requirement 1</b> Ref: Regulation 25(2)(b) Stated: Second time	An improvement plan to further develop the garden should be implemented.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The garden was neat and tidy.	
<b>Requirement 2</b> Ref: Regulation 25(2)(a) Stated: First time	A review of the premises should be carried out to establish how suitable they are to meet the needs of the existing service users and the needs of potential future services users with complex needs. The outcome of this review should be confirmed to RQIA.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the premises had been carried out and at present only three service users attend the day care centre.	
<b>Requirement 3</b> Ref: Regulations 13(7) 27(2)(c) Stated: First time	The drop down support rail at the toilet in the shower room should be replaced.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This rail had been replaced.	

Last premises inspection statutory requirements		Validation of compliance
<b>Requirement 4</b> <b>Ref:</b> Regulations 13(7) 27(2)(a) <b>Stated:</b> First time	The cleaning arrangements and the cleaning equipment should be reviewed and revised with the aim of providing a separate cleaner's store and equipment in full compliance with the NHS colour coding system. The outcome of this review should be confirmed to RQIA.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The cleaning arrangements had been reviewed and revised. The premises were clean and well presented at the time of this premises inspection.	
<b>Requirement 5</b> <b>Ref:</b> Regulations 13(7) 27(2)(i) <b>Stated:</b> First time	A storage audit should be carried out. The outcome of this audit should be used to inform a programme of improvement to ensure compliance with current good storage practice.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A storage audit had been carried and revisions made accordingly. No issues in relation to storage were identified during this premises inspection.	
<b>Requirement 6</b> <b>Ref:</b> Regulations 13(7) 14(1)(a) 14(1)(c) 27(2)(l) <b>Stated:</b> First time	The issues identified for attention in the action plan included in the report for legionella risk assessment should be implemented and signed off by the Registered Manager.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The legionella risk assessment was not presented for review during this premises inspection. Confirmation that this issue was addressed was however provided by the Trust in the completed Quality Improvement Plan for the previous premises inspection.	

Last premises inspection statutory requirements		Validation of compliance
<p><b>Requirement 7</b></p> <p><b>Ref:</b> Regulations 13(7) 14(1)(a) 14(1)(c) 27(2)(l)</p> <p><b>Stated:</b> First time</p>	<p>The shower should be flushed twice each week and disinfected on at least a quarterly basis. A record for this activity should also be kept in the premises. The service details for the thermostatic mixers should also be available for inspection.</p> <p><b>Action taken as confirmed during the inspection:</b> The shower was being flushed twice each week. The records for the most recent service of the thermostatic mixing valves were not presented for review during this premises inspection. Confirmation in relation to this issue should be provided to RQIA. Reference should be made to recommendation 1 in the attached Quality Improvement Plan.</p>	Partially Met
<p><b>Requirement 8</b></p> <p><b>Ref:</b> Regulation 27(2)(l)</p> <p><b>Stated:</b> First time</p>	<p>The current position in relation to addressing the issues identified for attention in the report for the inspection and test of the fixed wiring installation should be confirmed to RQIA.</p> <p><b>Action taken as confirmed during the inspection:</b> A new consumer unit had been installed in the premises. The documentation in relation to the fixed wiring was not presented for review during this premises inspection. This should be forwarded to RQIA. Reference should be made to recommendation 1 in the attached Quality Improvement Plan.</p>	
<p><b>Requirement 9</b></p> <p><b>Ref:</b> Regulations 26(4)(b) 26(4)(d)(i)</p> <p><b>Stated:</b> Second time</p>	<p>The adequacy of the fire detector in the large store should be reviewed as part of the next fire risk assessment.</p> <p><b>Action taken as confirmed during the inspection:</b> The adequacy of the location of the fire detector had been reviewed. Subsequent to this premises inspection RQIA received a fire engineering calculation from the Trust's Fire Safety Officer confirming that the existing smoke detector location was satisfactory.</p>	Met

Last premises inspection statutory requirements		Validation of compliance
<p><b>Requirement 10</b></p> <p>Ref: Regulations 26(4)(b) 26(4)(e)</p> <p><b>Stated:</b> First time</p>	<p>All staff should be provided with training in the use of firefighting equipment</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Fire extinguisher training had been provided for staff on 11 November 2015. The most recent fire safety training was also carried out on 14 September 2016.</p>	Met
<p><b>Requirement 11</b></p> <p>Ref: Regulations 26(4)(b) 26(4)(d)(i)</p> <p><b>Stated:</b> First time</p>	<p>A risk assessment should be carried out in relation to the service user who smokes. A key focus for this risk assessment should be the control of the smoking materials and the level of supervision required. In addition the provision of first aid firefighting equipment should be reviewed with particular emphasis on the need to provide an easily accessible fire blanket in close proximity to the area used for smoking.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The Trust have introduced a no smoking policy for all of their premises. Service users no longer smoke on these premises.</p>	N/A

Last premises inspection statutory requirements		Validation of compliance
<b>Requirement 12</b> <b>Ref:</b> Regulations 26(4)(a) 26(4)(b) <b>Stated:</b> First time	The fire risk assessment should be reviewed, revised and actioned as required. The action plan for the previous fire risk assessment that was carried out on 5 January 2012 should be checked and signed off by the Registered Manager. The report for the most recent inspection and test to the fire detection and alarm system should also be available for inspection.	<b>Not Met</b>
	<b>Action taken as confirmed during the inspection:</b> The issues included in the copy of the action plan for the 05 January 2012 fire risk assessment that was presented for review during this premises inspection had not been signed off. These issues should be reviewed and signed off. It was noted that the action plan in the most recent fire risk assessment that was completed on 03 April 2015 had been signed off. 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. Reference should be made to requirement 1 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

1. The fire alarm is checked weekly and a fire drill was carried out on 23 September 2016. The detailed information in relation to the ongoing maintenance of the building and engineering services was not however presented for review during this premises inspection as this is held by the Trust's Estates Department. These details should be confirmed to RQIA. Reference should be made to recommendation 2 in the attached Quality Improvement Plan.
2. The front door is fitted with a key operated lock. This door is not however locked when the day care centre is being used. Consideration should be given to the benefits of changing this lock to an easy opening device.
3. The shower unit had been replaced since the previous premises inspection. This shower is not used by service users. The temperature of the hot water at this shower fluctuates and it is not restricted to a maximum of 41° C. The adequacy of this shower unit should be reviewed. Reference should be made to recommendation 3 in the attached Quality Improvement Plan.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>2</b>
-------------------------------	----------	-----------------------------------	----------

#### 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.

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

#### 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.

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

**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 Areas for improvement item 1 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. The arrangements for addressing and signing off the issues included in RQIA Quality Improvement Plans should be reviewed and updated as required. Reference should be made to recommendation 4 in the attached Quality Improvement Plan.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
-------------------------------	----------	-----------------------------------	----------

## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms. Carmel McGrath, Registered Manager and Ms. Corinne Toal, Day Care Worker, 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) 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

### Statutory requirements

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulations 26(4)(b)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 20 January 2017</p>	<p>The issues included in the action plan for the 05 January 2012 fire risk assessment should be reviewed and signed off. A copy of the report for the most recent inspection and service of the fire detection and alarm system should be forwarded to RQIA.</p>
	<p><b>Response by registered provider detailing the actions taken:</b></p> <p>Estates Compliance Officer is awaiting return of latest fire risk assessment. On receipt of these reports they will be forwarded immediately to RQIA Estates Officer.</p>

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 25</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 20 January 2017</p>	<p>The details for the most recent service of the thermostatic mixing valves should be provided to RQIA. The documentation in relation to the fixed wiring should be forwarded to RQIA.</p>
	<p><b>Response by registered provider detailing the actions taken:</b></p> <p>Estates Compliance Officer is awaiting return of latest service reports for thermostatic mixing valves. On receipt of these reports they will be forwarded immediately to RQIA Estates Officer.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 25</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 20 January 2017</p>	<p>The detailed information in relation to the ongoing maintenance of the building and engineering services should be confirmed to RQIA.</p>
	<p><b>Response by registered provider detailing the actions taken:</b></p> <p>Estates Compliance Officer is awaiting return of latest service reports. On receipt of these reports they will be forwarded immediately to RQIA Estates Officer.</p>

## Quality Improvement Plan

### Recommendations

<p><b>Recommendation 3</b></p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 20 January 2017</p>	<p>The adequacy of the shower unit should be reviewed. The outcome of this review should be confirmed to RQIA.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> Estates Compliance Officer has advised that this recommendation will be resolved by 30/01/2017</p>
<p><b>Recommendation 4</b></p> <p>Ref: Standard 17</p> <p>Stated: First time</p> <p>To be completed by: 20 January 2017</p>	<p>The arrangements for addressing and signing off the issues included in RQIA Quality Improvement Plans should be reviewed and updated as required.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> Arrangements for addressing and signing off of issues have been addressed and will be monitored weekly by Assistant Manager and fortnightly by Registered 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\**



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

Tel 028 9051 7500  
Fax 028 9051 7501  
Email [info@rqia.org.uk](mailto:info@rqia.org.uk)  
Web [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)