

The Regulation and
Quality Improvement
Authority

Maybrook Adult Training Centre
RQIA ID: 11234
149 Racecourse Road
Derry
BT48 8RD

Inspector: P Cunningham
Inspection ID: IN021498

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**Announced Estates Inspection
of
Maybrook Adult Training Centre**

26 January 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An announced estates inspection took place on 26 January 2016 from 10.00 to 13.30. Overall on the day of the inspection the premises supported the delivery of safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the;

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Day Care Settings Regulations (Northern Ireland) 2007
- The Day Care Settings Minimum Standards (DHSSPS, 2012)

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

The details of the QIP within this report were discussed with Raymond Boyle, Centre Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Western Health and Social care Trust (WHSCT)	Registered Manager: Raymond Boyle
Person in Charge of the Premises at the Time of Inspection: Raymond Boyle	Date Manager Registered: 4 August 2014
Categories of Care: DCS-DE, DCS-I, DCS-LD, DCS-PH, DCS-SI	Number of Registered Places: 75
Number of Service Users Accommodated on Day of Inspection: 63	Weekly Tariff at Time of Inspection: <i>Trust rate</i>

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

Standard 25: Premises and Grounds

Standard 27: Safe and Healthy working Practices

Standard 28: Fire safety

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed: Previous estates inspection report, statutory notifications over the past 12 months, duty call log.

During the inspection the inspector met with Raymond Boyle, Centre Manager and Stephen Kelly, Estates Officer, WHSCT

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.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an announced care inspection dated 19 October 2015. The completed QIP was returned by the provider. The care inspector confirmed that the provider had responded appropriately to the issues raised and signed off the QIP on 11 February 2016.

See 5.2 - Previous Inspection Statutory Requirements (1) below in the section - Action taken as confirmed during the inspection.

5.2 Review of Requirements and Recommendations from the last Estates Inspection dated 03 December 2014.

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 26 (2)(a)</p>	<p>The provider should carry out a review of the sanitary accommodation in the 'Nightingale Unit' area of the centre with a view to making better use of this space. Currently, a significant portion of this area is un/under-utilized and the male toilet facilities are outdated and cubicle style. This should be reviewed in conjunction with the planned works to re-locate the complex needs service user group into this area.</p> <p>Action taken as confirmed during the inspection: The manager explained that the WHSCT have embarked upon a review of day care services across the Trust and the sanitary accommodation at Maybrook ATC is included in this review. To this end, WHSCT Estates Department have surveyed the sanitary accommodation and are to produce plan proposals for upgrading of same. The RQIA care inspector carried out an unannounced inspection of the centre on 19 October 2015 and the sanitary accommodation was subject to discussion during that inspection. A subsequent requirement was made and the care inspector confirmed that the Manager responded appropriately in response to the requirement in the Quality Improvement Plan of that inspection. See item 1 in Quality Improvement Plan below.</p>	Met
<p>Requirement 2</p> <p>Ref: Regulation 27 (2)(b)</p>	<p>A significant section of the linoleum floor covering in the main male toilets is defective and requires replacement</p> <p>Action taken as confirmed during the inspection: Floor covering replaced.</p>	Met

Requirement 3 Ref: Regulation 13 (7)	The manager explained that only one of the four service user showers were currently being used to any degree. The provider should consider removing unused showers including all associated pipework. The legionellae risk assessor should be consulted accordingly. Subsequently, the spaces should be put to better use.	Met
	Action taken as confirmed during the inspection: Unused showers have been removed.	

5.3 Standard 25: Premises and grounds - *The premises and grounds are safe, well maintained and remain suitable for their stated purpose*

Is Care Safe? (Quality of Life)

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this Estates inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. This supports the delivery of safe care.

Is Care Effective? (Quality of Management)

A range of accommodation, facilities and support services is provided in the premises. This supports the delivery of effective care.

Is Care Compassionate? (Quality of Care)

The areas of the premises reviewed during this Estates inspection were well presented, clean and free from malodours. This supports the delivery of compassionate care. The toileting provision in the 'Osprey' area part of the centre are the subject of review by WHSCT and the manager confirmed that a recent survey of the facility by WHSCT Estates Department included proposals to refurbish these to better meet the needs of service users. The manager explained that the number of service users in that part of the centre presenting with mobility difficulties has increased over recent years and while there are sufficient numbers of toilets, access to the area is in need of improvement.

The RQIA care inspector discussed this with the manager during the unannounced care inspection on 19 October 2015 and the manager had responded in the QIP that it was anticipated that upgrade measures to address the issues were anticipated to be completed by the end of March 2016 upgrade .

See recommendation 1 in the attached Quality Improvement Plan.

Number of Requirements	0	Number of Recommendations	1
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5.4 Standard 27: Safe and healthy working practices - *The Centre is maintained in a safe manner, and safe and healthy working practices are promoted in all aspects of its work.*

Is Care Safe? (Quality of Life)

A range of documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this Estates inspection. This supports the delivery of safe care.

Is Care Effective? (Quality of Management)

The nature and needs of the residents are considered as part of the risk assessment processes and this is reflected in the management of the premises. This supports the delivery of effective care.

Is Care Compassionate? (Quality of Care)

There are health and safety procedures and control measures in place which support the delivery of compassionate care.

Number of Requirements	0	Number of Recommendations	0
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5.5 Standard 28: Fire safety - *Fire safety precautions are in place that reduce the risk of fire and protect service users, staff and visitors in the event of fire.*

Is Care Safe? (Quality of Life)

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. This supports the delivery of safe care.

Is Care Effective? (Quality of Management)

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 residents, 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 effective care.

Is Care Compassionate? (Quality of Care)

The standard used by the registered persons to determine the extent of fire safety protection measures that are appropriate for the premises recognises the need to maintain a homely, non-institutionalised environment. This supports the delivery of compassionate care.

Number of Requirements	0	Number of Recommendations	0
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5.6 Additional Areas Examined

Not applicable.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Raymond Boyle, Centre Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Day Care Settings Regulations (Northern Ireland) 2007

6.2 Recommendations

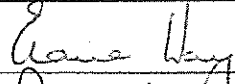
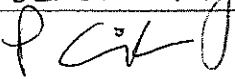
This section outlines the recommended actions based on research, recognised sources and The Day Care Settings Minimum Standards (DHSSPS, 2012). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 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 person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to estates.mailbox@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 weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations			
Recommendation 1 Ref: Standard 25.5 Stated: First time To be Completed by: 31 March 2016	Carry out remedial upgrade works to the sanitary accommodation in the 'Osprey' area of the centre to include improved access arrangements for service users. Response by Registered Manager Detailing the Actions Taken: "Minor Capital Works" Referral forms have been submitted regarding mproving the use and space of part of Osprey toileting area and the need to improve the access arrangements to this area(installation of electric doors). Both the areas of improvement/change were highlighted by the Registered Manager in his completion of the "Estates Assessment of Current Statutory Facilities" in November 2015. This submission was followed up by the completion of an Estates survey of the whole facility by the W.H.S.C.T. Estates Department in January 2016 as part of the Learning Disability Day Care/Day Oppurtunities Review. The above two issues were recognised and highlighted in this survey. The required improved access and minor structured change are as a result of the high numbers of wheelchair users we now care for within the Osprey Room. The Registered Manager will follow up the Minor Capital Works Referrals.		
Registered Manager Completing QIP	Raymond Boyle	Date Completed	26.02.16
Registered Person Approving QIP		Date Approved	7 April 2016
RQIA Inspector Assessing Response		Date Approved	11/4/16

Please ensure the QIP is completed in full and returned to estates.mailbox@rqia.org.uk from the authorised email address