

Estates Report for RQIA Inspection IN020920 - Maybrook Day Centre (11234) on 3 December 2014

- **The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003**
- **The Day Care Setting Regulations (Northern Ireland) 2007**
- **Day Care Settings Minimum Standards 25, 27 and 28 (DHSSPS, January 2012)**

I would confirm the following matters with regard to above:

An inspection of **Maybrook Day Centre**, Racecourse road, Derry was carried out by RQIA on 3 December 2014. Mr. Raymond Boyle, Registered Manager and Mr. Jackie Gallagher, Estates Officer with the Western Health and Care Trust, Estate Services were present during this inspection.

RQIA considers that action is required by the Registered Persons in relation to the items 2, 3 and 7 noted below in order to ensure compliance with the above legislation and standards:

Standard 25 – Premises and grounds

Previous Issues (Estates Inspection on 26 June 2012)

1. There were no items included in the previous QIP relating to this standard

Current Issues

2. 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 out-dated 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.

Reference

- **Fitness of premises Regulations 26 (2)(a)**
- **Day Care Settings Minimum Standard 25**

3. A significant section of the linoleum floor covering in the main male toilets is defective and requires replacement

Reference

- **Fitness of premises Regulations 26 (2)(b)**
- **Day Care Settings Minimum Standard 25.9**

Standard 27 - Safe and healthy working practices

Previous Issues (Estates Inspection on 26 June 2012)

3. **Previous QIP item 1.** Confirmation was given by the Estates Officer that the action plan of legionellae risk assessment has been largely addressed
4. **Previous QIP item 2.** The legionellae risk assessment was reviewed in December 2012 and as per item 3. above, the action plan has been addressed.
5. **Previous QIP item 3.** The provider confirmed that arrangements are in place for thorough examination of the centre's patient lifting hoists in line with LOLER legislation requirements.
6. **Previous QIP item 4.** Signage was installed at the front entrance area at the covered pedestrian section and staff awareness has been increased to prevent vehicles from driving onto this area.

Current Issues

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.

Reference:

- **Fitness of premises Regulations 13 (7)**
- **Day Care Settings Minimum Standard 25.7**

Standard 28 – Fire Safety

Previous Issues (Estates Inspection on 26 June 2012)

8. **Previous QIP item 5.** The fire risk assessment was reviewed in June 2012 and again on 4 August 2014.
9. **Previous QIP item 6.** Records indicate that monthly function checks to the emergency lighting are carried out by the specialist fire alarm contractor.
10. **Previous QIP item 7.** A full fire evacuation drill was carried out on 16 May 2013 and more recently on 1 December 2014.

Current Issues

8. Records indicate good attention to fire safety management in the centre. The fire risk assessment was reviewed last on 4 August 2014 and records indicate good attention to fire safety equipment maintenance and safety checks by external specialist contractors, WHSCT Estates Department and in-house staff.

Action Required by Registered Persons

Items 2, 3 and 7 above identified for action in this report should be addressed in a prioritised and timely manner. These issues will be followed up by RQIA. This may include a further inspection on or before **31 March 2015**.

A detailed response to this inspection report should be made using the attached Quality Improvement Plan and returned to this office via email to estates@rqia.org.uk by **12 February 2015**. If you disagree with the factual accuracy of the report you should make a separate response to the above email address in order that amendments can be considered and made or your comments appended.

On **13 February 2015** this inspection report will be made open to the public (bar any communication regarding factual accuracy). If you have not provided a detailed response by this date, this report will still be made open without your comments.

You will be aware that this report and any response you submit will constitute an open report on this establishment and will be made available to interested parties on request. If a detailed response is not received in writing by the required date given above, I would ask you to regard this copy of the report as final and an open document effective from **13 February 2015**.

Thank you for your co-operation.

I look forward to hearing from you.

Regards



Phil Cunningham
Senior Estates Officer

Quality Improvement Plan

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Response for item 2

Minor Capital Works Request submitted to Senior Management to change the layout and function of this present toileting area in view of the very complex physical healthcare clients moving soon to this area. The proposal is to create a therapeutic/activities room offering the existing clients more space and options. If work is to proceed a Variance Request Form will be completed and forwarded to RQIA prior to any work commencing.

Response for item 3

A full replacement of the linoleum flooring to this male toileting area will be completed within four weeks from 26th January 2015. Contractors have already been on site to assess the work required.

Response for item 7

Decision has been made to remove three of the four showers. The Trust's estate's plumber commenced work on this task on Monday 26 January 2015 with work to be completed within a four week period. The spaces left will be used for more shelving. Once completed the Legionellae risk assessment will be updated.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	<i>Raymond Boyle</i>
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	<i>Carrie Hy</i>

QIP Position Based on Comments from Registered Persons (for RQIA use only)		QIP Closed		Estates Officer	Date
		Yes	No		
A.	All items confirmed as addressed.				
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.	✓	✓	<i>P Cunningham</i>	<i>23/2/15</i>
C.	Clarification or follow up required on some items.				

13 FEB 2015