

# Announced Premises Inspection Report 17 November 2016



## Orchard Centre

**Type of Service: Day Care Setting**  
**Address: Dromalane Road, Newry, BT35 8AP**  
**Tel No: 028 3026 6374**  
**Inspector: K. Monaghan**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced premises inspection of Orchard Centre took place on 17 November 2016 from 10:25 hrs to 12:15hrs.

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 two 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. However one issue was identified for attention by the registered provider. Reference should be made to section 4.5.

### 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 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>2</b>	<b>2</b>

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms. Maureen Smith, Registered Manager, 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 02 October 2013.

## 2.0 Service Details

<b>Registered organisation/registered provider:</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> 18 October 2010
<b>Categories of care:</b> DCS-DE, DCS-MP, DCS-MP(E)	<b>Number of registered places:</b> 70

## 3.0 Methods/processes

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

- The report for the previous premises inspection on 02 October 2013
- The statutory notifications over the past 12 months
- The concerns log (No concerns)

During this premises inspection discussions took place with Ms. Maureen Smith, Registered Manager

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 on 08 September 2016

The most recent inspection of this day care setting was an unannounced care inspection IN025781 on 08 September 2016. The completed QIP for this inspection was returned to RQIA on 24 October 2016 for approval by the care inspector. 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 02 October 2013

Last premises inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulations 26(2)(b) 26(2)(d) <b>Stated:</b> First time	Remedial works should be carried out to resolve this issue in relation to the water ingress from the roof above the corridor at the television room and at the roof light in the staff toilet.  <b>Action taken as confirmed during the inspection:</b> These remedial works had been completed.	Met
<b>Requirement 2</b> <b>Ref:</b> Regulations 13(7) 26(2)(b) <b>Stated:</b> First time	The support rail at the WC in the assisted toilet should be replaced. The cleaner's store should be deep cleaned.  <b>Action taken as confirmed during the inspection:</b> The support rail at the WC had been replaced and the cleaner's store had been cleaned. In addition the walls in the cleaner's store had been lined with an impervious sheet finish.	Met
<b>Requirement 3</b> <b>Ref:</b> Regulations 13(7) 26(2)(b) <b>Stated:</b> First time	A programme of work to refurbish the kitchen should be drawn up. Details for this programme of work should be confirmed to RQIA.  <b>Action taken as confirmed during the inspection:</b> It is good to report that the kitchen had been refitted in stainless steel. This is to be commended.	Met

Last premises inspection statutory requirements		Validation of compliance
<b>Requirement 4</b>  <b>Ref:</b> Regulation 26(2)(l)  <b>Stated:</b> First time	The outcome of the inspection and test to the fixed wiring installation should be confirmed to RQIA.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Prior to this premises inspection a copy of the report for the most recent inspection and test to the fixed wiring installation that was completed on 13 -15 January 2014 was forwarded to RQIA. This certificate confirmed that the installation was in a satisfactory condition and that all previous report issues had been addressed.	
<b>Requirement 5</b>  <b>Ref:</b> Regulations 13(7) 14(1)(a) 14(1)(c) 26(2)(l)  <b>Stated:</b> First time	Details in relation to the issues identified for attention in the report for the legionella risk assessment along with the timescales for addressing same should be confirmed to RQIA.	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> The most recent legionella risk assessment was completed on 19 July 2013. Some of the issues identified for attention such as the circulation temperatures for the cold water and the removal of the fire hose reel had been addressed. It was not however clear if the issues in relation to the flexible connections to the sanitary ware and the removal of the 'dead legs' had also been addressed. Clarification in relation to these issues should be confirmed to RQIA. Reference should be made to recommendation 1 in the attached Quality Improvement Plan.	
<b>Requirement 6</b>  <b>Ref:</b> Regulation 26(2)(c)  <b>Stated:</b> First time	The next six monthly thorough examination of the lifting equipment should be completed. The report for this thorough examination should include the detail set out in Schedule 1 of the Lifting Equipment and Lifting Operations Regulations.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Prior to this premises inspection copies of the report for the most recent thorough examinations to the hoists that were completed on 20 May 2016 were forwarded to RQIA. The older hoists had been removed from the premises and replaced with new hoists. No issues were identified for attention in the relation to these new hoists.	

Last premises inspection statutory requirements		Validation of compliance
<b>Requirement 7</b>  <b>Ref:</b> Regulations 26(4)(b) 26(4)(d)(iv)  <b>Stated:</b> First time	In addition to the duration inspections and tests to the emergency lights, each emergency light fitting should be function checked on a monthly basis.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Prior to this premises inspection details in relation to the monthly checks to the emergency lights were forwarded to RQIA.	
<b>Requirement 8</b>  <b>Ref:</b> Regulations 26(4)(b) 26(4)(c) 26(4)(d)(i)  <b>Stated:</b> First time	The remaining issues identified for attention in the report for the fire risk assessment should be addressed and the action plan should be signed off by the Registered Manager.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The most recent fire risk assessment was completed in June 2014. The small number of issues identified for attention had been addressed.	
<b>Requirement 9</b>  <b>Ref:</b> Regulations 26(4)(a) 26(4)(b)  <b>Stated:</b> First time	A new drawing for the fire detection and alarm system should be provided adjacent to the control panel (in hand). The Co2 fire extinguisher outside the offices should also be serviced.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A new drawing and a list of the rooms had been provided adjacent to the fire detection and alarm control panel. The Co2 fire extinguisher outside the office had been serviced in June 2016.	

Last premises inspection statutory requirements		Validation of compliance
<b>Requirement 10</b>  <b>Ref:</b> Regulations 26(4)(b) 26(4)(c)  <b>Stated:</b> First time	The door to the hairdressing room should not be propped open. If this door is required to be kept open, an appropriate hold open device linked to the fire detection and alarm system should be installed. The oxygen cylinders should be secured in position in accordance with current good practice (in hand with bracket to be installed). The portable television should not be placed on top of the micro wave oven. Access should be available to the cupboard in the utility room. The boiler room should be kept clear of storage.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The door to the hairdressing room was not propped open. Ms. Smith confirmed that no oxygen was being stored in the premises at present. The portable television was not placed on top of the microwave and the boiler had been cleared out. Ms. Smith agreed to ensure that item of kitchen equipment located in the boiler room would be removed. Subsequent to this premises inspection it was confirmed to RQIA that the door from the utility room opened into an adjoining room.	
<b>Requirement 11</b>  <b>Ref:</b> Regulations 26(4)(b) 26(4)(d)(i)  <b>Stated:</b> First time	The ceiling in the boiler room should be checked and additional fire stopping at the service perforations should be completed as required.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Additional fire stopping had been carried out in the boiler room. Ms. Smith agreed to follow up the fire stopping to one small cable hole in the ceiling.	
Last premises inspection recommendations		Validation of compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 27.1  <b>Stated:</b> First time	It is recommended that consideration should be given to the need to enclose the switchgear in the boiler room.	<b>Not Met</b>
	<b>Action taken as confirmed during the inspection:</b> The switchgear in the boiler room had not been enclosed. Access to the boiler room is however controlled to authorised persons only. As service users do not have access to the boiler room this issue is not considered to pose any significant risk to them.	

### 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 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. Prior to this premises inspection, details of the monthly checks to the emergency lights were forwarded to RQIA. These details indicated that remedial works were required to a number of the emergency light fittings. It was not clear if these remedial works had been completed. Confirmation of completion in relation to these remedial works should be forwarded to RQIA. In addition the procedure for maintaining the emergency lights should be reviewed and updated to ensure that any defects noted during the monthly checks are addressed within a timely manner. Reference should be made to requirement 1 in the attached Quality Improvement Plan.
2. A cover should be fitted to the electrical connection box in the ceiling of the utility room. The electrical earth bonding link under the sink in the gent's toilets should also be reconnected. Reference should be made to requirement 1 in the attached Quality Improvement Plan.
3. The fire detection and alarm system was inspected and serviced on 17 October 2016 with a satisfactory outcome. A fire drill was carried out on 26 April 2016 and fire safety training was provided in June 2016. The fire risk assessment should also be reviewed, updated and actioned as required. Reference should be made to requirement 2 in the attached Quality Improvement Plan.

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

It is good to report that the turning area to the front of the premises had recently been resurfaced. Redecoration works and new flooring had also been completed recently. This is to be commended.

This supports the delivery of effective care.

<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.

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 wall and floor surfaces in the gent's toilet facilities and in the shower room had deteriorated and were not in a good condition. These facilities should be refurbished. The refurbishment should include the provision of impervious sheet finishes to the wall surfaces and enclosing the low level pipes. Reference should be made to recommendation 2 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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**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.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.

This supports a well led service.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</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, 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>Ref: Regulation 26(4)(iv)</p> <p>Stated: First time</p> <p>To be completed by: 16 December 2016</p>	<p>Confirmation of completion in relation to the remedial works to the emergency lights should be provided to RQIA. In addition the procedure for maintaining the emergency lights should be reviewed and updated to ensure that any defects noted during the monthly checks are addressed within a timely manner. A cover should be fitted to the electrical connection box in the ceiling of the utility room. The electrical earth bonding link under the sink in the gent's toilets should also be reconnected.</p>
	<p><b>Response by registered provider detailing the actions taken:</b></p>

<p><b>Requirement 2</b></p> <p>Ref: Regulation 26(4)(a)</p> <p>Stated: First time</p> <p>To be completed by: 20 January 2017</p>	<p>The fire risk assessment should be reviewed, updated and actioned as required.</p>
	<p><b>Response by registered provider detailing the actions taken:</b></p>

### Recommendations

<p><b>Recommendation 1</b></p> <p>Ref: Standard 27</p> <p>Stated: Second time</p> <p>To be completed by: 20 January 2017</p>	<p>Clarification in relation to completion of the remaining issues (flexible connections and dead legs) from the legionella risk assessment should be provided to RQIA.</p>
	<p><b>Response by registered provider detailing the actions taken:</b></p>
<p><b>Recommendation 2</b></p> <p>Ref: Standard 25</p> <p>Stated: First time</p> <p>To be completed by: 16 February 2016</p>	<p>The gent's toilet facilities and the shower room should be refurbished. The refurbishment should include the provision of impervious sheet finishes to the wall surfaces and enclosing the low level pipes.</p>
	<p><b>Response by registered provider detailing the actions taken:</b></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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