

Announced Premises Inspection Report 23 August 2016



Maghera Day Centre

Type of service: Day Care Service
Address: 26 Coleraine Road, Maghera, BT40 6AH
Tel No: 028 7964 3360
Inspector: Gavin Doherty

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Maghera Day Centre took place on 23 August 2016 from 10:30 to 12:00.

The inspection sought to assess progress with any issues raised during and since the last premises inspection and to determine if the Day Centre 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. Refer to section 4.3 in the report.

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.

This inspection was underpinned by The Day Care Settings Regulations (Northern Ireland) 2007 and The Day Care Settings Minimum Standards (DHSSPS, 2012).

1.1 Inspection outcome

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

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr James Burnside, Day Care Worker, and Mr Joe Cafolla, NHSCT Estates, 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 QIP there were no further actions required to be taken following the most recent premises inspection.

2.0 Service details

Registered organisation/registered person: Northern HSC Trust/Mr Anthony Baxter Stevens	Registered manager: Mr John Holmes
Person in charge of the premises at the time of inspection: Mr James Burnside, Day Care Worker	Date manager registered: 20 April 2011
Categories of care: DCS-DE, DCS-LD, DCS-LD(E), DCS-MP, DCS-MP(E), DCS-PH, DCS-PH(E), DCS-SI, DCS-TI	Number of registered places: 50

3.0 Methods/processes

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

During the inspection the inspector met with Mr James Burnside, Day Care Worker, and Mr Joe Cafolla, NHSCT Estates.

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, and fire risk assessment.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 18 December 2015

The most recent inspection of the establishment was an unannounced care inspection. The completed QIP was returned and approved by the specialist inspector on 19 February 2016. This QIP will be validated by the specialist inspector at the next care inspection.

4.2 Review of requirements and recommendations from the last premises inspection dated 09 September 2013

Last premises inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 26 (2)(b) 14 (1)(a)(c) Stated: First time	The damaged fence at the front of the facility must be removed and replaced. Careful consideration should be given to the construction of any replacement fence to ensure such damage does not re-occur.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that this work had been completed to a high standard at the time of inspection.	
Requirement 2 Ref: Regulation 26 (2)(a) 14 (1)(a)(c) Stated: First time	Ensure that all windows opening onto the external path around the facility are suitably restricted to prevent them from blocking this escape route.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that this work had been undertaken at the time of inspection.	
Requirement 3 Ref: Regulation 14 (1)(a)(c) Stated: First time	Carry out a risk assessment regarding the slip resistance existing quarry tile flooring in Kitchen. If the floor finish is found to be unacceptable the tiles must be replaced with a suitable slip resistant finish without further undue delay.	Partially Met
	Action taken as confirmed during the inspection: Inspector confirmed with the kitchen staff that this risk assessment had been undertaken at the time of inspection. However, further consideration is recommended with regard to this hazard. Refer to section 4.3 in the main report.	
Requirement 4 Ref: Regulation 26 (4)(a) Stated: First time	Ensure that the current fire risk assessment completed on 23 August 2013 is fully implemented and signed-off.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that the current fire risk assessment, undertaken on 16 May 2016 was in place and there were no outstanding issues relating to this assessment.	

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. Inspection and testing in relation to the premises fixed electrical installation is now overdue for completion. Mr Joe Cafolla confirmed that an order to carry out this work had been raised and that it would be undertaken without further delay. Confirmation should be provided to RQIA on completion of this work, indicating that the premises fixed electrical installation remains in a 'satisfactory' condition.
(Refer to recommendation 1 in the attached Quality Improvement Plan).
2. Following the previous estates inspection, a risk assessment for the suitability of the kitchen flooring was undertaken. This concluded that the slip resistance provided by the existing quarry tile floor finish was acceptable and no further action was deemed necessary. However, at the time of this current inspection, areas of the floor were wet with condensation produced by the cooking operations in the kitchen and were noted as being not slip resistant. It is essential that a suitable and sufficient risk assessment is undertaken with regards to this hazard. This should include looking at the floor finish and also the level and effectiveness of the ventilation in the kitchen area. Suitable controls should then be put in place to reduce this hazard to an acceptable level to safeguard staff working in this area of the premises.
(Refer to requirement 1 in the attached Quality Improvement Plan).

Number of requirements	1	Number of recommendations:	1
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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.

Number of requirements	0	Number of recommendations:	0
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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.

Number of requirements	0	Number of recommendations:	0
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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.

Arrangements are in place for managing premises related incidents/notifiable events and Medical Device and Equipment Alerts.

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.

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr James Burnside, Day Care Worker, and Mr Joe Cafolla, NHSCT Estates, 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 service. 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings 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 provider/manager 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 and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to 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

Requirements

<p>Requirement 1</p> <p>Ref: Regulation 14 (1)(a)(c)</p> <p>Stated: Second time</p> <p>To be completed by: 15 November 2016</p>	<p>The registered provider should ensure that a suitable and sufficient risk assessment is undertaken with regards to the slip resistance offered by the existing kitchen flooring. This should involve the floor finish and also the level and effectiveness of the ventilation in the kitchen area. Suitable controls should then be put in place to reduce this hazard to an acceptable level.</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>Minor works submitted to rectify this issue as advised by Robert Craig Estates Services.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 25.7</p> <p>Stated: First time</p> <p>To be completed by: 15 November 2016</p>	<p>The registered provider should confirm to RQIA on completion of the inspection and testing of the premises fixed electrical installation that all remedial works have been completed and the premises fixed electrical installation remains in a 'satisfactory' condition.</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>Following the inspection NHSCT Estates contacted the contractor and the work was completed August 2016</p>

Please ensure this document is completed in full and returned to Estates.Mailbox@rqia.org.uk from the authorised email address



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