

Announced Premises Inspection Report 09 March 2017



Age NI Kilkeel Day Centre incorporating 'Age NI Orchard Day Centre'

Type of Service: Day Care Setting
Address: 18 Mill Road, Kilkeel, BT34 4AN
Tel No: 02841761103
Inspector: Kieran Monaghan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Age NI Kilkeel Day Centre incorporating 'Age NI Orchard Day Centre' took place on 09 March 2017 from 10:20 to 11:40. This inspection only included the premises at 18 Mill Road, Kilkeel.

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
Total number of requirements and recommendations made at this inspection	5	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Braniff, Acting 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 24 June 2009.

2.0 Service Details

Registered Provider/Responsible Person: Age NI/Ms Linda Robinson	Registered manager: Ms Bridie McVeigh
Person in charge of the establishment at the time of inspection: Ms Claire Braniff, Acting Manager	Date manager registered: 02 October 2013
Categories of care: DCS-DE	Number of registered places: 19

3.0 Methods/processes

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

- The report for the previous premises inspection on 24 June 2009
- The notifications log
- The concerns log. (No concerns logged).

During this premises inspection discussions took place with Ms Braniff, Acting Manager.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection on 26 May 2016 and 11 June 2016

The most recent inspection of this day care setting was an unannounced care inspection IN026765 on 26 May 2016 and 11 June 2016. The completed QIP for this inspection was returned to RQIA on 29 July 2016 and approved by the care inspector on 19 August 2016. 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 dated 24 June 2009

Last premises inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 14(1)(a)(b)(c) Stated: First time	<p>The fire risk assessment had been completed but was not available in the facility on the day of the inspection. It is essential that that this risk assessment is in place and that all requirements are fully implemented.</p>	Not Met
	<p>Action taken as confirmed during the inspection: The report for the most recent fire risk assessment that was completed on 15 September 2016 was not presented for review during this premises inspection. Ms Claire Braniff agreed to forward a copy of this risk assessment to RQIA. Subsequent to this premises inspection Mrs Braniff forwarded a copy of the report for the most recent fire risk assessment that was completed on 15 September 2016 to RQIA. The issues identified for attention in the report for this fire risk assessment should be addressed and signed off. Reference should be made to requirement 1 in the attached Quality Improvement Plan.</p>	
Requirement 2 Ref: Regulation 14(1)(a)(b)(c) Stated: First time	<p>The water temperature at the outlets in the toilet areas was uncontrolled. A risk assessment should be carried out to assess the likelihood of scalding occurring at these outlets, and appropriate action implemented. (HTM04-01).</p>	Not Met
	<p>Action taken as confirmed during the inspection: The water temperature at the outlet in the toilet was not controlled. The wash basin in the shower room was fitted with a mixer tap and a temperature control was in place at the shower. The mixer tap however allows the hot water temperature to exceed 41° C when it is turned up to maximum and it was not clear if the control on the shower was fail-safe and if it limited the maximum blended hot water to 41° C. Although the risk associated with this issue was considered to be low a formal risk assessment was not presented for review during this premises inspection. A risk assessment should be completed in relation to the hot water outlets. Reference should be made to requirement 2 in the attached Quality Improvement Plan.</p>	

Last premises inspection statutory requirements		Validation of compliance
Requirement 3 Ref: Regulation 14(1)(a)(b)(c) Stated: First time	Ensure an appropriate and sufficient risk assessment is carried out and implemented with regards to 'The control of Legionella bacteria in water systems.' HSE ACOP 'L8'. As the shower in the facility is intended only for emergency care, it is essential that it is flushed through regularly (twice weekly) to ensure there is no buildup of stagnant water in the system.	Partially Met
	Action taken as confirmed during the inspection: There was a procedure in place for the twice weekly flushing of the shower. A record for this activity was also being kept. A current risk assessment for the prevention or control of legionella bacteria in the water system was not presented for review during this premises inspection. Reference should be made to requirement 3 in the attached Quality Improvement Plan.	
Last premises inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 23.1 Stated: First time	Ensure that the roof and Gutters are cleared of moss and other Debris. The flue to the boiler requires a new cap at roof level.	Met
	Action taken as confirmed during the inspection: The gutters had been cleared and a new cap had been fitted to the boiler flue.	
Recommendation 2 Ref: Standard 23.5 Stated: First time	Consideration should be given to developing the rear of the facility to provide a suitable external area for the use of the clients.	Met
	Action taken as confirmed during the inspection: Ms Braniff confirmed that the external area was considered to be suitable for the needs of the service users. Ms Braniff also confirmed that the maintenance of this area would be brought up to date for the summer months.	

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 and first aid fire-fighting equipment.

A number of issues were however identified for attention during this premises inspection. These are detailed in the 'areas for improvement' section below.

Comments and areas for improvement

1. Two requirements from the previous Quality Improvement Plan had not been met and one requirement had been partially met. These requirements have been restated in the attached Quality Improvement Plan.
2. The inside of the premises should be redecorated. In addition the fascias and soffits should be cleaned. The timber work to the front porch should be repaired as required and repainted. Reference should be made to recommendation 1 in the attached Quality Improvement Plan.
3. Ms Braniff confirmed that the rear door is always unlocked during the times that the service users are in the premises. It is however recommended that the key for this door should be fixed in position with a short robust chain. Reference should be made to recommendation 2 in the attached Quality Improvement Plan.
4. It was noted that there was a small electric heater in the main activity room. Ms Braniff however confirmed that this was only used on very cold mornings to provide an initial boost to heating before the service users arrive.
5. The missing gully grate to the rear of the premises should be replaced. Reference should be made to requirement 4 in the attached Quality Improvement Plan.
6. The electrical equipment was inspected and tested on 06 December 2016. A copy of the current inspection and test report for the fixed wiring installation should be forwarded to RQIA. Reference should be made to requirement 5 in the attached Quality Improvement Plan.
7. The fire detection and alarm system was inspected and serviced on 12 September 2016 and the first aid fire-fighting equipment was serviced in July 2016. In addition the fire alarm is tested weekly with the last test having been carried out on 07 March 2017 and a fire drill was carried out on 07 March 2017.

Number of requirements	5	Number of recommendations:	2
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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

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.

Two requirements from the previous Quality Improvement Plan had not been met and one requirement had been partially met. The arrangements for ensuring that the requirements in Quality Improvement Plans are fully addressed within the timescales should be reviewed and improved as required. Reference should be made to recommendation 3 in the attached Quality Improvement Plan.

Number of requirements	0	Number of recommendations:	1
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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 Braniff, Acting 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 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>Requirement 1</p> <p>Ref: Regulations 26(4)(a)</p> <p>Stated: Second time</p> <p>To be completed by: In accordance with the recommendations from the fire risk assessor</p>	<p>The issues identified for attention in the report for the fire risk assessment that was completed on 15 September 2016 should be addressed and signed off.</p> <p>Response by registered provider detailing the actions taken: Trust not renewing contract, service closing 30/6/17</p>
<p>Requirement 2</p> <p>Ref: Regulations 14(1)(a) 14(1)(c)</p> <p>Stated: Second time</p> <p>To be completed by: 21 April 2017</p>	<p>A risk assessment should be completed in relation to the hot water outlets. The outcome of this risk assessment should be confirmed to RQIA.</p> <p>Response by registered provider detailing the actions taken: Trust not renewing contract, service closing 30/6/17</p>
<p>Requirement 3</p> <p>Ref: Regulations 14(1)(a) 14(1)(c) 26(1)(l)</p> <p>Stated: Second time</p> <p>To be completed by: 21 April 2017</p>	<p>A copy of the report for the current risk assessment for the prevention or control of legionella bacteria in the water system should be forwarded to RQIA.</p> <p>Response by registered provider detailing the actions taken: Trust not renewing contract, service closing 30/6/17</p>
<p>Requirement 4</p> <p>Ref: Regulations 14(1)(a) 14(1)(c)</p> <p>Stated: First time</p> <p>To be completed by: 07 April 2017</p>	<p>The missing gully grate to the rear of the premises should be replaced.</p> <p>Response by registered provider detailing the actions taken: Trust not renewing contract, service closing 30/6/17</p>

Quality Improvement Plan	
Statutory requirements	
Requirement 5 Ref: Regulations 14(1)(a) 14(1)(c) 26(1)(l) Stated: First time To be completed by: 21 April 2017	A copy of the current inspection and test report for the fixed wiring installation should be forwarded to RQIA.
	Response by registered provider detailing the actions taken: Trust not renewing contract, service closing 30/6/17
Recommendations	
Recommendation 1 Ref: Standard 25 Stated: First time To be completed by: 02 June 2017	The inside of the premises should be redecorated. In addition the fascias and soffits should be cleaned. The timber work to the front porch should be repaired as required and repainted.
	Response by registered provider detailing the actions taken: Trust not renewing contract, service closing 30/6/17
Recommendation 2 Ref: Standard 28 Stated: First time To be completed by: Ongoing	It is recommended that the key for the rear door should be fixed in position with a short robust chain.
	Response by registered provider detailing the actions taken: Trust not renewing contract, service closing 30/6/17
Recommendation 3 Ref: Standard 17 Stated: First time To be completed by: 02 June 2017	The arrangements for ensuring that the requirements in Quality Improvement Plans are fully addressed within the timescales should be reviewed and improved as required.
	Response by registered provider detailing the actions taken: Trust not renewing contract, service closing 30/6/17

Please ensure this document is completed in full and returned to 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

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)