

Announced Premises Inspection Report 14 February 2017



Orchard Grove Day Centre

Type of Service: Day Care Setting
Address: 7 The Square, Clough, BT30 8RB
Tel No: 02844 811672
Inspector: Kieran Monaghan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Orchard Grove Day Centre took place on 14 February 2017 from 10:30hrs to 12:35hrs. This inspection was carried out along with the care home which is part of the same premises.

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.

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	0	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms. Deirdre Burns, Registered Manager and Mr. Mark Emerson who deals with the premises issues, 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 03 January 2013.

2.0 Service Details

Registered Providers: Mr. Craig Cecil Emerson and Mr. Ian George Emerson	Registered manager: Ms. Deirdre Burns
Person in charge of the day care centre at the time of inspection: Ms. Deirdre Burns, Registered Manager	Date manager registered: 11 February 2013
Categories of care: DCS-LD	Number of Service Users: 10

3.0 Methods/processes

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

- The report for the previous premises inspection on 03 January 2013
- The notifications log
- The concerns log. (No concerns logged)

During this premises inspection discussions took place with the following people:

- Ms. Deirdre Burns, Registered Manager
- Mr. Mark Emerson who deals with the premises issues

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 21 May 2015

The most recent inspection of this day care setting was an unannounced care inspection IN022751 on 21 May 2015. The completed QIP for this inspection was returned to RQIA on 30 June 2015. 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 3 January 2013

Last premises inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 14(1)(a)(c) Stated: First time	A risk assessment should be carried out in relation to the floor surface at the cover to the internal access chamber outside the small linen store. Reference should be made to the information available from the Health and Safety Executive in relation to risk assessment methodology (fire steps to risk assessment).	Met
	Action taken as confirmed during the inspection: A carpet is fitted in this area. Ms. Burns confirmed that this issue did not present any significant risk to service users. This should be kept under review.	

Last premises inspection statutory requirements		Validation of compliance
<p>Requirement 2</p> <p>Ref: Regulation 26(4)(a) 26(4)(b) 26(4)(d)(i) 26(4)(f)</p> <p>Stated: First time</p>	<p>The fire risk assessment, emergency fire plan and evacuation procedure for the premises should be reviewed, revised and actioned as required to take account of the day care setting. This should include a reference to the day care legislation. A fire drill for the day care setting should also be carried out. In addition the fire detector in the staff care base should be reviewed and changed if required (appeared to be a heat detector where a smoke detector may be more appropriate).</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: The emergency fire plan and the evacuation procedure were not reviewed during this premises inspection. The fire risk assessment for the complete premises was however reviewed and updated on 18 October 2016 in line with the guidance issued by RQIA in relation to the competency of fire risk assessors. The report for this fire risk assessment confirmed that no issues were identified for attention. Ms. Burns also confirmed that the most recent fire drill for the complete premises was carried out on 24 January 2017 along with the fire safety training which was provided by the fire risk assessor. The fire detector in the staff base had been changed to a smoke detector. In addition a new fully addressable fire detection and alarm system had been installed throughout the complete premises.</p>	

Last premises inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 28. 2 Stated: First time	<p>It is recommended that the set of double doors between the large day care activity room and the sitting room in the residential care home should be replaced with new half hour fire doors with fire and smoke seals, self-closing devices and electromagnetic hold open devices. In addition the standard of the fire doors throughout the premises should be reviewed and a programme of improvement should be implemented to move towards full compliance with current best fire safety practice.</p>	Met
	<p>Action taken as confirmed during the inspection: The set of double doors between the large day care activity room and the sitting room in the residential care home had been upgraded. This included self-closing devices and a hold open device linked to the fire detection and alarm system on one leaf. The standard of the fire doors throughout the premises was also reviewed following the last premises inspection and improvements were made as considered necessary. Most of the doors are now fitted with overhead self-closing devices. It was agreed that an overhead self-closing device would also be fitted to the door of the kitchen to ensure that this door continues to latch fully. Subsequent to this premises inspection Mr. Emerson confirmed to RQIA that this self-closing device had been fitted.</p>	

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 which was carried out in line with the guidance issued by RQIA in relation to the competency of fire risk assessors.

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. The most recent risk assessment for the prevention or control of legionella bacteria in water systems was carried out 09 February 2017. Action was ongoing in relation to the recommendations included in the report for this risk assessment. This included the removal of 'dead legs' in the system and cleaning the water storage tanks. In relation to the 'dead legs' it may not be possible to remove all of these. Any that cannot be removed should be flushed twice each week. In addition consideration should be given to testing water samples. Further advice should be obtained from the legionella risk assessor. Subsequent to this premises inspection Mr. Emersion confirmed that work in relation to the 'dead legs' was continuing in conjunction with the legionella risk assessor. Reference should be made recommendation 1 in the attached Quality Improvement Plan.
2. The details in relation to the servicing and ongoing maintenance of the thermostatic mixing valves were not presented for review during this premises inspection. These details should be confirmed to RQIA. Reference should be made to recommendation 2 in the attached Quality Improvement Plan.
3. There is a procedure in place for checking the hot and cold water temperatures each month. It was however agreed that this would be revised to include all of the hot water outlets at the baths and showers each month. In addition the hot water outlets at the wash basins would be checked in rotation.
4. The ceiling of the small cupboard opposite the shower room on the ground floor should be fire stopped. Reference should be made to recommendation 3 in the attached Quality Improvement Plan.

Areas for improvement

5. At present there are two service users who smoke. Mrs. Burns confirmed that risk assessments in relation to smoking were in place with the care records (not reviewed). It was agreed that a fire blanket would be provided in the area that is used for smoking. Subsequent to this premises inspection Mr. Emerson confirmed to RQIA that a fire blanket had been provided in this area.
6. It was agreed that it would be beneficial to check all of the call facilities each month instead of sample checking.
7. The fixed wiring installation was inspected and tested on 14 September 2015. The report for this work confirmed that the installation was in a satisfactory condition. The report however identified two Code C3 issues for improvement consideration. The first of these issues related to the provision of residual current device (RCD) protection. Ms. Burns confirmed that this issue did not present any significant risk to services users. The second issue related to two circuits that were not traced during the inspection and test. Mr. Emerson confirmed that he would follow up this issue with the electrician.

Number of requirements	0	Number of recommendations:	3
-------------------------------	----------	-----------------------------------	----------

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
-------------------------------	----------	-----------------------------------	----------

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
-------------------------------	----------	-----------------------------------	----------

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.

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

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms. Deirdre Burns, Registered Manager and Mr. Mark Emerson who deals with the premises issues 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 for review 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	
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: Ongoing</p>	<p>Any 'dead legs' in the plumbing system that cannot be removed should be flushed twice each week. In addition consideration should be given to testing water samples. Further advice should be obtained from the legionella risk assessor.</p> <p>Response by registered provider detailing the actions taken: Advice from Chemical treatment Services followed, including removal of dead legs</p>
<p>Recommendation 2</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 24 March 2017</p>	<p>The details in relation to the servicing and ongoing maintenance of the thermostatic mixing valves should be confirmed to RQIA.</p> <p>Response by registered provider detailing the actions taken: appropriate service carried out on 8th March 2017 by competent person. We can confirm this issue will be reviewed annually.</p>
<p>Recommendation 3</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: 17 March 2017</p>	<p>The ceiling of the small cupboard opposite the shower room on the ground floor should be fire stopped.</p> <p>Response by registered provider detailing the actions taken: This has been actioned on the 10th March 2017.</p>

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

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)