

Appendix B Corporate Landlords Service

Management and Compliance Audit – Social Services 2021

1.0 Audit Summary

Corporate Landlords Services are undertaking Management and Compliance Audits and actively monitoring activities and business operations within our assets, and every premises within the Local Authority’s asset portfolio will be subject to a Management and Compliance Audit.

During April 2021, the audit schedule commenced within the Social Services provision due to the sleeping risk and its maintained operation through the pandemic. Given the pressures on the service areas and staff, the audits were completed through site visits, and a supportive and empathetic approach was applied, offering a high-level of flexibility.

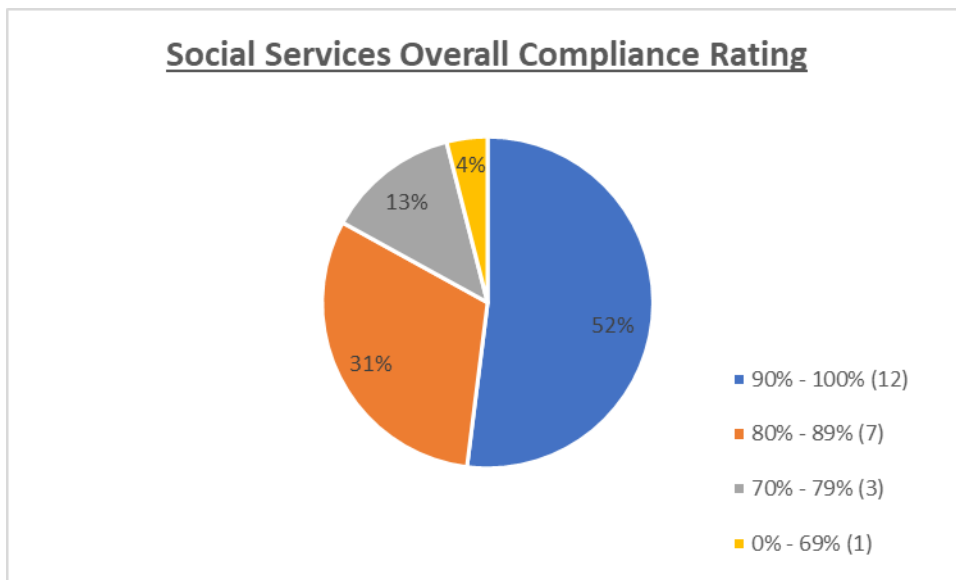
The Management and Compliance process examines 14 key areas and these are as follows:

➤ Fire Safety Order 2005	➤ Lifting Equipment: LOLER 98 & Pressure Vessels Thorough examinations	➤ Workplace transport – Road Traffic Act
➤ Asbestos Control		➤ Traffic Management
➤ Electricity at Work Regulations	➤ Local Exhausts Ventilation Systems - COSHH	➤ Outdoor equipment and Provisions
➤ Gas Safety and Installation and Use regulations	➤ Commercial Kitchens	➤ Security Systems and arrangements
➤ Legionella	➤ Glazing – regulation 14/ EN12600	➤ Smoke Free legislation

The management and Compliance Audits for the Social Services provision have now be completed and the schedule of dates and overall compliance rating have been highlighted in Appendix 1. To ensure that the premises were assessed based on risk, these were RAG rated to offer a prioritised work stream, with sleeping risk prioritised.

2.0 Findings

COVID 19 has placed significant pressures on Social Services and has tested the resilience of staff over the last 18 months. The Management and Compliance officers were made aware of services that were closed due to restrictions imposed by Welsh Government and staff redeployed to other critical services to maintain business continuity as a front line service. Despite these challenges, the managers of each service area have demonstrated high levels of compliance with our statutory obligations. These are highlighted within *Fig 1* and Appendix 1



Glazing- Regulation 4

Glazing and the premises risk assessments highlighted non-compliance due to the expiry of safety film applied to glazed units across the portfolio of Social Services. This was escalated at the earliest opportunity for managers to discuss a programme of work with Corporate Building Services.

LEV Systems – COSHH Regulations

Thorough examinations of LEV systems has been overlooked in one high-risk area. This was quickly addressed and measures put into place to ensure that the facility was safe and all LEV systems are now included onto the corporate inspection schedule undertaken with independent and thorough examination currently with BES (British Engineering Services).

Cleaning and Maintenance of commercial extractor systems

The Management and Compliance Audits have highlighted areas for improvement in relation to the ongoing cleaning of commercial extractor systems in regards to the hood filters. Additional cleaning of hood filters should be based on usage of equipment/ cooking processes that permit airborne grease contaminants, visual inspections highlighting any obvious grease contaminants, and any recommendations made by EVH or the enforcing authority (MWWFRS). Premises Managers must evidence compliance with DW172, “*guide to good practice internal cleanliness of ventilation systems*” and consult with Building Services to agree and adopt an acceptable safe cleaning system that is reasonably practicable and proportionate to the risk.

Any cleaning schedule of hood filters and supporting components of the extractor units should be noted within the buildings Fire Risk Assessments, cleaning schedules agreed and communicated to all appropriate staff to ensure compliance is maintained.

Lifting Operation and Lifting Equipment (LOLER 98)

LOLER is integral to the safe operation of lifting and handling of service users in both day services and residential care provisions. It has been highlighted that there are anomalies with the frequency of inspections in two provisions and this has now been escalated to the authority’s assistant mechanical engineer and Corporate Health Safety and Wellbeing Services.

Regulatory Reform Fire Safety Order 2005/ BS9999 Requirements

The Management and Compliance Audit has highlighted inconsistencies in the testing and inspection of fire alarms systems including emergency lighting and any other devices provided in respect of the premises under the Fire Safety Order. Article 17 of the order identifies the responsible person to ensure that there is a system of maintenance and are maintained in an efficient state and in efficient working order and good repair.

It was evident that through the pandemic, limited testing of fire break glass call points, emergency lighting and inspections of firefighting media had not been undertaken in some residential care provisions that were operational. In addition to this, the frequency of inspections were inconsistent and consideration should be given to a review of some services “Normal Operating Procedure” (NOP) and to implement a standardised and consistent approach in the testing and inspection of fire alarms systems and supporting equipment.

Sharing of documentation.

Servicing and maintenance records are essential for all Premises Managers to confirm that the testing and inspection of mechanical and gas/ electrical installations are undertaken within a time schedule. In addition to this, maintenance records for fire hydrants and pressure vessels are critical to support the sites fire risk assessment and managing any foreseeable risk. During the schedule of audits, close communication has been maintained between the management and compliance officers and key stakeholders within Corporate Building Services to gain

assurances that key service documents are provided to premises managers following their inspection schedule and this has been disseminated to all service and maintenance staff.

3.0 Best Practice

As part of the Management and Compliance Audit, a range of best practice has been highlighted and this has been documented within individual premises audit reports. It is essential to capture this information to support continuous improvement and the sharing of best practice is fundamental in the process. Areas of best practice that should be considered to strengthen existing arrangements and will also support a quality assurance and standardised approach.

Storage of documentation:

It was noted that all sites have fully embedded the fire management file that was introduced by Corporate Health Safety Emergency Management and Wellbeing Service in recent years. Thus allowing managers to source key documents timely, and to provide historic information to confirm authenticity and currency of risk assessment, PEEPS and management arrangements.

Some site provisions have developed management portfolios that in line with the Management and Compliance Audit document. Thus allowing managers to monitor their own levels of compliance with statutory obligations.

Staff communications/ dissemination of information

Where staff have been provided information on key documents that include the buildings fire risk assessment, emergency action plans, asbestos register and building risk assessments, COVID 19 information, these have been supported with signatory lists that are dated and signed by the individual staff member.

Lifting Operation and Lifting Equipment (LOLER 98)

A number of provisions have adopted daily check systems that are service user specific or room specific. Documentation demonstrated robust visual inspections and should be shared and a standardised system be adopted that offers quality assurance with LOLER requirements. Good examples have been highlighted in St Johns and The Hollies.

COVID 19

Most sites were supported with a COVID 19 management file that contained key information and risk assessments for their service provision. All staff and service users were following COVID secure arrangements and where this was challenging due to individuals behaviours and lack of awareness of personal space, staff were supported with appropriate PPE/C. Cleaning schedules were in place and good practice was highlighted in Forrestfach DS along with additional COVID secure measures that included coloured zone areas and visual plans of

usage by service users, phased/ timed movement around the facility and timetables lunchtime/ break times and all arraignments closely monitored.

4.0 Further Considerations

In support of developing and improving compliance, consideration should be given to the delivery of training for managers and key staff representatives to undertaken testing and inspection of all controls in line with the Fire Reform Fire Safety Order and BS9999. Having managers trained in this undertaking, will ensure that compliance is maintained and will support business continuity in the future.

Quality Assurance can become integral to any improvement strategy with regards to compliance. Due consideration should be given to sampling documentation at planned intervals to ensure that all testing and inspections are undertaken in line with British standards and contract requirements. This will also provide reassurance for operation managers and to highlight any shortcomings at the earliest opportunity.

Consideration should be given to a service review in regards to the ICT provision within each premises, thus allowing staff to access a range of eLearning courses that are available through the authorities online portal and access to mandatory training delivered by the Corporate Health Safety and Wellbeing Service. During the site visits, observations were made of staff sharing ICT devices to maximise attendance with mandatory training. This is potentially compromising COVID secure measures on site and not providing a conducive learning experience for the participant. Competency must be maintained and appropriate access to ICT equipment is essential to allow this to take place, and will assist with reducing pressures on operational delivery due to limited provisions on site. It is anticipated that training will continue to be delivered through teams for the near future.

Hollies DC, Alex Road and Flexible support have not been included as part of the Social Services (2021) Management and Compliance Audit due to the facilities being closed as a result of the COVID 19 pandemic, staff have been repurposed to support front line services. It must be noted, if/ when services return within these provisions, the Premises Manager must make every effort to secure a Management and Compliance Audit, this allowing a reflective and accurate assessment of the asset within this directorate. Corporate Landlords Services will full support this when services resume.

Appendix 1

Compliance parameter – RAG rating		71 – 100% = Green - Compliant	41 – 70% = Amber – Remedial work required and action plan in place	0 – 40% = Red - Immediate action required
Establishment	Management Team	Management and Compliance officer	Audit Date	Overall Compliance Rating
Alex Road	Manager: Lee Esqulant	Peter Webster		CLOSED
Abergelli DS	Manager: Sandra Watson	Nic Overton	21.6.21	84%
Birchgrove SNS	Manager: Lorraine Howells	Nic Overton	09.6.21	94%
Bonymaen House HFA	Manager: Donna Cuke	Nic Overton	18.05.21	86%
CREST	Manager: Steve Williams	Nic Overton	05.05.21	42%
Flexible Support Service	Manager: Alison Leggett	Peter Webster	N/A	
Forrestfach DS	Manager: Georgina Davies	Nic Overton	08.06.21	92%
Glandwr DC	Manager: Carol Sheara	Nic Overton	25.06.21	80%
Gorseinon DS	Manager: Lloyd Jones	Nic Overton	07.06.21	95%
Hollies HFA	Manager: Helen Davies	Nic Overton	19.05.21	85%
Hollies DC	Manager: Helen Davies	Peter Webster	Closed	
Llanfair House RC	Manager: Cerys Margetson	Nic Overton	26.04.21	90%
Maesglas CSU Maesglas SNS	Manager: Emma Forrester Manager: Sheridan Evans	Nic Overton	14 th & 22 nd June 2021	92%
Norton Lodge DC	Manager: Amanda Gallivan	Peter Webster	09.06.21	96%
Parkway SNS	Manager: Berwyn Jones	Nic Overton/ Peter Webster	29.04.21	94%

Rose Cross House	Manager: Gayle Brown	Peter Webster	21.07.21	93%
St Johns D	Manager: Amanda Gallivan	Peter Webster	22.6.21 2	91%

Establishment	Management Team	Management and Compliance officer	Audit Date	Overall Compliance Rating
St Johns House	Manager: Cory Carra	Nic Overton	13.04.21	76%
Ty Waunarlyydd HFA	Manager: Jo Masurier	Nic Overton	10.05.21	78%
Ty Waunarlyydd DC	Manager: Sandra Watson	Peter Webster	13.07.21	
West Cross DC	Manager: Berwyn Jones	Peter Webster	04.08.21	91%
Whitethorns DS	Manager: Lee Esqulant	Nic Overton	11.05.21	97%
Ty Cila/Alex Road RC	Manager: Christine Williams	Peter Webster	28.06.21	76%
Ty Lafant DC	Manager: Lee Esqulant	Peter Webster	22.07.21	96%
Trewarren SNS	Manager: Sheridan Evans	Peter Webster	19.07.21	88%
Toronto Place DC	Manager: Lloyd Jones	Nic Overton	28.06.21	84%
SVRC	Manager: Lorraine Howells	Nic Overton	17.05.21	88%