

**Right Directions**

quality and safety



# **ukactive**

## **Approved Code of Practice**

**Organisation name**

**Centre/Club name**

**Mon 14**



## Contacts

Evaluator Name	xxxx	Evaluator Email	<a href="mailto:xxx@rightdirections.co.uk">xxx@rightdirections.co.uk</a>
Centre Contact	xxxx	Contact Email	<a href="mailto:xxxx@clubname.com">xxxx@clubname.com</a>

## Club Profile

- Fitness gym
- Studios
- Swimming Pool
- Spa, sauna & steam
- Café/Bar
- Changing Rooms
- Health and Beauty Salon
- Creche

## Key

**Performance Criteria** = Must be achieved

**Suggested Evidence** = Where italicised, suggested evidence may contribute to the achievement of competence against the Performance Criteria but is non-essential.

There are 2 possible outcomes: **C** - Compliant **NC** – Non-compliant

Actions will result from non-compliance – the Club/Centre will be given one month from the date of completion of the evaluation visit to complete actions and become compliant (for multi-site operators one month from the completion of the final visit within the sample). If sites are still non-compliant following a period of one month this will result in visits to two further sites as well as a re-assessment of the initial site which may require either a second visit of desk-based evaluation.

Recommendations may be made for improvement against a particular standard and may not result in non-compliance.

**NB** - The Code does not create a new law or act as a substitute for any existing regulations.

## Report Summary

Has the Club/Centre:

- |   |     |
|---|-----|
| 1 - Provided access to their portfolio(s) of evidence?              | YES |
| 2 - Prepared for the evaluation visit?                              | YES |
| 3 - Provided a nominated person to facilitate the evaluation visit? | YES |
| 4 - Provided access to all areas for inspection of evidence?        | YES |
| 5 - Responded to questions relating to evidence produced?           | YES |

**Does the Club/Centre meet the ukactive Code of Practice?** **NO**

**Standard 01 - Health & Safety**

Performance Criteria	Date	Compliance
<b>STEP ONE – POLICY</b>		
<b>1.1 Health and safety policy</b>		
<i>Ensure that minimum legal requirements with regards to the 'Health &amp; Safety at Work etc. Act 1974' (HASWA) 'and the Management of Health &amp; Safety at Work Regulations 1999' (MHSWR) are maintained.</i>		
<i>Have an up to date health &amp; safety policy signed by a responsible director that supports the organisation's aim to have a planned and systematic approach to the continuous improvement of its health and safety management system.</i>		
<i>NB: Members are encouraged to adopt the Health and Safety Executive's (HSE) five key elements set out in 'Successful Health and Safety management' HSG65</i>		
• Copy of the Health and Safety Policy statement– signed by senior management or director	24/03/2014	C
• H&S Law Poster completed and displayed in designated staff areas		C
• Employer Liability Insurance certificate displayed	01/10/2013	C
<b>STEP TWO – ORGANISING</b>		
<b>1.2 Staff Training</b>		
<i>Ensure all staff are competent in all health and safety aspects of their work relating to safety policy, safe working procedures and action to be taken in the event of an emergency situation.</i>		
• Production of a documented induction process that includes specific health and safety training for all staff		C
• Health and Safety training records for all staff in Normal Operating Procedures and Emergency Action Plans (sample)		C
• Confirmed by staff interview (more than one interview)		C
<b>STEP THREE - PLANNING</b>		
<b>1.3 Risk Assessments</b>		
<i>Conduct suitable and sufficient risk assessments in accordance with the HSE's 'Five steps to risk assessment'.</i>		
Step 1 Look for Hazards Step 2 Decide who might be harmed Step 3 Evaluate the risks and decide whether the existing precautions are adequate or whether more should be done Step 4 Record Findings Step 5 Review assessment and revise it if necessary		C
• Health and Safety standard outlining the procedures for risk assessment	Section 3 H&S Manual	C
• Copies of the most recent risk assessments (Identifying hazards and controls and are these control measures active)		C
• Evidence of a formal risk assessment review within time frames stated in above standard (within the last 3 years)	23/01/14	C
• Safe Systems of Work/Procedural guidelines	Pool backwash & beer-line cleaning	C
• Evidence of subsequent action taken and risk control measures in place		
<b>STEP THREE - PLANNING</b>		
<b>1.4 Fire</b>		
<i>Comply with fire and health and safety law and provide adequate precautions through an assessment of work place risks. Precautions include means of detection and warning in case of fire, the provision for means of escape, means of fire fighting and the training of staff in fire safety.</i>		
• Health and Safety standard outlining fire procedures		C
• Copies of fire risk assessments and risk assessments records		C
• Evidence of a fire risk assessment review (within the last 3 years)	28/05/12	C
• Emergency Operating Procedures		C
• Emergency action plan		C
• Staff records of evacuation training and fire safety		C
<b>STEP THREE - PLANNING</b>		
<b>1.5 Emergency Action Planning</b>		
<i>Ensure that documentation advising on action to be taken in the event of an emergency situation is in place.</i>		
• Emergency Operating Plan		C
<b>STEP THREE - PLANNING</b>		
<b>1.6 COSHH</b>		
<i>Where possible eliminate or reduce risks arising from substances hazardous to health. Identify hazardous substances and control exposure to employees and others. Control hazards through written assessments and training in safe systems of work taking into account arrangements for delivery, storage, handling, and use of hazardous substances. Provide suitable Personal Protective Equipment which is kept in good condition, as identified through assessments.</i>		

## Standard 01 - Health & Safety

Performance Criteria	Date	Compliance
• COSHH Risk Assessments completed for all hazardous substances and retained in clearly marked COSHH file		C
• Safety data information sheets retained for all hazardous substances		C
• COSHH training records completed for all employees who handle hazardous substances		C
• Evidence of safe storage of chemicals via enclosure or segregation e.g. chemical bunds, encased chemical dosing lines		NC
• Adequate PPE (refer to COSHH assessment) equipment provided in appropriate locations		C
• Training in safe use of PPE recorded		C
• Hazardous substances safety signage displayed		C
<b>STEP THREE - PLANNING</b>		
<b>1.7 First Aid</b>		
<i>Compliance with 'Health &amp; Safety (First Aid) Regulations 1981 (Northern Ireland 1982)' to provide first aid provision at all times taking into account staff and users needs, type, quantity and location of equipment and number of qualified first aiders.</i>		
• Adequate (as defined by standard or risk assessment) first aid equipment available for use		C
• Procedures to ensure that there are enough competent persons at all times to cover for temporary and exceptional absences of trained first aiders		C
• Copies of staff first aid training recorded and certificates retained	name of staff sampled - 13/04/12	C
• Minimum requirement HSE or Ofqual approved first aid person per site throughout the opening hours will be required according to risk assessment		C
• Accident and RIDDOR reporting procedures in place		C
• First aid signs are displayed in the appropriate place		C
• Evidence of who is nominated first aider		C
<b>STEP THREE - PLANNING</b>		
<b>1.8 Plant/Equipment</b>		
<i>Identify and assess risks arising from use of machinery or equipment. Inspect the safe condition of plant machinery or equipment via a competent person in accordance with manufacturers' maintenance schedules. Restrict the use of work equipment or plant to persons who have been competently trained. Only competently trained personnel will undertake any maintenance, repairs or modifications to such equipment.</i>		
• Copies of statutory certificates and records: o Fixed wire electrical certificate o Crèche certificate (OFSTED) if applicable o Food Hygiene controls o Emergency lighting o Integrity of gas supply and appliances o Lifts / Hoists (every 6 months passenger lifts/12 months non-passenger)	Fixed Wiring Oct 13 - evidence of remedial work needed EL - 29/01/14 Gas 13/11/13 Lift/Hoist 07/05/14	NC
• Portable Appliance Testing (PAT) including a sample of equipment and PAT register Provision of Personal Protective Equipment available	15/04/14	C
• Work equipment inspections/checks recorded in accordance with operations manual/manufacturers' maintenance schedule		C
• Adequate standards of cleanliness/housekeeping are met		C
• Plant and equipment training records for internal staff that handle plant and equipment		C
• When contractors are used for handling pool plant and equipment, a formal approval process has been followed		C
<b>STEP THREE - PLANNING</b>		
<b>1.9 Asbestos (if building was built before 2000)</b>		
<i>Ensure that minimum legal requirements with regards to 'The Control of Asbestos Regulations 2012' are maintained. NB: Members are encouraged to adopt the Health and Safety Executive's (HSE) checklist for 'Managing my asbestos'</i>		
• Asbestos Survey		
• Asbestos Management Plan/register		
• Inspection records up-to-date		
<b>STEP THREE - PLANNING</b>		
<b>1.10 Fitness Equipment</b>		
<i>Maintain equipment in accordance with manufacturers' service schedules and conduct checks of equipment as per the manufacturers' guidelines. To be documented and a copy of the records kept on site. Equipment should be fit for purpose.</i>		
• Gym equipment inspections checks recorded in accordance with operations manual/manufacturers' maintenance schedule		C
• Records of maintenance as per supplier/manufacturers instructions		C
• If manufacturers' service schedules are not available a suitable alternative should be in place		C

## Standard 01 - Health & Safety

Performance Criteria	Date	Compliance
<b>STEP THREE - PLANNING</b> <b>1.11 Swimming Pool &amp; Spa Water Treatment and Quality Standards</b> <i>Ensure that swimming pool water quality is kept within the Pool Water Treatment Advisory Group (PWTAG) 'Swimming Pool Treatment and Quality Standards Guidelines'</i> <i>Ensure that spa water quality is kept within the Health Protection Agency standards 'Hygiene for Spa Pools' guidelines.</i> <i>Undertake daily checks of Swimming pool and Spa water quality standards at recommended intervals for levels of disinfection, pH, water and air temperatures and to record test results and any changes or corrective action taken.</i> <i>Display statutory signage in appropriate locations highlighting safety advice and safe use of facilities. Pool rescue aids are provided for use in an emergency. Environment should be fit for purpose.</i> <i>Conduct on a regular basis bacteria sample testing of swimming pool and spa water.</i> <i>NB: The term 'spa' refers to spa bath, Jacuzzi, whirlpool or spa pool</i>		
• Documented water hygiene operational procedures		C
• Pool water quality test regime in place following a risk assessment and relate to industry guidance with at least 3 tests a day, with records of tests		C
• Records of spa pool water tests at minimum 2 hourly intervals		NC
• Records of monthly bacteriological testing and actions taken to include the following areas of analysis : o Total Viable Counts (TVC) or Aerobic Colony Count (ACC) (Plate Count) o Coliform Organisms to include Escherichia coli (E.coli) o Pseudomonas aeruginosa	Monthly	C
• Staff training records and/ or certificates in pool/spa plant operations retained (e.g. Pool Plant Operators)	Name of staff sampled 7/12/11	C
• Evidence of acceptable ranges for pool water readings		C
• Normal Operating Procedure (Pool specific)		NC
• Adequate standards of cleanliness/housekeeping are met		C
<b>STEP THREE - PLANNING</b> <b>1.12 Water Hygiene and Prevention of Legionnaires</b> <i>Compliance with HSC document 'Legionnaires disease (L8) (HSE Book 2000) - The control of legionella bacteria in water systems'.</i> <i>Ensure the identification, assessment and management of risks, and the implementation of controls to reduce the risk of bacterial contamination.</i> <i>Record and maintain records of risk controls arising from the domestic water system risk assessment.</i>		
• Evidence of Legionella risk assessments being carried out within the last 2 years and control measures specified and followed		NC
• Evidence of the Legionella action plan followed up and instigated		NC
• Maintenance log book/check list being filled in		NC
<b>STEP THREE - PLANNING</b> <b>1.13 Swimming Pool(s)</b> <i>Compliance with the guidance set out in the HSE booklet 'Managing Health and Safety in Swimming Pools' (HSG document 179)</i> <i>Suitable and sufficient risk assessments are completed to determine appropriate control measures for the:</i> • Physical environment of the swimming pool • Supervision arrangements to safeguard pool users • General maintenance of plant and equipment • Pool water treatment system		
• Evidence of risk assessments being completed and control measures in place		C
• Documented Pool Safety/ Operating Procedures (PSOP/NOP/EAP)		NC
• Poolside alarms and signage present		C
• Adequate standards of cleanliness/housekeeping are met		C
• Staff training records		NC
• Ask staff what is the maximum bather load for pool		C
• System to ensure maximum pool numbers are not exceeded		C
<b>STEP THREE - PLANNING</b> <b>1.15 Sauna/Steam Rooms</b> <i>Provide member information on the safe use and hazards associated with saunas and steam rooms.</i>		
• Normal Operating Procedure Manual		C
• Safe use information signage in place		C
• Daily safety check records completed		C
• Adequate standards of cleanliness/housekeeping are met		C
<b>STEP THREE - PLANNING</b> <b>1.16 Beauty/Treatments</b> <i>Only competent, trained therapists with appropriate qualifications are employed to carry out treatments.</i> <i>Procedures for screening guests undertaking certain treatments to highlight potential health issues are in place.</i>		
• Normal Operating Procedure		NC
• Therapist insurance policy documentation		NC
• Screening documentation		C
• Therapist qualifications		C
• Adequate standards of cleanliness/housekeeping are met		C
• Induction records		C

## Standard 01 - Health & Safety

Performance Criteria	Date	Compliance
<b>STEP THREE - PLANNING</b> <b>1.17 Managing Contractors</b> <i>Contractors are subject to an approval process before being allowed to work on site.</i> <i>NB: Members are encouraged to implement the HSE's 5 steps; 'Managing contractors, A guide for employers'.</i>		
• Contractor attendance records		C
• Documented process for contractors on site. Provide written evidence (that may include where relevant evidence of site specific permit to work system)		C
• Normal Operating Procedure (procedures for contractors when on site in the centre)		C
<b>STEP THREE - PLANNING</b> <b>1.18 SAFEGUARDING</b> <i>Ensure that all employees who are in 'regulated activity' with children have been checked through a standard or enhanced disclosure via the Disclosure and Barring Service.</i>		
• View Safeguarding policy; does the organization comply with own standard		C
• Evidence of Disclosure and Barring Service checks are in place where required		C
<b>STEP FOUR – MEASURING PERFORMANCE</b> <b>1.19 Pro-active monitoring</b> <i>Conduct internal monitoring and review to establish that management arrangements, adequate risk control systems and workplace precautions are in place.</i>		
• Documented periodic reviews of health and safety performance in place	6 monthly external audits	C
• Action plans in place to rectify corrective actions identified above		C
• Evidence of any follow up and measures for improvement		C
<b>STEP FOUR – MEASURING PERFORMANCE</b> <b>1.20 Re-active monitoring - Accident/Incident Management and Reporting of Injuries and Dangerous Occurrences</b> <i>Record all reports of employee, member and visitor accidents and incidents, to help identify accident trends, causes and possible measures for improvement.</i> <i>Report all serious accidents or dangerous occurrence incidents to employees or others as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)</i>		
• Documented periodic reviews of health and safety performance in place		C
• Action plans in place to rectify corrective actions identified above		C
• Documentation in place under RIDDOR 1995 regulations		C
• Documentation in place to record all accidents/incidents		C
<b>STEP FIVE – AUDIT &amp; PERFORMANCE REVIEW</b> <b>1.21 System Audit &amp; Review</b> <i>Conduct periodic external audits to establish that management arrangements, adequate risk control systems and workplace precautions are in place.</i> <i>Conduct periodic reviews of health and safety performance and make decisions about improving performance based on information from 'measuring' and 'auditing' activities.</i>		
• Documented periodic reviews of health and safety performance in place		C
• Action plans in place to rectify corrective actions identified above		C

Action Task	Reference	Priority
The Sodium Bisulphate ph correction and sodium hypochlorite bunds are locate directly alongside each other. These should either be moved to separate areas within the plant room or adequate division installed to segregate and remove the risk of cross contamination.	1.6 COSHH	High
Evidence that all Category 1 and 2 items shown on the fixed electrical wiring inspection report should be completed within a reasonable timescale of the report. Confirmation that these works have all been completed is required. You are reminded that the guidance from the Institute of Electrical Engineers is for a leisure facility to be inspected on a 3 yearly basis and a swimming pool and all associated wet, chlorine aggressive areas (changing rooms and plant rooms) to be inspected and tested on an annual basis.	1.8 Plant/Equipment	High
Spa tests should be undertaken every 2 hours. See HPS/HSE Spa guidance documents. At the audit this was not the case.	1.11 Swimming Pool & Spa Water Treatment and Quality Standards	Medium
The completion of an NOP, following guidance from within Managing Health and Safety in Swimming Pools is required. It was noted this had been started but needed completion.	1.11 Swimming Pool & Spa Water Treatment and Quality Standards	High
A Legionella risk assessment should be completed using a "Competent Person". The risk assessment should include a schematic drawing of the system and highlight any areas of concern requiring action.	1.12 Water Hygiene and Prevention of Legionnaires	High
Once the above is completed there needs to be evidence that any actions identified are being undertaken.	1.12 Water Hygiene and Prevention of Legionnaires	High

### Standard 01 - Health & Safety

Performance Criteria	Date	Compliance
Ensure that there is a Legionella log book containing all checks and inspections deemed necessary through the risk assessment and that these, along with records of external laboratory sampling and certificates of tank cleansing and calorifier inspection records, are being filed.	1.12 Water Hygiene and Prevention of Legionnaires	High
As above a detailed NOP and EAP for the pool area, in line with MHSISP is strongly recommended and is a requirement of the Code of Practice accreditation.	1.13 Swimming Pool(s)	High
There is no evidence maintained on site of lifeguard training records. It is essential that records are maintained and a system should be defined and established to ensure copies of training at other venues is monitored and recorded at site level.	1.13 Swimming Pool(s)	High
It was stated that the Beauty/Treatments NOP will be completed along with the Pool NOP.	1.16 Beauty/Treatments	High
Evidence of the external therapists' insurance documentation should be retained on site. Confirmation this has been obtained is required.	1.16 Beauty/Treatments	High

**Standard 02 - Staff Training**

Performance Criteria	Date	Compliance
<b>2.1 Staff Qualifications and Training</b>		
<i>Ensure staff instructing and demonstrating exercise have achieved a nationally recognised). Staff (casual or permanent) working towards a nationally recognised.</i>		
• Copies of all fitness staff certificates/REPs registrations		C
• Evidence of Continued Professional Development in line with REPs guidelines	This is best practice and therefore optional.	C
• Organisation's policy documents supporting commitment to REPs.		C
• Supporting documentation to demonstrate candidate's registration for appropriate training course.		C
<b>2.2 Specialist Staff</b>		
<i>Ensure staff instructing in specialist areas hold an appropriate nationally recognised qualification for that discipline, e.g. Older Adult, Ante and Post Natal, Personal Training, or Exercise Referral .</i>		
• Copies of all specialist fitness staff certificates/REPs registrations		C
• Evidence of Continued Professional Development in line with REPs guidelines		C
• Supporting documentation to demonstrate candidate's registration for appropriate training course.		C
• Organisation's policy documents supporting commitment to REPs		C
<b>2.3 Pool Lifeguard /Emergency Respondent Qualifications</b>		
<i>Swimming pool lifeguards are required to hold appropriate pool life guarding qualifications as outlined in the 'Managing Health and Safety in Swimming Pools' (HSG179) guidelines document</i>		
• Copies of pool lifeguard qualifications		C
• On-going training and competency records		NC
• Evidence of monthly CPR training		NC

Action Task	Reference	Priority
On-going training and competency records - training records for staff who undertake monthly training at other venues should be obtained, monitored and filed on site. An internal policy on the frequency of evidence and need for competency testing if any break in attendance occurs should be established.	2.3 Pool Lifeguard /Emergency Respondent Qualifications	High
Monthly CPR training - training records for staff who undertake monthly training at other venues should be obtained, monitored and filed on site. An internal policy on the frequency of evidence and need for competency testing if any break in attendance occurs should be established.	2.3 Pool Lifeguard /Emergency Respondent Qualifications	High



**Standard 03 - Customer Care**

Performance Criteria	Date	Compliance
<b>3.1 Terms and Conditions</b> <i>Ensure that on joining the facility customers are made aware of the standard terms and conditions that apply to their membership</i>		
• Membership terms and conditions documentation		C
<b>3.2 Consultation Agreement</b> <i>Members must be made aware of any contractual arrangement they are signing.</i>		
• Membership sales process documentation		C
<b>3.3 Consultation Environment</b> <i>The environment in which this dialogue takes place must be conducive to allowing free expression and questioning by the client.</i>		
• Evidence of a conducive environment for membership consultation		C

**Standard 04 - Membership Terms & Conditions**

Performance Criteria	Date	Compliance
<p><i>4.1 Office of Fair Trading</i>                      Ensure that any written contracts for members are in accordance with The Office of Fair Trading's publication, 'Guidance on Unfair Terms in Health and Fitness Club Agreements' (March 2002).</p>		
<ul style="list-style-type: none"> <li>Membership Agreement and Terms &amp; Conditions</li> </ul>		NC
<p><i>4.2 PPL</i>                      You must hold the correct Exercise to Music PPL tariff if you run exercise classes within your facility.</p>		
<ul style="list-style-type: none"> <li>Fitness Classes on the timetable are PPL licensable</li> </ul>		C
Action Task	Reference	Priority
The cooling off period should be included within the terms of conditions in line with Financial Services Act requirements.	4.1 Office of Fair Trading	High

**Standard 05 - Induction**

Performance Criteria	Date	Compliance
<i>5.1 Medical Pre-Screening</i> Ensure that new users are asked to fill in a medical pre-screening document/ HCS before undertaking physical activity.		
• Use of HCS or alternative screening process		C
<i>5.2 Facility Users</i> Ensure that a record of all facility users is kept.		
• Records for all facility users		C
<i>5.3 Induction</i> Ensure that all users can use equipment		
• Documented system in place		C
• Evidence of a pre-activity screening process (HCS)		C
• Evidence of Induction process		C
• Communication to inform members of the need to be inducted on any piece of equipment		C
• Forms and programme cards		C

**Standard 06 - Customer Feedback**

Performance Criteria	Date	Compliance
<p><i>6.1 Customer Perception of Operational Performance</i>                      Ensure that customer complaints are acknowledged and direct communication is maintained with the customer while seeking to resolve the matter. Operators should aim to resolve the matter as quickly as possible.</p>		
<ul style="list-style-type: none"> <li>• A procedure concerning feedback procedures</li> </ul>		C
<ul style="list-style-type: none"> <li>• Evidence of response and action. In line with policy</li> <li>o Review three customer comments</li> </ul>		C

**Standard 07 - Equalities**

Performance Criteria	Date	Compliance
<i>7.1 Equality Act 2010 Demonstrate a commitment to the Equality Act 2010.</i>		
• Evidence of an accessibility survey (can be internal)		NC
• Evidence of an action plan		NC
• Evidence of staff training records		NC

Action Task	Reference	Priority
Evidence/confirmation that an access audit has been undertaken is needed. This could be undertaken internally and should consider access from the perspective of people from a range of impairment groups (mobility, hearing and visual).	7.1 Equality Act 2010	High
The production of an action plan of things which could over time improve accessibility should be developed.	7.1 Equality Act 2010	Low
Training for staff in basic disability awareness should be undertaken.	7.1 Equality Act 2010	Low