



The Regulation and  
Quality Improvement  
Authority

**THE REGULATION AND QUALITY IMPROVEMENT  
AUTHORITY**

9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
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**ANNOUNCED ESTATES INSPECTION**

<b>Inspection No:</b>	IN016938
<b>Establishment ID No:</b>	10992
<b>Name of Establishment:</b>	Limavady Community Development Initiative
<b>Date of Inspection:</b>	16 September 2014
<b>Inspector's Name:</b>	Phil Cunningham

## 1.0 GENERAL INFORMATION

<b>Name of Day Care Centre:</b>	Limavady Community Development Initiative (LCDI)
<b>Address:</b>	Roe Valley Hospital 24a Benevenagh Drive Limavady BT49 0AQ
<b>Telephone Number:</b>	02877765438
<b>Registered Organisation/Provider:</b>	Limavady Community Development Initiative, Damien Corr
<b>Registered Manager:</b>	Geraldine Jones
<b>Other person(s) consulted during inspection:</b>	None
<b>Type of establishment:</b>	Day Care Centre
<b>Date and time of inspection:</b>	16 September 2014 from 10:00 – 12:00
<b>Date of previous inspection:</b>	14 December 2011
<b>Name of Inspector:</b>	Phil Cunningham
<b>In Attendance:</b>	Gemma Mulholland, Estates Support Officer, RQIA

## 2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect Day Care Centres.

This is a report of an announced inspection to assess the quality of the premises and grounds in which the service is being provided including the upkeep of the building and engineering services and equipment. The report details the extent to which the standards measured during inspection were met.

### **3.0 PURPOSE OF THE INSPECTION**

The purpose of this inspection was to consider whether the premises and grounds were safe, well maintained and remain suitable for their stated purpose in compliance with legislative requirements and current minimum standards. This was achieved through a process of evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards.

The aims of the inspection were to examine the estates related policies, practices and monitoring arrangements for the provision of Day Care Settings, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Day Care Settings Regulations (Northern Ireland) 2007
- The Day Care Centres Minimum Standards (DHSSPS, 2012)

Other published standards which guide best practice may also be referenced during the Inspection process.

### **4.0 METHODS/PROCESS**

Specific methods/processes used in this inspection include the following:

- Discussion with the person in charge
- Examination of records
- Inspection of the centre internally and externally.
- Evaluation and feedback

Any other information received by RQIA about this Registered establishment has also been considered by the Inspector in preparing for this inspection.

### **5.0 CONSULTATION PROCESS**

During the course of the inspection, the Inspector spoke to Geraldine Jones, Registered Manager, LCDI.

## **6.0 INSPECTION FOCUS**

The inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Day Care Settings Minimum Standards and to assess progress with the issues raised during and since the previous inspection:

### **Standards inspected:**

- Standard 25 - Premises and grounds
- Standard 27 - Safe and healthy working practices
- Standard 28 - Fire safety

## **7.0 PROFILE OF SERVICE**

Limavady Community Development Initiative is a small day care centre located in a section of the ground floor of the former Roe Valley Hospital Building. The centre consists of one spacious main activity room, a conservatory, sanitary accommodation and a secure garden area. The remainder of the three-storey building is occupied by a range of community and health care related bodies and contains a central canteen and kitchen.

The facility is located relatively close to local amenities and there is ample set-down and car parking spaces for use by staff, service users and their families.

## **8.0 SUMMARY**

Following the Estates Inspection of Limavady Community Development Initiative Day Care Centre on 16 September 2014 improvements are required to comply with the Day Care Settings Regulations (Northern Ireland) 2007 and the criterion outlined in the following minimum standards:

- Standard 27 - Safe and healthy working practices
- Standard 28 – Fire safety

This resulted in four requirements and two recommendations. These are outlined in the Quality Improvement Plan appended to this report.

The Estates Inspector would like to acknowledge the assistance of Geraldine Jones during the inspection process.

## 9.0 INSPECTOR'S FINDINGS

### 9.1 Recommendations and requirements from previous inspection

It is good to note that a number of issues raised in the report of the previous estates inspection on **14 December 2011** have been addressed. Several issues require some further attention and are outlined in the relevant sections of the report and the attached Quality Improvement Plan.

### Recommendations and Requirements from Estates Inspection Report of 14 December 2011

Item	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Validation of Compliance
1	Standard 23.7	Carry out servicing of the space heating boiler. Item 1 in previous report	Issue addressed and copy of certificate forwarded to RQIA by provider along with QIP return following previous inspection. Certificate of recent boiler servicing presented during this inspection	Compliant

Item	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Validation of Compliance
2	26.(2)(l)	Carry out routine maintenance of the centre's fixed electrical installation in accordance with the provisions of BS 7671. This should include formal periodic testing and inspection which should be repeated at appropriate	Issue addressed and copy of inspection certificate from September 2011 was forwarded to RQIA by provider along with QIP return following previous inspection. A copy of the test certificate (which is carried out every five years) was available during this inspection.	Compliant

		<p>frequencies in consultation with a competent and suitably experienced and electrically skilled person.  Forward copy of certification to RQIA.  Item 2 in previous report</p>		
3	26.(4)(d)(iv)	<p>Carry out servicing of the centre's fire alarm and detection system in accordance with the provisions of BS 5839. This should be repeated at six monthly intervals or as deemed appropriate by risk assessment by a person suitably competent and experienced in fire safety matters.  Forward copy of certification to RQIA.  Item 3 in previous report</p>	<p>Provider confirmed that the fire alarm system was serviced following the previous inspection although a certificate was not forwarded to RQIA at that time or available during this inspection. A certificate of recent inspection on 11/9/14 however was available and reference to a previous inspection in November 2013 is made therein.</p> <p>See 9.4.2 below</p>	Partly compliant
4	26.(4)(d)(iv)	<p>Carry out servicing of the centre's emergency lighting system in accordance with the provisions of BS 5266. This should be repeated annually or as deemed appropriate by risk assessment by a person</p>	<p>Provider confirmed that the emergency lighting system was serviced following the previous inspection although a certificate was not forwarded to RQIA at that time or available during this inspection. A certificate of recent inspection on 11/9/14 however was available and reference to a previous inspection in November 2013 is made therein.</p>	Partly compliant

		<p>suitably competent and experienced in fire safety matters. Forward copy of certification to RQIA. Item 4 in previous report</p>	<p>See 9.4.3 below</p>	
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**9.2 Standard 25 - Premises and grounds** - *The premises and grounds are safe, well maintained and remain suitable for their stated purpose*

9.2.1 The centre presented as clean and tidy and appeared well maintained both internally and externally. There was good evidence of maintenance activities and records including service reports and test certificates were examined during the inspection. Records of In-house checks by staff were available and these generally appeared to be in reasonably good order.

**9.3 Standard 27 - Safe and healthy working practices** - *The centre is maintained in a safe manner*

9.3.1 By in large, safe and healthy working practices appear evident in the centre in accordance with this standard with good attention to health and safety matters.

9.3.2 The centre's domestic water system is basic, mains fed with no cold water storage and hot water provided via small under-sink water heaters. The water taps are used frequently on a daily basis. The centre has one shower which is infrequently used and flushed by the manager weekly. The legionellae risk assessment was carried out by the manager and while basic in nature, includes the measures for the control of legionellae bacteria. Records presented indicate that these control measures are in place. The assessment should be reviewed and consideration given to removing the shower if this is not required.  
See Item 1 in the attached Quality Improvement Plan

9.3.3 The protective cover is missing from the light switch in external store room. The room is unlocked and accessible to service users. This should be replaced.  
See item 2 in the attached Quality Improvement Plan



**9.4**      **Standard 28: Fire safety** - *Fire safety precautions are in place that reduce the risk of fire and protect service users, staff and visitors in the event of fire.*

- 9.4.1      The fire risk assessment was reviewed on 6<sup>th</sup> August 2014 by the centre manager and the assessment report does not highlight any issues of concern. The centre has a basic ground floor layout with ample means of escape to the outside. The manager should liaise with the LCDI building management to ensure that the day centre's fire risk assessment coincides with the adjacent tenants' /LCDI overall building fire risk assessment/fire management plans. See item 3 in the attached Quality Improvement Plan.
- 9.4.2      Records indicate that the fire alarm system is serviced at intervals outside the provisions of BS5839, recent servicing was carried out on 11<sup>th</sup> September 2014, last service listed as being carried out in November 2013. The provider should ensure that the system is serviced in accordance with the provisions of BS5839 i.e. at least every six months. Alternatively, a risk assessment carried out by a person with specialist fire safety competence should be forwarded outlining the appropriate frequency for servicing of the system. See item 4 in the attached Quality Improvement Plan.
- 9.4.3      Records relating to the annual servicing of the emergency lighting installation should be retained. See item 5 in the attached Quality Improvement Plan.
- 9.4.4      Staff fire safety training has not been undertaken since 2012. This should be carried out accordingly. See item 6 in the attached Quality Improvement Plan.

## **10.0 QUALITY IMPROVEMENT PLAN**

The details of the Quality Improvement plan appended to this report were discussed with Geraldine Jones as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (Northern Ireland) 2007 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the centre to improve the quality of life experienced by service users.

The registered provider is required to record comments on the Quality Improvement Plan.

## **11.0 Enquiries**

Enquiries relating to this report should be addressed to:

**Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT**

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**Phil Cunningham  
Senior Estates Officer**

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**Date**



The **Regulation** and  
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## Quality Improvement Plan

- for -

## Announced Estates Inspection

- of -

## Limavady Community Development Initiative (LCDI) Day Care Centre

- on -

**16 September 2014**

QIP Position Based on Comments from Registered Persons (for RQIA use only)			QIP Closed		Estates Officer	Date
			Yes	No		
A.	All items confirmed as addressed.					
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.	X	X		P Cunningham	27/10/2014
C.	Clarification or follow up required on some items.					

**NOTES:**

The details of the Quality Improvement Plan were discussed with Geraldine Jones as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (Northern Ireland) 2007 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the centre to improve the quality of life experienced by service users.

The registered provider is required to record comments on the Quality Improvement Plan.

The Quality Improvement Plan is to be signed below by the registered provider and registered manager and returned to:

The Regulation and Quality Improvement Authority  
9<sup>th</sup> Floor Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

SIGNED: 

NAME: DAMIEN CONN  
(Print) REGISTERED PROVIDER

DATE: 21<sup>st</sup> October 2014

SIGNED: 

NAME: GERALDINE L. JONES  
(Print) REGISTERED MANAGER

DATE: 21<sup>st</sup> October 2014

Announced Estates Inspection to Limavady Community Development Initiative Day Care Centre on 16 September 2014

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## Standard 27 - Safe and healthy working practices

The following requirements and recommendations should be noted for action in relation to Standard 27 - Safe and healthy working practices

Item	Standard Reference	Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
1	14 (1)(c)	Carry out review of the legionellae risk assessment. This should include consideration of the centre's shower and the removal of same if it is assessed that this is not required. See 9.3.2 in report.	3 months	The legionella risk assessment has been reviewed and updated. The shower will be kept in case it is needed in the future
Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
2	14 (1)(c)	Replace the protective cover to the light switch in the outside store room. See 9.3.3 in report.	As soon as practically possible	The protective cover has been replaced on 16/9/2014

Announced Estates Inspection to Limavady Community Development Initiative Day Care Centre on 16 September 2014

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## Standard 28 – Fire Safety

The following requirements should be noted for action in relation to Standard 28 – Fire Safety

Item	Standard Reference	Recommendation	Timescale	Details Of Action Taken By Registered Person (S)
3	28.1	Liaise with the LCDI building management to ensure that the day care centre's fire risk assessment and fire management plan is compatible with the general LCDI building's and adjacent occupants' assessments and plan. See 9.4.1 in report.	8 weeks	Both plans are compatible.
Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
4	26 (4)(d)(iv)	Carry out servicing of the fire alarm & detection system in line with relevant British Standard BS5839 i.e. at six monthly intervals. Alternatively, a risk assessment outlining the appropriate frequency for servicing of the system carried out by a person with specialist fire safety competence should be forwarded to RQIA. See 9.4.2 in report.	Ongoing (next due date March 2015)	The system will be serviced every six months

Announced Estates Inspection to Limavady Community Development Initiative Day Care Centre on 16 September 2014

**Assurance, Challenge and Improvement in Health and Social Care**

<b>Item</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Timescale</b>	<b>Details Of Action Taken By Registered Person (S)</b>
5	26 (4)(d)(iv)	Retain records of servicing of the emergency lighting installation which should be carried out annually See 9.4.3 in report.	Ongoing (next due date September 2015)	Emergency lighting serviced 15/10/2014. Records will be retained.
6	26 (4)(e)	Ensure that the centre staff have received fire safety training from a competent person See 9.4.4 in report.	4 weeks	Fire safety training 16/10/2014. All staff.

Announced Estates Inspection to Limavady Community Development Initiative Day Care Centre on 16 September 2014

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