

Announced Premises Inspection Report 1 March 2017



Derg Valley Care Centre (Physically Disabled)

Type of Service: Day Care Setting
Address: 5 – Park Road, Castlederg BT81 7BN
Tel No: 02881670764
Inspector: Raymond Sayers

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Derg Valley Care Centre (Physically Disabled) took place on 1 March 2017 from 10:00 to 11:30.

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 well led, delivering safe, effective and compassionate care.

Is care safe?

On the day of the inspection the premises supported the delivery of safe care. Some issues were however identified as requiring attention, and are to be actioned by the registered provider. Refer to section 4.3.

Is care effective?

On the day of the inspection the premises supported the delivery of effective care. Refer to section 4.4.

Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care. Refer to section 4.5.

Is the service well led?

On the day of the inspection the management of the premises was considered to be well led. Refer 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 | 0 | 3 |

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Maureen McKeague, Registered Responsible Person, as part of the inspection process. The timescales for completion commence from the date of inspection.

There was no enforcement action implemented resultant from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent premises inspection

Other than those issues detailed in the previous QIP there were no further actions required to be taken following the most recent premises inspection dated 5 June 2013.

2.0 Service Details

| | |
|---|--|
| Registered organisation/registered provider: Derg Valley Care Ltd/Ms Maureen McKeague | Registered manager: Gladys Armstrong |
| Person in charge of the establishment at the time of inspection: Ms Maureen McKeague | Date manager registered: 2 August 2010 |
| Categories of care: DCS-PH, DCS-PH(E), DCS-A, DCS-E, DCS-LD, DCS-LD(E), DCS-MP, DCS-MP(E), DCS-SI, DCS-TI | Number of registered places: 40 |

3.0 Methods/processes

Prior to inspection the following records were analysed:

- Previous premises inspection report
- Statutory notifications over the past 12 months
- Concerns call log

During the inspection the inspector met two service users; two care staff; Ms Gladys Armstrong, Registered Manager; and Ms Maureen McKeague, Registered Responsible Person.

The following records were examined during the inspection:

- Copies of building services maintenance certificates
- Building user log books relating to the maintenance and inspection of the building and engineering services
- Legionellae risk assessment
- Fire risk assessment

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 23 June 2016

The most recent inspection of the day care setting was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. 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 5 June 2013

| Last care inspection statutory requirements | | Validation of compliance |
|--|--|--------------------------|
| Requirement 1 Ref: Regulation 26 (2)(b) | Re-fix metal kick plate to front door surface. Reference section 9.2.2. | Met |
| | Action taken as confirmed during the inspection: Repair completed. | |
| Requirement 2 Ref: Regulation 14.(1)(a),(b) & (c) | Verify that a valid BS7671 electrical installation Periodic Inspection Report has been completed and that the installation is compliant with the Electricity at Work Regulations. Reference section 9.3.2. | Partially Met |
| | Action taken as confirmed during the inspection: BS7671 Periodic Inspection Report IPN3/0442544 was reviewed; the report was dated 13 May 2015 and was valid for one year. Ms McKeague is to contact the engineer and have the validity date reviewed. | |
| Requirement 3 Ref: Regulation 14.(1)(a),(b) & (c) | Verify that the Thermostatic Mixing Valves are maintained and tested in accordance with a valid health and safety at work policy and risk assessment. Reference section 9.3.3. | Met |
| | Action taken as confirmed during the inspection: Completed. | |

4.3 Is care safe?

A range of documents related to the maintenance and inspection 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 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. This supports the delivery of safe care.

A number of issues were identified for attention during this premises inspection, and are detailed in the 'Areas for improvement' section below.

Areas for improvement

1. Portable appliances were last subjected to a combined inspection and test on 4 April 2013; Ms McKeague states that the appliances are visually examined periodically. All electrical appliances should be maintained in compliance with Regulation 4(2) of the Electricity at Work Regulations. Reference Maintaining Portable and Transportable Electrical Equipment (HSG 107).
Refer to Quality Improvement Plan Recommendation 1.
2. The electrical installation BS7671 periodic inspection test was last completed on 13 May 2015, reference IPN3/0442544; the certificate validity was listed as 1 year. Ms McKeague stated that she would contact the electrical contractor and have the inspection report reviewed.
Refer to Quality Improvement Plan Recommendation 2.
3. The space heating boiler plant room contained a large quantity of combustible materials; Ms McKeague reported by e-mail on 1 March 2017 that combustible materials had been removed from the room.
4. The passenger lift emergency telephone service is presently obsolete and requires upgrading. Ms McKeague states that management controls are currently implemented to safeguard service users.
Refer to Quality Improvement Plan Recommendation 3.

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

4.4 Is care effective?

There are arrangements in place for routine planned maintenance management and emergency corrective maintenance works. Service users are involved in decisions around the maintenance of the premises, where appropriate.

This supports the delivery of effective care.

There were no issues identified as requiring improvement during the inspection.

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

4.5 Is care compassionate?

The accommodation reviewed during this premises inspection was well maintained, comfortable, clean, well ventilated, and with adequate lighting levels.

Service users are consulted about decisions around decoration where appropriate. This supports the delivery of compassionate care.

There were no issues identified as requiring improvement during the inspection.

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

4.6 Is the service well led?

Premises related policies and documents are retained in a manner which is accessible to authorised persons.

Arrangements are in place for managing premises related incidents/notifiable events, and Medical Device and Equipment Alerts.

The registered person has implemented previous RQIA QIP items and other relevant issues relating to the premises. Adequate support and resources are provided 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.

There were no issues requiring improvement 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 Maureen McKeague, Registered Responsible Person, 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 and 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 | |
| Recommendation 1 Ref: Standard 27.1 Stated: First time To be completed by: 26 April 2017 | <p>All electrical appliances should be maintained compliant with Regulation 4(2) of the Electricity at Work Regulations Reference: Reference; Maintaining Portable and Transportable Electrical Equipment (HSG 107 and INDG236 & 237).</p> <p>Response by registered provider detailing the actions taken: We have introduced a log-book to record visual checks to portable electrical appliances. PAT test has been requested and scheduled for April/May.</p> |
| Recommendation 2 Ref: Standard 27.1 Stated: First time To be completed by: 26 April 2017 | <p>The BS7671 Periodic Inspection Report for the Electrical installation should be reviewed and its validity confirmed.</p> <p>Response by registered provider detailing the actions taken: We have contacted Hunter Electrics and the duration has been erroneously recorded on the certificate. The test is valid for a further two years</p> |
| Recommendation 3 Ref: Standard 27.1 Stated: First time To be completed by: 31 May 2017 | <p>The emergency telephone communication link should be installed in the passenger lift cars, and suitable management controls established until effective communication links are restored.</p> <p>Response by registered provider detailing the actions taken: Management controls are in place to safeguard service-users using the lift pending installation of new call system which requires the cooperation of WHSCT who lease the entire first floor.</p> |

Please ensure this document is completed in full and returned to Estates.Mailbox@rqia.org.uk from the authorised email address



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