



The Regulation and  
Quality Improvement  
Authority

Foyle Disability and Resource Centre  
RQIA ID: 12277  
Glen Road  
Londonderry  
BT48 0BX

Inspector: P Cunningham  
Inspection ID: IN021497

Tel: 02871266593

Email:

[cathal.macelhatton@westerntrust.hscni.net](mailto:cathal.macelhatton@westerntrust.hscni.net)

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**Announced Estates Inspection  
of  
Foyle Disability and Resource Centre**

**08 March 2016**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An announced estates inspection took place on 08 March 2016 from 9:30 to 11.30. Overall on the day of the inspection the premises supported the delivery of safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the;

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

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection Outcome

|  | Requirements | Recommendations |
|--|--------------|-----------------|
| Total number of requirements and recommendations made at this inspection | 1            | 0               |

The details of the QIP within this report were discussed with Cathal MacElhatton, Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

|  |  |
|--|--|
| <b>Registered Organisation/Registered Person:</b><br>Western Health and Social Care Trust (WHST)<br>Elaine Way CBE | <b>Registered Manager:</b><br>Cathal MacElhatton     |
| <b>Person in Charge of the Premises at the Time of Inspection:</b><br>Cathal MacElhatton                           | <b>Date Manager Registered:</b><br>27 September 2010 |
| <b>Categories of Care:</b><br>DCS-PH, DCS-SI   | <b>Number of Registered Places:</b><br>89            |
| <b>Number of Service Users Accommodated on Day of Inspection:</b><br>N/A   | <b>Weekly Tariff at Time of Inspection:</b><br>N/A   |

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and themes have been met:

**Standard 25: Premises and Grounds**

**Standard 27: Safe and Healthy working Practices**

**Standard 28: Fire Safety**

## 4. Methods/Process

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

Prior to inspection the following records were analysed: Previous estates inspection report, statutory notifications over the past 12 months, duty calls.

During the inspection the inspector met with Cathal MacElhatton, Manager and Sean Moore, Estates Officer/Compliance Supervisor, WHSCB Estates Department.

The following records were examined during the inspection: Copies of service records and in-house log books relating to the maintenance and upkeep of the building and engineering services, legionellae risk assessment, fire risk assessment.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an unannounced care inspection dated 12 November 2015. The completed QIP from that inspection has not yet been returned to RQIA. The Manager stated that the items contained in the QIP are on course to be actioned in line with the timescales outlined in the QIP and the QIP shall be returned in coming days.

## 5.2 Review of Requirements and Recommendations from the last Estates Inspection

There were no requirements or recommendations made as a result of the last estates inspection on 03 December 2014

### 5.3 Standard 25: Premises and grounds - *The premises and grounds are safe, well maintained and remain suitable for their stated purpose*

#### 5. Is Care Safe? (Quality of Life)

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this Estates inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. This supports the delivery of safe care.

#### Is Care Effective? (Quality of Management)

A range of accommodation, facilities and support services is provided in the premises. This supports the delivery of effective care.

#### Is Care Compassionate? (Quality of Care)

The areas of the premises reviewed during this Estates inspection were well presented, clean and free from malodours. This supports the delivery of compassionate care.

|                        |   |                         |   |
|------------------------|---|-------------------------|---|
| Number of Requirements | 0 | Number Recommendations: | 0 |
|------------------------|---|-------------------------|---|

### 5.4 Standard 27: Safe and healthy working practices - *The Centre is maintained in a safe manner, and safe and healthy working practices are promoted in all aspects of its work.*

#### Is Care Safe? (Quality of Life)

A range of documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this Estates inspection. This supports the delivery of safe care.

#### Is Care Effective? (Quality of Management)

The nature and needs of the residents are considered as part of the risk assessment processes and this is reflected in the management of the premises. This supports the delivery of effective care.

#### Is Care Compassionate? (Quality of Care)

There are health and safety procedures and control measures in place which support the delivery of compassionate care.

|                        |   |                         |   |
|------------------------|---|-------------------------|---|
| Number of Requirements | 0 | Number Recommendations: | 0 |
|------------------------|---|-------------------------|---|

**5.5 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.***

**Is Care Safe? (Quality of Life)**

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. This supports the delivery of safe care.

**Is Care Effective? (Quality of Management)**

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 residents, 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 effective care.

One issue however was identified for attention during this Estates inspection. This is detailed in the 'areas for improvement' section below.

**Is Care Compassionate? (Quality of Care)**

The standard used by the registered persons to determine the extent of fire safety protection measures that are appropriate for the premises recognises the need to maintain a homely, non-institutionalised environment. This supports the delivery of compassionate care.

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

**Areas for Improvement**

1. Records presented indicated that practice fire evacuation drills have not been carried out since January 2014. See requirement 1. in the attached Quality Improvement Plan.

|                               |          |                                |          |
|-------------------------------|----------|--------------------------------|----------|
| <b>Number of Requirements</b> | <b>1</b> | <b>Number Recommendations:</b> | <b>0</b> |
|-------------------------------|----------|--------------------------------|----------|

**5.6 Additional Areas Examined**

No additional areas were examined.

## 6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the manager Cathal MacElhatton as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Day Care Settings Regulations (Northern Ireland) 2007

### 6.2 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.

### 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to [estates.mailbox@rqia.org.uk](mailto:estates.mailbox@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory Requirements

|   |  |                       |           |
|---|--|-----------------------|-----------|
| <b>Requirement 1</b><br><br><b>Ref:</b><br>Regulation 26 (4)(f)<br><br><b>Stated:</b> First time<br><br><b>To be Completed by:</b><br>07 April 2016 | Carry out suitable number of practice fire evacuation drill(s) in the centre to ensure that all staff have participated in same and retain records of this.<br>These should be repeated at appropriate intervals and in line with WHSCT policy and procedures for the management of fire safety.<br><br><b>Response by Registered Manager Detailing the Actions Taken:</b><br>A minimum of two practice fire evacuation drills will be carried out at FDRC every year as per policy and procedures |                       |           |
| <b>Registered Manager Completing QIP</b>  | Cathal Mac Elhatton  | <b>Date Completed</b> | 18.4.2016 |
| <b>Registered Person Approving QIP</b>  | <i>Eaie Hy</i>   | <b>Date Approved</b>  | 28.4.2016 |
| <b>RQIA Inspector Assessing Response</b>  | <i>PCJH</i>  | <b>Date Approved</b>  | 4/5/16    |

*\*Please ensure the QIP is completed in full and returned to [estates.mailbox@rqia.org.uk](mailto:estates.mailbox@rqia.org.uk) from the authorised email address\**