

# Announced Premises Inspection Report 07 December 2016



## Valley Centre

**Type of Service: Day Care Setting**  
**Address: Unit 11, Glendermott Business Park, Tullyalley Road,  
L'Derry, BT47 3QR**  
**Tel No: 028 7132 1117**  
**Inspector: P Cunningham**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced premises inspection of Valley Centre took place on 07 December 2016 from 10:00 to 12:00hrs.

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 delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

On the day of the inspection the premises supported the delivery of safe care. However some issues were identified for attention 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.

### Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care.

### Is the service well led?

On the day of the inspection the management of the premises was considered to be well led.

This inspection was underpinned by The Day Care Setting Regulations (Northern Ireland) 2007 and The Day Care Settings Minimum Standards (DHSSPS, 2012).

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## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	<b>1</b>	<b>2</b>

Details of the Quality Improvement Plan (QIP) within this report were discussed with Caroline Morewood, Registered Manager and Thomas Burke, Senior Day Care Worker, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 1.2 Actions/enforcement taken following the most recent premises inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the most recent premises inspection dated 26 September 2013.

## 2.0 Service Details

<b>Registered organisation/registered provider:</b> Western Health and Social Care Trust	<b>Registered manager:</b> Caroline Morewood
<b>Person in charge of the establishment at the time of inspection:</b> Caroline Morewood	<b>Date manager registered:</b> 22 February 2013
<b>Categories of care:</b> DCS-LD, DCS-LD(E)	<b>Number of registered places:</b> 25

## 3.0 Methods/processes

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

During the inspection the inspector met with Stephen Kelly, WHSCT Estates Officer, Caroline Morewood, Registered Manager and Thomas Burke, Senior Day Care Worker. The inspector also spoke with one service user during a walk around the centre.

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.

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 02 September 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 on 8 November 2016. 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 26 September 2013

Last premises inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> Ref: Regulation 14(1)(c)	Implement measures to address the action plan of the report on the legionellae risk assessment within appropriate timescales.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The WHSCT Estates Officer confirmed that the issues identified in the legionella risk assessment were addressed. A review of the risk assessment was recently undertaken on 30 November 2016.	
<b>Requirement 2</b> Ref: Regulation 26(2)(c)	Ensure that the patient lifting hoists (are subjected to thorough examination as per The Lifting Operations and Lifting Equipment Regulations (Northern Ireland) 1999 (LOLER).	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The WHSCT Estates Officer presented documentation confirming that the patient lifting devices were thoroughly examined and confirmed that these are on the Trust' ongoing programme of thorough examination and servicing.	
<b>Requirement 3</b> Ref: Regulation 26(4)(d)(iv)	Implement measures to ensure that the fire alarm and detection system is serviced in accordance with the provisions of BS 5839 pt 1. This will normally mean that service visits are carried out at least every six months.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The WHSCT Estates Officer presented documentation confirming that the fire alarm and detection system has been serviced by a specialist contractor. It is understood that this is carried out annually. See 4.3 areas for improvement, item 1 below.	

Last premises inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 27.1	Review the arrangements for checking the temperature of the hot water for legionellae control purposes. This should be carried out at an outlet which is not fitted with a thermostatic mixing device	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records indicate that staff check the temperature of water at all service user accessible outlets regularly. The only 'un-blended' outlet appears to be the one located in the cleaner's store and this is not included on the schedule of outlets to be checked. See 4.3 areas for improvement, item 2 below.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 27.1	Provide suitable test facilities to ensure that the emergency lighting can be functionally checked on a monthly basis in accordance with the provisions of BS5266	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> The registered manager presented records indicating that the landlord carries out the function checks to the emergency lighting. See 4.3 below.	

### 4.3 Is care safe?

A range of documentation in relation to the maintenance and upkeep 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.

The report on testing of the fixed wiring installation listed a number (9) items requiring attention (all 'C3' category). The WHSCT Estates Officer stated that these were to be addressed accordingly by WHSCT Estates Department.

The registered manager presented records indicating that the landlord carries out the function checks to the emergency lighting. The registered manager undertook to confirm that the landlord had made arrangements to remedy defects which were identified during the checks.

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 overall 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. The registered manager and the senior day care worker stated that the action plan would be addressed accordingly.

This supports the delivery of safe care.

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

### Areas for improvement

1. Records presented indicate that the servicing of the automatic fire alarm and detection system by the specialist contractor may be an annual event. Best practice guidance gives that this should be carried out on a six monthly basis. See recommendation 1 in the attached QIP.
2. Records presented indicate that routine checking of water temperatures is in place although accurate 'sentinel' outlet checks may not be in place as required by best practice in legionella prevention and control. The senior day care worker stated that the centre's shower is seldom used. Records were not available to confirm that this outlet is flushed through regularly in line with current good practice  
See recommendation 1 in the attached QIP.
3. Records presented indicate that several staff members had not received fire safety refresher training in the most recent fire training session. See requirement 1 in the attached QIP.

<b>Number of requirements</b>	<b>1</b>	<b>Number of recommendations:</b>	<b>2</b>
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#### 4.4 Is care effective?

There are arrangements in place for routine premises management and upkeep as well as timely breakdown/repair maintenance. Service users are involved where appropriate in decisions around the upkeep of the premises.

This supports the delivery of effective care.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.5 Is care compassionate?

The areas of the premises reviewed during this premises inspection were well presented, comfortable, clean, free from malodours and adequately lit

Service users are consulted about decisions around décor where appropriate.

It is good to note that automatic powered opening devices have been provided to internal doors throughout the centre and discussion with one service user confirmed that these have enhanced access arrangements for himself as he uses mobility aids.

This supports the delivery of compassionate care.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.6 Is the service well led?

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

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

The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises and has been adequately supported and resourced 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.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Caroline Morewood, Registered Manager and Thomas Burke, Senior Day Care Worker 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, 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](mailto:Estates.Mailbox@rqia.org.uk) for assessment 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.



<b>Quality Improvement Plan</b>	
<b>Statutory requirements</b>	
<b>Requirement 1</b>  <b>Ref:</b> Regulation 26 (4)(e)  <b>Stated:</b> First time  <b>To be completed by:</b> 25 January 2017	<p>The registered provider must ensure that all staff have received fire safety training.</p> <p><b>Response by registered provider detailing the actions taken:</b> Fire safety training is being booked for 10<sup>th</sup> February 2017 for all staff to attend.</p>
<b>Recommendations</b>	
<b>Recommendation 1</b>  <b>Ref:</b> Standard 25.7  <b>Stated:</b> First time  <b>To be completed by:</b> Implement control measures immediately.  <b>Provide training as soon as reasonably practical.</b>	<p>The registered provider should review the procedures for legionella prevention and control to include the following:</p> <ul style="list-style-type: none"> <li>• Checking the temperature of the hot water system at a suitable 'sentinel' outlet monthly</li> <li>• Flushing the shower twice weekly.</li> </ul> <p>The provider should liaise with the legionella risk assessor or a person possessing suitable knowledge in this area accordingly.</p> <p>The provider should consider the provision of suitable training and instruction to all staff involved in legionella prevention and control procedures.</p> <p><b>Response by registered provider detailing the actions taken:</b> Senior Day Care Worker is ensuring that the temperature of the hot water system is checked at a suitable 'sentinel' outlet monthly and that the shower is flushed twice weekly and records kept of these checks.</p>
<b>Recommendation 2</b>  <b>Ref:</b> Standard 28.2  <b>Stated:</b> First time  <b>To be completed by:</b> 25 January 2017	<p>The registered provider should liaise with the landlord regarding the frequency of servicing to the automatic fire alarm and detection system which should be carried out every six months. Reference should be made to the provisions of BS5839.</p> <p><b>Response by registered provider detailing the actions taken:</b> Manager has liaised with the landlord regarding this Recommendation and asked for this to be actioned.</p>

*\*Please ensure this document is completed in full and returned to [Estates.Mailbox@rqia.org.uk](mailto:Estates.Mailbox@rqia.org.uk) from the authorised email address\**



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