

Announced Premises Inspection Report 3 March 2017



The Oak Tree Centre

Type of Service: Day Care Setting

Address: 1a Rath Mor Centre, Bligh's Lane, Derry, BT48 0LZ

Tel No: 028 7137 2195

Inspector: Phil Cunningham

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of The Oak Tree Centre took place on 3 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 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 one issue was 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).

1.1 Inspection outcome

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

Details of the Quality Improvement Plan (QIP) within this report were discussed with Raymond Boyle, Registered Manager and Anne O'Neill, Senior 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 4 July 2013.

2.0 Service Details

Registered organisation/registered provider: WHSCT	Registered manager: Raymond Boyle
Person in charge of the establishment at the time of inspection: Anne O'Neill, Senior Care Worker	Date manager registered: 21 February 2014
Categories of care: DCS-LD, DCS-LD(E)	Number of registered places: 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 Raymond Boyle, Registered Manager, Anne O'Neill, Senior Care Worker and Emmett Gibson, WHSCT Estates Manager.

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 25 August 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 19 October 2016. This QIP will be validated by the specialist inspector at their next inspection.

4.2 Review of requirements and recommendations from the last premises inspection dated 4 July 2013

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 26 (2)(l)	Carry out repairs to defective powered door opening device on the door from the foyer to the activity room.	Met
	Action taken as confirmed during the inspection: The powered device on the door was repaired following the inspection however the door remains in the open position during day care activities. See 4.3 item 1 below and recommendation 1 in the attached QIP.	
Requirement 2 Ref: Standard 25.7	Secure the mixer tap on the wash hand basin in the W.C. in the foyer.	Met
	Action taken as confirmed during the inspection: Tap secured.	
Requirement 3 Ref: Regulation 14 (1)(c)	Carry out a suitable risk assessment for control of legionellae bacteria in the water systems to support the control measures in place.	Met
	Action taken as confirmed during the inspection: Legionella risk assessment reviewed following the previous inspection. The Estates Manager stated that the assessment was due to be reviewed over coming weeks.	

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.

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 Senior Care Worker confirmed that staff fire safety training was up to date and there are two members of staff who have received additional training to 'nominated fire officer' level with one additional member of staff due to complete this in coming weeks. The Senior Care Worker also stated that fire drills were to be undertaken in the centre over coming weeks to ensure that all staff are familiar with the actions to be taken in the event of an emergency evacuation.

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. 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. The powered device on the main door from the entrance foyer to the activity area was repaired following the previous premises inspection. However the door remains in the open position during day care activities for ease of access by service users. See recommendation 1 in the attached QIP.

Number of requirements	0	Number of recommendations:	1
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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.

Number of requirements	0	Number of recommendations:	0
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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.

This supports the delivery of compassionate care.

Number of requirements	0	Number of recommendations:	0
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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.

Number of requirements	0	Number of recommendations:	0
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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 Raymond Boyle, Registered Manager and Anne O'Neill, Senior 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

No requirements were made as a result of this inspection.

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 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

<p>Recommendation 1</p> <p>Ref: Standard 28.2</p> <p>Stated: First time</p> <p>To be completed by: 28 April 2017</p>	<p>The registered provider should consider the provision of a magnetic hold open device on the door from the entrance foyer to the activity area. The device should be linked to the automatic fire alarm and detection system. The fire risk assessor should be consulted accordingly.</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>Works request (no. 1076432) submitted on day of inspection, 03.03.17 asking that magnetic hold open device be fitted to main activity door and to be of such a standard that it is linked to the automatic fire alarm system.</p> <p>Trust Fire Officer contacted regarding this request.</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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