

Announced Premises Inspection Report 21 July 2016



Keady Day Centre

Type of service: Day Care Service
Address: Annvale Road, Keady, BT60 2RP
Tel No: 028 3753 1224
Inspector: R Sayers

1.0 Summary

An announced inspection of Keady Day Centre took place on 21 July 2016 from 14.00 to 15.30 hours.

The inspection sought to evaluate progress with any issues raised during and since the last premises inspection. As assessment was completed to determine if the day care service 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. An issue was however 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. There were no issues identified for attention by the registered provider. Refer to section 4.4

Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care. There were no issues identified for attention by the registered provider. 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. There were no issues identified for attention by the registered provider. Refer to section 4.6.

This inspection was underpinned by The Day Care Settings 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 Mr Martin Stevenson, Registered Manager, and Mr Jonathan Haire, Southern Trust as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent premises inspection

Other than those items detailed in the QIP there were no further actions required to be taken following the most recent inspection on 11 July 2013.

2.0 Service details

Registered organisation/registered person: Southern HSC Trust/Mr Francis Rice	Registered manager: Mr Martin Stevenson
Person in charge of the home at the time of inspection: Mr Martin Stevenson	Date manager registered: 07 October 2010
Categories of care: DCS-I, DCS-MP(E), DCS-PH(E)	Number of registered places: 25

3.0 Methods/processes

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

During the inspection the inspector met with: Mr Martin Stevenson (Registered Manager) and Mr Jonathon Haire (Southern HSC Trust). There were no day care users on the premises during the inspection.

The following records were examined during the inspection: Copies of building services certificates, building user log books relating to maintenance inspections of building engineering services, legionellae risk assessment, and fire risk assessment.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 01/07/2016

The most recent inspection of the day care centre was an unannounced care inspection, IN025795 dated 1 July 2016. The completed QIP has not yet been returned for approval by the care inspector; this QIP will be validated by the specialist inspector at the next inspection.

4.2 Review of requirements and recommendations from the last premises inspection dated 31/07/2013

Last premises inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulations 14.(1)(a), (b) & (c) Stated: First time	Submit verification that the thermostatic mixing valves have been subjected to planned periodic maintenance in accordance with a valid health & safety policy, and risk assessment.	Met
	Action taken as confirmed during the inspection: TMVs periodic maintenance implemented.	
Requirement 2 Ref: Regulations 14.(1)(a), (b) & (c) Stated: First time	Verify that the hoisting appliances are subjected to thorough examinations in compliance with Lifting Operations and Lifting Equipment Regulations (LOLER) Regulation 9 and examination report details are presented in accordance with (LOLER) Schedule 2.	Met
	Action taken as confirmed during the inspection: Implemented last certificate dated March 2016.	
Last premises inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 25.7 Stated: First time	Complete a periodic maintenance service/examination of the space heating boiler.	Met
	Action taken as confirmed during the inspection: Maintenance check implemented.	
Recommendation 2 Ref: Standard 27.1 Stated: First time	Verify that the legionella risk assessment has been reviewed and that the recommended control precautions are completed or inserted in a prioritized works action programme for future implementation.	Met
	Action taken as confirmed during the inspection: Implemented November 2015.	

Recommendation 3 Ref: Standard 28.1 Stated: First time	Complete a review of the facility fire risk assessment annually or at an earlier interval when a significant event/procedure has resulted in an alteration to fire safety precautions.	Met
	Action taken as confirmed during the inspection: Last fire risk assessment completed May 2016.	

4.3 Is care safe?

A range of building services maintenance documents were presented for review during this estates inspection. This documentation included: risk assessments, inspection and test reports for various elements of the engineering services.

Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this estates 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 patients, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment, completed in May 2016. This supports the delivery of safe care.

The legionella risk assessment was completed on 27 November 2015, and recommended controls implemented.

An issue was however identified for attention during this estates inspection, and is detailed in the 'areas for improvement' section below.

Areas for improvement

1. The BS7671 Periodic Inspection Report for the electrical installation was completed on 8 January 2013; the validity period was three years. Mr Stevenson stated that this matter would be raised with the Southern HSC Trust Estates Department, and remedial actions implemented.

Refer to Recommendation 1 in Quality Improvement Plan

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 plus emergency break-down repairs. Service users are involved, where appropriate in decisions around the maintenance of the premises.

This supports the delivery of effective care.

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

Number of requirements	0	Number of recommendations:	0
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4.5 Is care compassionate?

The accommodation reviewed during this premises inspection was well decorated, comfortable, clean, free from malodours, and adequately lit.

Service users are consulted about decisions regarding refurbishment and replacement surface finishes where appropriate.

This supports the delivery of compassionate care.

There were no issues identified as requiring attention during this premises inspection.

Number of requirements	0	Number of recommendations:	0
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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 dealt appropriately with 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 identified for improvement during the inspection.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

The issue identified during this inspection is detailed in the QIP, and was discussed with Martin Stevenson, Registered manager, 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 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 service. 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings 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 provider/manager 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 and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to 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.

Quality Improvement Plan	
Recommendations	
Recommendation 1	The registered provider should ensure that the BS7671 Periodic Inspection Report for the electrical installation is completed, and any report recommendations are listed for implementation on a prioritised works action plan.
Ref: Standard 27.1	
Stated: First time	
To be completed by: 15 September 2016	Response by registered provider detailing the actions taken: This matter has been referred to our estates dept for completion of the BS7671 electrical report the registered manager will monitor and review untill completion of the inspection report.

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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