

Announced Premises Inspection Report 03 August 2016



Market Street Beacon Day Support

Type of service: Day Care Service
Address: 2a Market Street, Magherafelt, BT45 6ED
Tel No: 028 7963 2984
Inspector: Raymond Sayers

1.0 Summary

An unannounced inspection of Market Street Beacon Day Support, Magherafelt took place on 03 August 2016 from 10.15 to 12.30hrs.

The inspection sought to assess progress with any issues raised during and since the last premises inspection and to determine if the day care service 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, however issues were identified for corrective action 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 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	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Dorothy Neeson, Registered Manager, 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 actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 03 August 2016.

2.0 Service details

Registered organisation/registered person: NIAMH	Registered manager: Dorothy Neeson
Person in charge of the home at the time of inspection: Dorothy Neeson	Date manager registered: Acting
Categories of care: DCS-MP, DCS-MP(E)	Number of registered places: 16

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 Ms Dorothy Neeson, Registered Manager; there were no other staff members or service users present 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 03 August 2015.

The most recent inspection of the day care service was an unannounced care inspection, reference IN022763 dated 03 August 2015. The completed QIP was returned, and reviewed by the care inspector on 24 September 2016. This QIP will be validated by the care inspector at the next care inspection.

4.2 Review of requirements and recommendations from the last premises inspection dated 20 February 2014.

Last premises inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 27(2)(n) Stated: First time	Liaise with the adjacent property owner to confirm that the slate roofing on the rear roof pitch is in safe condition.	Met
	Action taken as confirmed during the inspection: Meeting held with owner of adjacent property, situation being monitored.	
Requirement 2 Ref: Regulations 14(1)(a),(b) & (c) Stated: Second time	“Complete a risk assessment for all window opening casements and implement precautions to safeguard the health, safety and welfare of service users.	Met
	Action taken as confirmed during the inspection: Risk assessment evaluations implemented & management controls in place	
Requirement 3 Ref: Regulations 14(1)(a),(b) & (c) Stated: First time	Submit verification that Thermostatic Mixing Valves are maintained in accordance with manufacturer`s instructions.	Met
	Action taken as confirmed during the inspection: Clearwater maintenance implemented.	
Requirement 4 Ref: Regulations 14(1)(a),(b) & (c) Stated: First time	Verify that the electrical installation is safe and compliant with the Electricity at Work Regulations; i.e. ensure that the installation is/has been tested and inspected in accordance with the provisions of BS7671 and deemed satisfactory.	Met
	Action taken as confirmed during the inspection: Certificate dated Feb 2010 submitted, valid to February 2015.	

Requirement 5 Ref: Regulation 26(4)(a) Stated: First time	Remove combustible materials from below and adjacent the rear elevation external fire escape stairway; implement a control monitoring regime to verify means of escape are maintained free of fire hazards. This should include a review of the centre`s smoking policy. Action taken as confirmed during the inspection: Materials removed and staff monitor means of escape routes.	Met
Requirement 6 Ref: Regulation 26(4)(d) Stated: First time	Verify that the fire detection & alarm system is serviced/maintained at intervals not exceeding six months in accordance with the provisions of BS5839. Action taken as confirmed during the inspection: Service certificate reviewed.	Met
Last premises inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 27.1 Stated: First time	The legionella risk assessment works action plan should be reviewed, and any actions completed should be validated by the responsible person. Action taken as confirmed during the inspection: Remedial works implemented 2012.	Met
Recommendation 2 Ref: Standard 27.1 Stated: First time	Arrange to have the space heating boiler maintained at intervals as recommended by the manufacturer. Action taken as confirmed during the inspection: Implemented 2014.	Met

4.3 Is care safe?

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.

Documents relating to the safe operation of the premises, installations and engineering services were presented for review during this estates inspection.

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 however identified for attention during this premises inspection, and these are detailed in the 'areas for improvement' section below.

Areas for improvement

1. The 12 May 2015 fire risk assessment recommended improvement works actions are not verified as completed.

Refer to Quality Improvement Plan recommendation 1.

2. The 21 September 2015 BS7671 electrical installation report recommended works action plan items are not verified as complete.

Refer to Quality Improvement Plan recommendation 2.

3. Records of Thermostatic Mixing Valve maintenance control inspections were not presented for examination.

Refer to Quality Improvement Plan recommendation 3.

Number of requirements	0	Number of recommendations:	3
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4.4 Is care effective?

There are arrangements in place for routine premises management plus emergency breakdown repairs. Service users are involved, where appropriate in decisions around the redecoration and maintenance of the premises; this supports the delivery of effective care.

There were no issues identified as requiring attention by the registered manager during this premises inspection.

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

Service users are consulted about decisions around decoration and the accommodation standards, where appropriate.

There were no service users on the premises during the inspection.

This supports the delivery of compassionate care.

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

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

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.

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

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 the QIP were discussed with Dorothy Neeson, 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 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 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

<p>Recommendation 1</p> <p>Ref: Standard 28.1</p> <p>Stated: First time</p> <p>To be completed by: 28 September 2016</p>	<p>The registered provider should ensure that the fire risk assessment remedial works action plan is reviewed, and completed items validated by the facility manager.</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>The 2015 actions listed on the fire risk assessment have all been actioned.</p> <p>The 2016 fire risk assessment has been completed with no outstanding actions</p>
<p>Recommendation 2</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: 28 September 2016</p>	<p>The registered provider should ensure that the action plan recommendations on the BS7671 periodic inspection report for the electrical installation are prioritised, and actioned in accordance with the Electricity at Work Regulations.</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>Recommendations will be included in planned maintenance.</p>
<p>Recommendation 3</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: 28 September 2016</p>	<p>The registered provider should ensure that the Thermostatic Mixing Valves are maintained in accordance with manufacturer's recommendations.</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>HBE have forwarded a date in October for these to be checked and this will form part of their Monthly monitoring.</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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