

Announced Premises Inspection Report 15 February 2017



Newtownstewart Day Centre

Type of Service: Day Care Setting

Address: ABB Parish Hall, Dublin Street, Newtownstewart BT78 4AE

Tel No: 02881663120

Inspector: Raymond Sayers

1.0 Summary

An announced premises inspection of Newtownstewart Day Centre took place on 15 February 2017 from 10:00 to 11:00.

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 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. An issue was however identified as requiring remedial attention, and will be addressed by the registered provider. Refer to section 4.2.

Is care effective?

On the day of the inspection the premises supported the delivery of effective care. Refer to section 4.3.

Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care. Refer to section 4.4.

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 4.5.

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 |
|---|--------------|-----------------|
| 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 Gerry Marshall, Estates Officer Western Health and Social Care Trust (HSC Trust), and Ms Irene Love, Day Care Worker, as part of the inspection process. The timescales for completion commence from the date of inspection.

There was no enforcement action implemented resulting from the findings of this 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 21 September 2016.

2.0 Service Details

| | |
|--|--|
| Registered organisation/registered provider: Western HSC Trust/Elaine Way CBE | Registered manager: Evelyn Young |
| Person in charge of the establishment at the time of inspection: Ms Irene Love | Date manager registered: 21 October 2010 |
| Categories of care: DCS-E, DCS-LD, DCS-LD(E) | Number of registered places: 15 |

3.0 Methods/processes

Prior to inspection the following records were analysed:

- Previous premises inspection report
- Statutory notifications over the past 12 months
- Concerns call log

During the inspection the inspector met with Mr Gerry Marshall, Western HSC Trust; Ms Irene Love, Day Care Worker; and Mr Andrew Buchannan, Landlord's representative.

The following records were examined during the inspection:

- Copies of building services maintenance/inspection certificates
- Building user inspection/test log books relating to the building and engineering services
- Legionellae risk assessment
- Fire risk assessment

4.0 The inspection

4.1 Review of requirements and recommendations from the last premises inspection dated 21 September 2016

| Last care inspection recommendations | | Validation of compliance |
|--|---|--------------------------|
| <p>Recommendation 1</p> <p>Ref: Standard 28.1</p> <p>Stated: First time</p> | <p>The registered provider should liaise with the landlord premises manager and obtain assurance that all necessary fire safety controls are implemented:</p> <ul style="list-style-type: none"> • Weekly fire alarm tests • BS5839 fire alarm engineer competent person maintenance inspections/tests • Emergency lighting BS5266 monthly functional user tests • Emergency lighting annual BS5266 competent person maintenance inspection/tests | <p>Met</p> |
| | <p>Action taken as confirmed during the inspection:</p> <p>A new fire alarm panel has been installed, and a test/inspection regime implemented.</p> | |

4.2 Is care safe?

A range of documents related to the maintenance and inspection of the premises was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the building 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 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.

An issue was however identified as requiring remedial attention during this premises inspection; the registered person will address this matter. This is detailed in the 'Areas for improvement' section below.

Areas for improvement

1. A legionella risk assessment was completed on 13 April 2016; the works action plan recommendations have not been validated as completed, by a responsible person. Management issues and water distribution system improvements have been listed as requiring implementation.
Refer to Quality Improvement Plan recommendation 1.
2. A Liko UNO100 mobile hoist was on the premises; Ms Irene Love stated that the equipment was not presently used for hoisting service users. Mr Gerry Marshall stated that the equipment would be placed on a Lifting Operations and Lifting Equipment Regulations (LOLER) schedule to ensure that LOLER Regulation 9 'thorough examinations' are completed on the equipment.

| | | | |
|-------------------------------|----------|-----------------------------------|----------|
| Number of requirements | 0 | Number of recommendations: | 1 |
|-------------------------------|----------|-----------------------------------|----------|

4.3 Is care effective?

There are arrangements in place for planned preventative maintenance management and breakdown/repair works where required.

This supports the delivery of effective care.

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

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|-------------------------------|----------|-----------------------------------|----------|
| Number of requirements | 0 | Number of recommendations: | 0 |
|-------------------------------|----------|-----------------------------------|----------|

4.4 Is care compassionate?

The accommodation reviewed during this premises inspection was well maintained, comfortable, clean, well ventilated, with adequately lighting levels.

This supports the delivery of compassionate care.

There were no issues identified a requiring remedial attention during this inspection.

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|-------------------------------|----------|-----------------------------------|----------|
| Number of requirements | 0 | Number of recommendations: | 0 |
|-------------------------------|----------|-----------------------------------|----------|

4.5 Is the service well led?

Premises related policies and documents are retained in a manner accessible to authorised persons.

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

The registered responsible person has addressed previous RQIA QIP items, and other relevant premises related issues. Adequate support and resources are provided by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators.

This supports a well led service.

There are no issues requiring remedial works or improvement action identified during the inspection.

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|-------------------------------|----------|-----------------------------------|----------|
| Number of requirements | 0 | Number of recommendations: | 0 |
|-------------------------------|----------|-----------------------------------|----------|

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Gerry Marshall, Estates Inspector, Western HSC Trust; and Ms Irene Love, 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 and 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 for review 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 Ref: Standards 27.1 27.2 27.3 Stated: First time To be completed by: 3 May 2017 | Implement Legionella risk assessment works action plan recommendations, and verify completion by registered person validation. Response by registered provider detailing the actions taken: Manager has contacted the relevant individual in Estates Services Department to ensure that the legionella Risk Assessment is completed and forwarded to RQIA as soon as it is completed. |

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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