

Announced Premises Inspection Report 21 November 2016



The Resource Centre Derry

Type of Service: Day Care Setting
Address: Carnhill, Racecourse Road, BT48 8DA
Tel No: 028 7135 2832
Inspector: Phil Cunningham

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of The Resource Centre Derry took place on 21 November 2016 from 10:00 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 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 4.2.

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. However some issues were identified for attention by the registered provider. 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.

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 | 1 | 1 |

Details of the Quality Improvement Plan (QIP) within this report were discussed with the Paddy McCarron, 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

There were no further actions required to be taken following the most recent inspection.

2.0 Service Details

| | |
|---|--|
| Registered organisation/registered provider: Western Health and Social Care Trust | Registered manager: Paddy McCarron |
| Person in charge of the establishment at the time of inspection: Paddy McCarron | Date manager registered: 31 October 2016 |
| Categories of care: DCS-I | Number of registered places: 20 |

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 Paddy McCarron, Registered 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 30 September 2016

The most recent inspection of the day care setting was an unannounced care inspection. This QIP will be validated by the specialist inspector when it has been returned by the provider.

4.2 Review of requirements and recommendations from the last premises inspection

There were no previous premises related requirements or recommendations to review at this inspection.

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. Certification was not available confirming that the emergency lighting installation had been serviced although the manager stated lighting has been installed within the past year. The manager stated that he would obtain a copy of the relevant commissioning certificate and retain this for reference purposes. It was also agreed that the emergency lights were to be serviced and checked annually by the specialist electrical contractor.

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. It is good to note that the fire risk assessment was carried out by a person included on a recognised professional body register for fire risk assessors.

A new Gas boiler was installed within the past year. The manager stated that he would obtain relevant commissioning certificate and retain for reference purposes. It was also agreed that the boiler was to be serviced and checked annually by a registered 'Gas Safe' contractor.

This supports the delivery of safe care.

One issue was however identified for attention during this premises inspection. This is detailed in the 'areas for improvement' section below.

Areas for improvement

1. A current legionella risk assessment was not in place for the premises. The provider should undertake a suitable legionella risk assessment and implement and subsequent remedial and control measures deemed appropriate. The assessment should be undertaken with someone possessing sufficient knowledge in this area. Guidance can be obtained freely at <https://www.hseni.gov.uk/topics/legionella> See requirement 1 in the attached QIP.

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

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 |
|-------------------------------|----------|-----------------------------------|----------|

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.

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

Areas for improvement

1. A number of service users suffer from dementia. A number of physical measures have been put in place to accommodate this and these include colour contrasted fixtures in toilets and access controls to relevant doors. The provider should undertake an appropriate recognised dementia environment audit of the premises which should focus on the needs of the service users attending the centre. This should include consideration of suitable signage where appropriate and including on toilet doors. etc. See recommendation 1 in the attached QIP.

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

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.

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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 the registered manager Paddy McCarron 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 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

| Statutory requirements | |
|--|--|
| <p>Requirement 1</p> <p>Ref: Regulation 14 (1)(c)</p> <p>Stated: First time</p> <p>To be completed by: 17 January 2017</p> | <p>The registered provider must undertake a suitable legionella risk assessment for the domestic hot and cold water system in the premises. Any subsequent remedial and control measures should be implemented appropriately. Reference should be made to the Approved Code Of Practice for Control of Legionella Bacteria in Water Systems (L8) and technical guidance HSG 274 Part 2 issued by The Health & Safety Executive Northern Ireland - Guidance can be obtained freely at https://www.hseni.gov.uk/topics/legionella</p> <p>Response by registered provider detailing the actions taken: The Resource Centre Derry are currently in negotiations with Chemaqua to have a complete legionella risk assessment carried out within the premises. This should be completed by 31st January 2017.</p> |
| Recommendations | |
| <p>Recommendation 1</p> <p>Ref: Standard 25</p> <p>Stated: First time</p> <p>To be completed by: 17 January 2017</p> | <p>The registered provider should undertake an appropriate recognised dementia environment audit of the premises (e.g. Stirling University dementia Audit Tool) which should focus on the needs of the service users attending the centre. This should include consideration of suitable signage where appropriate and including on toilet doors etc.</p> <p>Response by registered provider detailing the actions taken: The Resource Centre Derry have made an application for variation to their registration on December 6 2016. An agreed action plan has been approved by the board of directors to enable us to provide a dementia-friendly environment for our service users. As recommended we are currently using the Stirling University dementia Audit Tool as guidelines to ensure that all service users needs are met.</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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