

Announced Premises Inspection Report 04 November 2016



Beragh Day Centre

Type of Service: Day Care Setting
Address: Corner Stone Centre, Main Street, Beragh, BT79 7XE
Tel No: 028 8075 7058
Inspector: Raymond Sayers

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Beragh Day Centre took place on 04 November 2016 from 10:00 to 11:45hrs.

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. Some issues were 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. 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 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	5

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Irene Love, Senior Care Worker, and Mr Gerry Marshall, Western Trust HSC Trust Estates Officer, as part of the inspection process. The timescales for completion commence from the date of inspection.

There was no enforcement action implemented as a result of 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 12 November 2013.

2.0 Service Details

Registered organisation/registered provider: Western Health and Social Care Trust	Registered manager: Ms Evelyn Young
Person in charge of the establishment at the time of inspection: Ms Irene Love (Senior Care Worker)	Date manager registered: 21 October 2010
Categories of care: DCS-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, concerns call log.

During the inspection the inspector met with two service users, one member of care staff, and a representative from Western Trust HSC Estate Department.

The following records were examined during the inspection: Copies of building services maintenance certificates, building user maintenance /inspection log books relating to building and 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 22 December 2015

The most recent inspection of the day care setting was an unannounced care inspection, IN023778, dated 22 December 2015. The completed QIP was returned, and approved by the care inspector on 13 January 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 12 November 2013

Last premises inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulations 26(4)(b) 14(1)(c)</p> <p>Stated: First time</p>	<p>Submit verification that the boiler room installation situated within the building is protected by the installation of</p> <p>(1) a fire detection and alarm sensor, (2) a carbon monoxide detector/alarm.</p> <p>Submit verification that both detection /alarm devices are maintained in compliance with a site specific health and safety risk assessment.</p>	Partially Met
	<p>Action taken as confirmed during the inspection:</p> <p>Fire alarm sensor installed. No Carbon monoxide detection.</p>	
<p>Requirement 2</p> <p>Ref: Regulation 26(4)(b) & (d)</p> <p>Stated: First time</p>	<p>Submit verification that the fire detection and alarm system is maintained in accordance with BS5839, ensuring the maximum interval between consecutive maintenance service inspections is six months.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>BS5839 certificate submitted for QIP item</p>	
<p>Requirement 3</p> <p>Ref: Regulation 26(4)(a)</p> <p>Stated: First time</p>	<p>Verify that the fire safety risk assessment report recommendations are completed or inserted on a prioritised works action plan for future implementation.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Risk assessment dated 20 October 2015 reviewed.</p>	
<p>Requirement 4</p> <p>Ref: Regulation 26(4)(b) & (d)</p> <p>Stated: First time</p>	<p>Submit verification that the fire detection and alarm system is maintained in accordance with BS5839, ensuring that the maximum interval between consecutive maintenance service inspections is six months.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Fire alarm log six monthly inspection.</p>	

<p>Requirement 5</p> <p>Ref: Regulation 26(4)(a)</p> <p>Stated: First time</p>	<p>Verify that the fire safety risk assessment report recommendations are completed or inserted on a prioritised works action plan for future implementation.</p> <hr/> <p>Action taken as confirmed during the inspection: Implemented.</p>	<p>Met</p>
<p>Last premises inspection recommendations</p>		<p>Validation of compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 25.1</p> <p>Stated: First time</p>	<p>Replace broken slate situated on rear elevation roof pitch.</p> <hr/> <p>Action taken as confirmed during the inspection: Repairs completed.</p>	<p>Met</p>
<p>Recommendation 2</p> <p>Ref: Standard 25.1</p> <p>Stated: First time</p>	<p>Remove dirt/plant growth from roof eaves gutters.</p> <hr/> <p>Action taken as confirmed during the inspection: Works implemented.</p>	<p>Met</p>

4.3 Is care safe?

A range of documents relating to the maintenance 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 associated 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 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 are detailed in the 'areas for improvement' section below.

Areas for improvement

1. Carbon monoxide sensor/alarm was not installed in the boiler room.
Refer to Quality Improvement Plan recommendation 1.
2. The fire risk assessment works action plan recommendations were not validated, and signed off by the responsible person/manager.
Refer to Quality Improvement Plan recommendation 2.
3. Building user fire safety inspection records were not routinely recorded on a fire safety log book as required by good practice (there were no fire alarm weekly test records presented, and the last recorded functional emergency lighting test was in August 2016).
Refer to Quality Improvement Plan recommendation 3.
4. There was no maintenance verification certificate to confirm that the space heating oil boiler located within the building had been serviced within the previous twelve month period.
Refer to Quality Improvement Plan recommendation 4.
5. The management control issues listed on the legionella risk assessment were yet to be validated as complete.
Refer to Quality Improvement Plan recommendation 5.

Number of requirements	0	Number of recommendations:	5
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4.4 Is care effective?

There are arrangements in place for routine maintenance management as well as timely breakdown/repair works. Service users are involved in decisions around the maintenance and decoration of the premises, where appropriate.

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

Service users are consulted about decisions around maintenance and decoration 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 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. There has been adequate support and resources 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.

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 Ms Irene Love, Senior Care Worker, and Mr Gerry Marshall, Western HSC Trust Estates Inspector 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

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 27.1</p> <p>Stated: Second time</p> <p>To be completed by: 27 January 2017</p>	<p>The registered provider should install a carbon monoxide sensor/alarm in the space heating boiler room.</p> <p>Response by registered provider detailing the actions taken: The Carbon Monoxide alarm has been purchased by the manager and already installed by the Trust Estates Department.</p>
<p>Recommendation 2</p> <p>Ref: Standard 28.3</p> <p>Stated: First time</p> <p>To be completed by: 24 February 2017</p>	<p>The registered provider should ensure that the fire risk assessment action plan completed recommendations are validated by the registered person/manager.</p> <p>Response by registered provider detailing the actions taken: The Registered Provider has overseen the Fire Risk Assessment, Assessment Action plan and the registered manager has actioned all recommendations.</p>
<p>Recommendation 3</p> <p>Ref: Standard 28.2</p> <p>Stated: First time</p> <p>To be completed by: 27 January 2017</p>	<p>The registered provider should ensure that building user fire safety monitoring checks of the fire alarm and emergency lighting systems are implemented and recorded.</p> <p>Response by registered provider detailing the actions taken: The Registered provider has and will ensure that the fire alarm is tested on a weekly basis and emergency lighting key request has been submitted to trust estates department and these tests will be monitored and documented.</p>
<p>Recommendation 4</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: 27 January 2017</p>	<p>The registered provider should ensure that the space heating oil boiler is maintained in accordance with manufacturer`s guidelines.</p> <p>Response by registered provider detailing the actions taken: The registered Provider has requested trust Estates to examine and estates docket for maintenance has been submitted.</p>
<p>Recommendation 5</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: 27 January 2017</p>	<p>The registered provider should ensure that the legionella risk assessment action plan management issues are implemented, and validated by the responsible person/manager.</p> <p>Response by registered provider detailing the actions taken: The manager has requested a legionella risk assessment to be carried out in the day centre. This will be validated by the centre manager.</p>



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