

Announced Premises Inspection Report 24 January 2017



Lisnamallard Industrial Therapy Unit

Type of Service: Day Care Setting
Address: 5b Woodside Avenue, Omagh BT79 7BP
Tel No: 028 82252079
Inspector: Raymond Sayers

1.0 Summary

An announced premises inspection of Lisnamallard Industrial Therapy Unit took place on 24 January 2017 from 10:00 to 11:45 hours.

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. Refer to section 4.3.

Is care effective?

On the day of the inspection the premises supported the delivery of effective care. Several issues were however identified for attention, and are to be actioned 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. 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	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Gerry Marshall, Western HSC Trust Estate Officer, and Martin McGale, Senior Care Worker, 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 findings from this inspection.

1.2 Actions/enforcement taken following the most recent premises inspection

Other than those items detailed in the previous QIP there were no further actions required to be taken following the most recent premises inspection dated 5 November 2013.

2.0 Service Details

Registered organization/registered provider: Western HSC Trust/Mrs Elaine Way CBE	Registered manager: Ms Marian Walsh
Person in charge of the establishment at the time of inspection: Mr Martin McGale (Senior Day Care Worker)	Date manager registered: 22 October 2010
Categories of care: DCSS-MP, DCS-MP(E)	Number of registered places: 40

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 Estates Officer, and Mr Martin McGale, Senior Day Care Worker.

The following records were examined during the inspection:

- Copies of building services maintenance/inspection certificates
- Building services user maintenance/inspection log books
- Legionellae risk assessment and fire risk assessment

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 1 December 2016

The most recent inspection of the day care setting was an unannounced care inspection, IN026728 dated 1 December 2016. The QIP response has not yet been returned for the approval of the care inspector. 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 5 November 2013

Last premises inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 25.1 Stated: First time	Repair defective dining room floor covering welded butt joint.	Met
	Action taken as confirmed during the inspection: Repairs completed.	
Recommendation 2 Ref: Standard 25.1 Stated: First time	Replace defective dining room ceiling lamp diffusers.	Met
	Action taken as confirmed during the inspection: Repairs completed.	
Recommendation 3 Ref: Standard 25.1 Stated: First time	Complete a condition survey on WC wall/ceiling finishes and implement repair works.	Met
	Action taken as confirmed during the inspection: Repairs completed.	
Recommendation 4 Ref: Standard 25.7 Stated: First time	Investigate boiler damp penetration defect, establish if efflorescence I resultant from former effect, if not then implement repairs.	Met
	Action taken as confirmed during the inspection: Repairs completed.	
Recommendation 5 Ref: Standard 28.1 Stated: First time	Implement a fire risk assessment review and complete any subsequent recommendations.	Met
	Action taken as confirmed during the inspection: Implemented.	

4.3 Is care safe?

A range of documents related 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 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, and 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.

There were no issues requiring attention identified during this premises inspection and therefore no requirements/recommendations listed.

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

4.4 Is care effective?

There are arrangements in place for routine planned maintenance works as well as breakdown/repair maintenance. This supports the delivery of effective 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. Exterior decorated surfaces are in a poor decorative condition. Protective paint coating of roof fascia boarding has deteriorated. (Previously noted on care inspection report dated 10 August 2015).
Refer to Quality Improvement Plan Recommendation 1.
2. Water tank room situated at roof level is covered by protective sheeting, preventing access by maintenance personnel.
Refer to Quality Improvement Plan Recommendation 2.

Number of requirements	0	Number of recommendations:	2
-------------------------------	----------	-----------------------------------	----------

4.5 Is care compassionate?

The accommodation reviewed during this premises inspection was well decorated, comfortable, clean, and free from malodours, with adequate lighting levels

There were no issues identified as requiring remedial attention during this inspection and therefore no requirements/recommendations listed.

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

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 implemented 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. This supports a well led service.

There are no issues identified as requiring remedial works attention during this inspection.

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, Western HSC Trust Estate 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 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 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: Standard 25.1 Stated: First time To be completed by: 5 June 2017	Complete a condition survey, and planned redecoration works of all exterior painted surfaces. Response by registered provider detailing the actions taken: A number of requests have been sent to our Estates Department with regard to this work. More recently a request has been submitted under Minor Capital Works for this work to be undertaken.
Recommendation 2 Ref: Standard 27.1 Stated: First time To be completed by: 5 June 2017	Provide maintenance personnel access to water the tank room at roof level. Response by registered provider detailing the actions taken: Estates Department are aware of this Recommendation and are making arrangements to address this matter.

Please ensure this document is completed in full and returned to Estates.Mailbox@rqia.org.uk from the authorised email address



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)