



The Regulation and  
Quality Improvement  
Authority

**THE REGULATION AND QUALITY IMPROVEMENT  
AUTHORITY**

9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501

**ANNOUNCED ESTATES INSPECTION**

<b>Inspection No:</b>	16756
<b>Establishment ID No:</b>	11264
<b>Name of Establishment:</b>	Dromore Day Centre
<b>Date of Inspection:</b>	15 May 2014
<b>Inspector's Name:</b>	Raymond Sayers

## 1.0 GENERAL INFORMATION

<b>Name of Day Care Centre:</b>	Dromore Day Centre
<b>Address:</b>	34-36 St. Dympna's Road Dromore BT78 3JQ
<b>Telephone Number:</b>	02882898914
<b>Registered Organisation/Provider:</b>	Western HSC Trust/Ms Elaine Way CBE
<b>Registered Manager:</b>	Ms Ann Meehan
<b>Person in Charge of the centre at the time of Inspection:</b>	Ms Ann Meehan
<b>Type of establishment:</b>	Day Care Centre
<b>Date and time of inspection:</b>	15 May 2014 from 10.00 – 11.30hrs
<b>Date of previous estates inspection:</b>	4 June 2013
<b>Name of Inspector:</b>	Raymond Sayers

## **2.0 INTRODUCTION**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect Day Care Settings.

This is a report of an announced inspection to assess the quality of the premises, grounds, building engineering services and equipment used for the purpose of a day care centre. The report details the extent to which the standards examined during inspection were met.

## **3.0 PURPOSE OF THE INSPECTION**

The purpose of this inspection was to consider whether the premises and grounds were safe, well maintained and remain suitable for their stated purpose in compliance with legislative requirements and current minimum standards. This was achieved through a process of evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards.

The aims of the inspection were to examine the estates related policies, practices and monitoring arrangements for the provision of Day Care Settings, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003;
- The Day Care Settings Regulations (Northern Ireland) 2007;
- The Day Care Settings Minimum Standards (DHSSPS, 2012).

Other published standards which guide best practice may also be referenced during the Inspection process.

## **4.0 METHODS/PROCESS**

Specific methods/processes used in this inspection include the following:

- Discussion with Mrs Ann Meehan;
- Examination of records;
- Inspection of the centre internally and externally;
- Evaluation and feedback.

Any other information received by RQIA about this regulated establishment has also been considered by the Inspector in preparing for this inspection.

## **5.0 CONSULTATION PROCESS**

During the course of the inspection, the Inspector spoke to Ms Ann Meehan.

## **6.0 INSPECTION FOCUS**

The inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Day Care Centres Minimum Standards and to assess progress with the issues raised during and since the previous inspection:

### **Standards inspected:**

- Standard 25 - Premises and grounds
- Standard 27 - Safe and healthy working practices
- Standard 28 - Fire safety

## **7.0 PROFILE OF SERVICE**

Dromore Day Centre is based in St Michael's community church hall, about half a mile outside the village of Dromore. The facility is on the ground floor of a detached two storey building which is also used by other community groups. The accommodation consists of a large activity and dining room, small kitchen, a shower room, male plus female toilets, store, and an office.

St Michael's Trust is responsible for the upkeep and maintenance of the building. The Western Health and Social Care Trust is the Registered Organisation in Control and Ms Ann Meehan is the current Registered Manager.

The centre provides day care for a maximum of twenty five persons per day over sixty five years of age. The aim of the centre is to maintain and promote independence of people who attend by assisting them in their self-care, encouraging participation in a range of activities and providing a balanced, nutritious mid-day meal. The centre is open three days a week, referrals and allocation of places are offered following an assessment of need, in accordance with Trust procedures. Transport to and from the centre is provided by both the Trust's transport department a private contractor.

## **8.0 SUMMARY**

Following the Estates Inspection of Dromore Day Centre on 15 May 2014 improvements are required to comply with the Day Care Settings Regulations (Northern Ireland) 2007 and the criteria outlined in the following minimum standards:

- Standard 25 - Premises and grounds
- Standard 27 - Safe and healthy working practices
- Standard 28 - Fire safety

This resulted in three requirements and one recommendation, outlined in the quality improvement plan appended to this report.

Water penetration through the walls and rising damp is causing deterioration of interior wall finishes, if the problem is not resolved then the condition of interior finishes will continue to deteriorate.

The Estates Inspector would like to acknowledge the assistance of Ms Ann Meehan during the inspection process.

## 9.0 INSPECTOR'S FINDINGS

### 9.1 Recommendations and requirements from previous inspection

The issues listed in the report of the previous estates inspection on 4 June 2013 have been addressed.

### 9.2 **Standard 25 - Premises and grounds** - *The premises and grounds are safe, well maintained and remain suitable for their stated purpose*

9.2.1 There is evidence of maintenance activity, however the building interior wall finishes have deteriorated due to rainwater penetration through the walls, paintwork is peeling off and plasterwork is stained & deteriorating. The building engineering services are maintained effectively in compliance with current good practice; there are items requiring corrective/improvement works to comply with this standard, these are detailed in Section 9.2.2 and in the attached quality improvement plan section titled '**Standard 25 - Premises and grounds**'.

9.2.2 Rising damp is evident in the kitchen and wc walls, paint-work is peeling off at low level adjacent skirtings.

The interior surface of the main hall external walls are displaying evidence of rising damp adjacent floor & skirting level; paint is flaking and peeling off the wall surface.

Damp stains are visible at ceiling level on external walls.

Water penetration damage is evident on the gable wall adjacent the external staircase. Mould growth is present on the gable exterior wall surface beneath the stone steps.

(Reference: Quality Improvement Plan Item 1 )

**9.3**      **Standard 27 - Safe and healthy working practices** - *The centre is maintained in a safe manner*

9.3.1      Safe and healthy working practices are implemented in accordance with this standard, although issues have been identified as requiring corrective and improvement works by the responsible person; items noted are detailed in Sections 9.3.2-9.3.3 and in the attached quality improvement plan section titled '**Standard 27 - Safe and healthy working practices**'.

9.3.2      The BS7671 Periodic Inspection Report for the electrical installation was not presented for examination.  
(Reference: Quality Improvement Plan Item 2 )

9.3.3      The last Portable Appliance Test certificate available for the electrical appliances was dated 29 December 2012.  
(Reference: Quality Improvement Plan Item 3 )

9.3.4      A legionella risk assessment inspection was completed on 13 May 2014; sentinel taps temperature monitoring was last completed on 13 May 2014.

9.3.5      Lifting Operations and Lifting Equipment (LOLER) Regulations thorough examinations of the mobile and Overhead Hoist appliance was completed on 14 January 2014.

**9.4**      **Standard 28: Fire safety** - *Fire safety precautions are in place that reduce the risk of fire and protect service users staff and visitors in the event of fire.*

9.4.1      Fire Safety procedures in the facility comply with this standard and records inspected demonstrate satisfactory attention to fire safety control measures. There is however an issue requiring corrective action, detailed in Sections 9.4.3 and in the attached quality improvement plan section titled '**Standard 28: Fire safety**'.

9.4.2      BS5839 user tests of the fire detection and alarm system were last completed on 13 May 2014.

9.4.3      Management state that a fire risk assessment was completed on 6 May 2014; the subsequent report is yet to be received by the facility management.  
(Reference: Quality Improvement Plan Item 4 )

## **10.0 QUALITY IMPROVEMENT PLAN**

The details of the Quality Improvement plan appended to this report were discussed with Ms Ann Meehan as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (Northern Ireland) 2007 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the centre to improve the quality of life experienced by service users.

The registered provider is required to record comments on the quality improvement plan.

## **11.0 Enquiries**

Enquiries relating to this report should be addressed to:

**Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT**



## Quality Improvement Plan sign off sheet for estates inspectors

<b>Name of Home</b>	Dromore Day Care Centre: Reg. 11264
<b>Date of Inspection</b>	15 May 2014
<b>Estates Inspector</b>	R.Sayers

QIP Position Based on Comments from Registered Persons			QIP Closed		Estates Officer	Date
			Yes	No		
A.	All items confirmed as addressed.					
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.	X	X		R.Sayers	01/08/2014
C.	Clarification or follow up required on some items.					

Estates Inspection – QIP sign off sheet

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**NOTES:**

The details of the quality improvement plan were discussed with Ms Ann Meehan during the inspection process.

The timescales commence from the date of inspection.

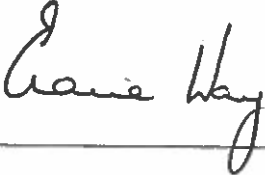
Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (Northern Ireland) 2007 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the centre to improve the quality of life experienced by clients.

The registered provider is required to record comments on the quality improvement plan.

The quality improvement plan is to be completed by the registered provider and registered manager and returned to [estates@rqia.org.uk](mailto:estates@rqia.org.uk).

**Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:**

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Ann Meehan
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	

Announced Estates Inspection to Dromore Day Centre Day Care Centre on 15 May 2014

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### Standard 25 - Premises and grounds

The following requirements and recommendations should be noted for action in relation to Standard 25 - Premises and grounds

Item	Standard Reference	Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
1	Standard 25.1	Complete a survey of the building structure & fabric, implement alteration works to reduce/eliminate the rising damp and rainwater penetration through the external building fabric; complete redecoration to repaired interior plaster surfaces once the water ingress defect has been resolved. (Reference: Report section 9.2.2)	12 weeks	Discussed with Brendan Gormley, Estates Dept, who carried out a visual inspection on Thursday 26 <sup>th</sup> June 2014. He will report and discuss a plan of action with Arlene Spence. Landlord notified by Centre Manager on 10 <sup>th</sup> July 2014. No action plan as yet.

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**Standard 27 - Safe and healthy working practices**

The following requirements and recommendations should be noted for action in relation to Standard 27 - Safe and healthy working practices

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
2	Regulations 14(1)(a),(b) & (c)	Submit verification that the BS7671 Periodic Inspection Report for the electrical installation is currently valid and that any subsequent report recommendations have been assessed and prioritized for works action by a competent person, confirming compliance with the Electricity at Work Regulations. (Reference: Report section 9.3.2)	12 weeks	Periodic inspection report in file and dated 10 <sup>th</sup> January 2014.
3	Regulations 14(1)(a),(b) & (c)	Complete a review of the maintenance test/inspection regime implemented on all portable electrical appliances and introduce controls compliant with HSG107 "Maintaining Portable and Transportable Electrical Equipment". (Reference: Report section 9.3.3)	12 weeks	PAT results on file - dated from 1/1/14 to 21/5/14.

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## Standard 28 - Fire Safety

The following requirements and recommendations should be noted for action in relation to Standard 28 - Fire Safety

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
4	Regulation 26(4)(a)	Submit verification that a fire safety risk assessment has been completed and that a prioritized works action plan is drafted for implementation. (Reference: Report section 9.4.3)	12 Weeks	Risk assessment was completed on 6 <sup>th</sup> May 2014, held in Red Fire Safety Log Book. Centre Manager informed landlord of findings to be addressed on 9 <sup>th</sup> May 2014 i.e. fire proof glazing, doorlock/main door. Action plan is ongoing - Landlord has employed a person to deal with these issues.

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