

Announced Premises Inspection Report 15 December 2016



Dromore Day Centre

Type of Service: Day Care Setting
Address: 34-36 St Dymphna`s Road, Dromore BT78 3JQ
Tel No: 028 8289 8914
Inspector: Raymond Sayers

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Dromore Day Centre took place on 15 December 2016 from 14:00 to 15:30hrs.

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 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.

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 Ms Sabrina Conwell, Acting manager, and Mr Gerry Marshall, Western HSC Trust Estate 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 from 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 16 December 2014.

2.0 Service Details

Registered organisation/registered provider: Western Health & Social Care (HSC)Trust	Registered manager: Ann Meehan
Person in charge of the establishment at the time of inspection: Ms Sabrina Conwell (Acting Manager)	Date manager registered: 29 October 2010
Categories of care: DCS-I	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 month period, and concerns call log.

During the inspection the inspector met with Sabrina Conwell, Acting Manager, and Mr Gerry Marshall, Western HSC Trust, Estate Officer.

The following records were examined during the inspection: Copies of building services maintenance certificates, and building user inspection/test log books relating to the building services maintenance, legionellae risk assessment and fire risk assessment.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 26 February 2016

The most recent inspection of the day care setting was an unannounced care inspection, IN023773, dated 26 February 2016. The completed QIP was returned, and reviewed by the care inspector on 11 April 2016. This QIP will be validated by the care inspector at their next inspection.

4.2 Review of requirements and recommendations from the last premises inspection dated 16 December 2014

Last estates inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 14.(1)(a),(b) & (c) Stated: First time	Verify that all hoisting appliances are subjected to a Lifting Operations and Lifting Equipment Regulations (LOLER) Regulation 9 thorough examination inspection regime, by a competent engineer (six months intervals).	Met
	Action taken as confirmed during the inspection: Inspection regime implemented.	
Requirement 2 Ref: Regulation 26.(4)(i),(ii),(iii),(iv) & (v) Stated: First time	Verify that the fire detection & alarm sensors are routinely inspected and tested by a competent person.	Met
	Action taken as confirmed during the inspection: Inspection regime implemented.	

4.3 Is care safe?

A range of maintenance documents relating to the building services 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 and 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. A number of items listed in the fire risk assessment works action plan were not validated as complete by a responsible person.

Refer to Quality Improvement Plan recommendation 1.

2. The legionella risk assessment works action plan recommendations were not validated as complete by a responsible person.

Refer to Quality Improvement Plan recommendation 2.

3. We are informed that the space heating boiler was subjected to a maintenance service in November 2016 although the certificate had not yet been received to verify the works had been completed.

Number of requirements	0	Number of recommendations:	2
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4.4 Is care effective?

There are arrangements in place for routine premises management and corrective/breakdown maintenance.

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.

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 any other relevant issues relating to the premises. Support and resources have been provided by the registered 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 Sabrina Conwell, Acting Manager, and Mr Gerry Marshall, Western HSC Trust Estate Officer 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 28.1</p> <p>Stated: First time</p> <p>To be completed by: 23 February 2017</p>	<p>Ensure that fire risk assessment action plan completed works are validated as complete by a responsible person.</p> <p>Response by registered provider detailing the actions taken: Head of Care and Accommodation has requested a recent up to date Fire Risk Assessment to be completed by Trust Fire Officer which Manager can then action and validate.</p>
<p>Recommendation 2</p> <p>Ref: Standard 27.5</p> <p>Stated: First time</p> <p>To be completed by: 23 February 2017</p>	<p>Ensure that legionella risk assessment action plan completed works are validated as complete by a responsible person.</p> <p>Response by registered provider detailing the actions taken: The Trust Estates Department has been informed to complete a legionella risk assessment for the centre urgently.</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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