



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

Inspection No:	IN020934
Establishment ID No:	11264
Name of Establishment:	Dromore Day Centre
Date of Inspection:	16 December 2014
Inspector's Name:	Raymond Sayers

1.0 GENERAL INFORMATION

Name of Day Care Centre:	Dromore Day Centre
Address:	34-36 St. Dympna's Road Dromore BT78 3JQ
Telephone Number:	(028) 8289 8914
Registered Organisation/Provider:	Western HSC Trust/Ms Elaine Way CBE
Registered Manager:	Ms Ann Meehan
Person in Charge of the centre at the time of Inspection:	Ms Ann Meehan
Other person(s) consulted during inspection:	Mr Gerry Marshall (Western HSC Trust Estates Officer)
Type of establishment:	Day Care Centre
Date and time of inspection:	16 December 2014 from 13.30 – 15.00hrs
Date of previous inspection:	15 May 2014
Name of Inspector:	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 and grounds in which the service is being provided including the upkeep of the building and engineering services and equipment. The report details the extent to which the standards measured 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 Ms Ann Meehan & Mr Gerry Marshall;
- 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 & Mr Gerry Marshall.

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 a community/church hall At St Dympnas Rd approximately ½ mile outside Dromore. The facility is situated on the ground floor of a 19th century two storey detached former school building. The accommodation consists of: activity/dining room, kitchen, shower room, male & female WCs, store & office.

8.0 SUMMARY

Following the Estates Inspection of Dromore Day Centre on 16 December 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 27 - Safe and healthy working practices;
- Standard 28 - Fire safety.

This resulted in two requirements listed in the quality improvement plan appended to this report.

Repairs to the interior fabric & finishes are currently ongoing.

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

9.0 INSPECTOR'S FINDINGS

9.1 Recommendations and requirements from previous inspection

It is noted that all the issues raised in the report of the previous estates inspection on 15 May 2014 have been addressed and no items remain outstanding from the previous inspection report.

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
1.	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."	Periodic Inspection completed on 10 Jan 2014. Report examined.	Compliant
2.	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".	Portable Appliance Test (PAT) results inspected (1/1/14 to 21/05/14)	Compliant
3.	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."	Risk assessment completed on 6 May 2014, landlord implementing recommendations.	Compliant

No	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Comments
4.	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."	Survey completed by Western HSC Trust Estates Department; landlord implemented recommendations & works ongoing.	Compliant

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 was evidence of maintenance works activity, we are informed by the facility manager that redecoration works are planned for completion during the Christmas holiday period.

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 evident and accordance with this standard, there is however an issue identified for attention by the responsible person. The item requiring corrective/improvement action is detailed in paragraph 9.3.2 and in the section of the attached quality improvement plan titled '**Standard 27 - Safe and healthy working practices**'.

9.3.2 The tracked hoist and mobile hoist display Lifting Operations & Lifting Equipment Regulations (LOLER) labels and the last recorded LOLER "thorough examination" is listed as completed on 14 January 2014.
(Reference: Quality Improvement Plan Item 1)

9.3.3 The Periodic Inspection Report for the electrical installation IPN2 /0684966 was dated 30 August 2014 and listed as valid for 12 months.

9.3.4 A legionella risk assessment was completed on 30 August 2014, and recommended control measures are implemented.

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 implemented are in accordance with this standard, records inspected demonstrate good attention to fire safety precautions.
There is however one issue which needs to be addressed, detailed in paragraphs 9.4.2 & 9.4.3 and the section of the attached quality improvement plan titled '**Standard 28: Fire safety**'.

9.4.2 There was no record presented to verify that the self-contained fire detection & alarm units are inter-connected and subjected to a routine competent person testing regime.
(Reference: Quality Improvement Plan Item 2)

9.4.3 The fire safety risk assessment was completed on 21 May 2014; recommended works actions have been assessed and are currently being scheduled for completion.

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 residents.

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

Announced Estates Inspection

Dromore Day Centre : ID 11264

16 December 2014

QIP Position Based on Comments from Registered Persons (for RQIA use only)			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.					
C.	Clarification or follow up required on some items.					

NOTES:

The details of the quality improvement plan were discussed with Ms Ann Meehan & Mr Gerry Marshall 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.

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:

NAME OF REGISTERED MANAGER COMPLETING QIP	
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	

Announced Estates Inspection to Dromore Day Centre Day Care Centre on 16 December 2014

Assurance, Challenge and Improvement in Health and Social Care

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)
1.	Regulations 14(1)(a),(b) &(c)	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 month intervals). (Reference: Report paragraph 9.3.2)	10 weeks	

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Assurance, Challenge and Improvement in Health and Social Care

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)
2.	Regulations 26.(4)(i),(ii),(iii),(iv) & (v)	Verify that the fire detection & alarm sensors are routinely inspected and tested by a competent person. (Reference: Report paragraph 9.4.2)	10 Weeks	

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Assurance, Challenge and Improvement in Health and Social Care



A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address info@rqia.org.uk