



The Regulation and
Quality Improvement
Authority

Gortin Day Care
RQIA ID: 11288
Owenkillew
62 Main St
Gortin
BT79 0NH

Inspector: Raymond Sayers
Inspection ID: IN021520

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**Announced Estates Inspection
of
Gortin Day Centre**

29 June 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An announced estates inspection took place on 29 June 2015 from 12.15pm to 13.30pm. On the day of the inspection the premises supported the delivery of safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the;

- 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)

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those items detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	3	1

The details of the QIP within this report were discussed with the Mrs Evelyn Young (Day Care Manager) and Gerry Marshall (Western Trust Estates Officer) as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Western HSC Trust/Ms Elaine Way OBE	Registered Manager: Ms Evelyn Young
Person in Charge of the Premises at the Time of Inspection: Mrs Evelyn Young	Date Manager Registered: 29 November 2010
Categories of Care: DCS-I	Number of Registered Places: 15
Number of Service Users Accommodated on Day of Inspection: 10	Weekly Tariff at Time of Inspection: <i>Trust Rates</i>

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

Standard 25: Premises and Grounds

Standard 27: Safe and Healthy working Practices

Standard 28: Fire safety

4. Methods/Process

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

Prior to inspection the following records were analysed: Previous estates inspection report, statutory notifications over the past 12 months.

During the inspection the inspector met with Mrs Evelyn Young (Day Care Manager) and Mr Gerry Marshall (WesternTrust Estates Officer).

The following records were examined during the inspection: Copies of service records and in-house log books relating to the maintenance of the building and engineering services, legionellae risk assessment & fire risk assessment.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an unannounced care inspection dated 2 February 2015, ref IN020549. The completed QIP response was returned and deemed satisfactory by the care inspector.

5.2 Review of Requirements and Recommendations from the last Estates Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 26.(2)(b)	Liaise with the local Environmental Health Officer, consider EHO recommendations and implement repair/replacement works for kitchen floor covering.	Not Met
	Action taken as confirmed during the inspection: No corrective action implemented.	
Requirement 2 Ref: Regulation 26.(2)(k)	Review the central heating boiler operating times and temperature settings; implement adjustments to controls to ensure that ambient room temperatures are within 19-22 degree Centigrade range whilst day care users are on the premises. Ambient room temperatures should be monitored at 30 minute intervals, from the commencement of day care period, monitoring should continue until it is assessed that the central heating system is operating effectively, and providing the required ambient air temperature.	Met
	Action taken as confirmed during the inspection: Central heating regime reviewed.	
Requirement 3 Ref: Regulation 26.(4)(c)	Remove all items stored in fire escape corridor leading from the kitchen and meeting room to final exit doorway.	Met
	Action taken as confirmed during the inspection: Corridor items removed.	
Requirement 4 Ref: Regulation 26.(4)(c)	Complete a survey of all fire doors and establish if any fire doors require to be held open to enhance service user mobility requirements; where it is established that a fire door should be held open, then the appropriate hold open device should be installed in compliance with fire safety requirements.	Met
	Action taken as confirmed during the inspection: Survey completed by service provider.	

Requirement 5 Ref: Regulation 26.(4)(a)	Record monthly user test/inspection of: <ul style="list-style-type: none"> • BS5266 emergency lighting; • Visual fire extinguisher check; • Fire safety procedures /escape routes, including fire doors; • Hot water outlets temperature. 	Met
Action taken as confirmed during the inspection: User inspection implemented.		
Requirement 6 Ref: Regulation 26.(4)(a)	Complete a review of the fire risk assessment.	Met
Action taken as confirmed during the inspection: Fire risk assessment reviewed Feb 2014.		
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 25.1	Repair/replace kitchen unit doors.	Met
Action taken as confirmed during the inspection: Kitchen unit doors redecorated.		
Recommendation 2 Ref: Standard 25.1	Complete a condition survey of all corridor and toilet wall surfaces; arrange a works project to reinstate damaged/deteriorated surface finishes.	Not Met
Action taken as confirmed during the inspection. Redecoration works not implemented.		
Recommendation 3 Ref: Standard 25.1	Submit verification that the space heating boiler has received periodic maintenance inspection/service in accordance with the manufacturer's recommendations.	Met
Action taken as confirmed during the inspection: Boiler service record reviewed.		

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

Is Care Safe? (Quality of Life)

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this Estates inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. This supports the delivery of safe care.

[An issue was identified for attention during this Estates inspection, and is detailed in the 'areas for improvement' section below.]

Is Care Effective? (Quality of Management)

A range of accommodation, facilities and support services is provided in the premises. This supports the delivery of effective care.

(There were no issues identified for attention during this Estates inspection.)

Is Care Compassionate? (Quality of Care)

The areas of the premises reviewed during this Estates inspection were well presented, clean and free from malodours. This supports the delivery of compassionate care.

(There were no issues identified for attention during this Estates inspection.)

Areas for Improvement

Not applicable

Number of Requirements	0	Number Recommendations:	1
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5.4 Standard 27: Safe and healthy working practices - *The Centre is maintained in a safe manner, and safe and healthy working practices are promoted in all aspects of its work.*

Is Care Safe? (Quality of Life)

A range of documents relating to the safe operation of the premises, installations and engineering services were presented for review during this Estates inspection. This supports the delivery of safe care.

[Several issues were identified for attention during this Estates inspection, and are detailed in the 'areas for improvement' section below.]

Is Care Effective? (Quality of Management)

The nature and needs of the residents are considered as part of the risk assessment processes and this is reflected in the management of the premises. This supports the delivery of effective care.

(There were no issues identified for attention during this Estates inspection.)

Is Care Compassionate? (Quality of Care)

There are health and safety procedures and control measures in place which support the delivery of compassionate care.

(There were no issues identified for attention during this Estates inspection.)

Areas for Improvement

Not applicable.

Number of Requirements	3	Number Recommendations:	0
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5.5 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.

Is Care Safe? (Quality of Life)

A range of fire protection measures are in place for the premises including: a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape. This supports the delivery of safe care.

(There were no issues identified for attention during this Estates inspection.)

Is Care Effective? (Quality of Management)

The standard used by the registered person to determine the overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of residents, 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 effective care.

(There were no issues identified for attention during this Estates inspection.)

Is Care Compassionate? (Quality of Care)

The standard used by the registered persons to determine the extent of fire safety protection measures that are appropriate for the premises recognises the need to maintain a homely, non-institutionalised environment. This supports the delivery of compassionate care.

(There were no issues identified for attention during this Estates inspection.)

Areas for Improvement

Not applicable.

Number of Requirements	0	Number Recommendations:	0
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5.6 Additional Areas Examined

Not applicable.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Evelyn Young (Day Care Manager) & Mr Gerry Marshall (Western Trust Estates Officer) as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Day Care Settings Regulations (Northern Ireland) 2007.

6.2 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.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to estates.mailbox@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory Requirements	
Requirement 1 Ref: Regulations 14.(1)(a),(b) & (c) ✓ Stated: Second time To be Completed by: 07 September 2015	Liaise with the local Environmental Health Officer, consider EHO recommendations and implement repair/replacement works for kitchen floor covering. Response by Registered Manager Detailing the Actions Taken: The need for the floor covering to be replaced has been discussed with the Community Association Manager Mrs Angela O Brian who has informed me that the kitchen floor has been scheduled for replacement.asap
Requirement 2 Ref: Regulations 14.(1)(a),(b) & (c) ✓ Stated: First time To be Completed by: 07 September 2015	Implement legionella risk assessment management controls and recording as recommended in legionella risk assessment. Response by Registered Manager Detailing the Actions Taken: Legionella risk assessment was completed on 26 th February 2015. This report is now available for inspection within the day centre or available on request from The Estates Department Tyrone and Fermanagh Hospital Omagh
Requirement 3 Ref: Regulations 14.(1)(a),(b) & (c) ✓ Stated: First time To be Completed by: 07 September 2015	Verify that the BS7671 Periodic Inspection Report IPN2/0684967 recommendations have been assessed and controls implemented in accordance with Electricity at Work Regulations. Response by Registered Manager Detailing the Actions Taken: QIP Recommendation 3: Documentary Evidence that as per Periodic Inspection Report IPN2/0684947 all recommendations as per the report have been actioned by Estates. This report is available within the day centre or from The Estates Department, Tyrone and Fermanagh Hospital Omagh on request
Recommendations	
Recommendation 1 Ref: Standard 25.1 ✓ Stated: Second time To be Completed by: 07 September 2015	Complete a condition survey of all corridor and toilet wall surfaces; arrange a works project to reinstate damaged/deteriorated surface finishes. Response by Registered Manager Detailing the Actions Taken: I have discussed with Community association/landlord and remedial works have commenced for the corridors and toilet areas

Registered Manager Completing QIP	Evelyn Young	Date Completed	28/09/2015
Registered Person Approving QIP	<i>Carie Way</i>	Date Approved	9.10.15
RQIA Inspector Assessing Response	<i>Raymond Scales</i>	Date Approved	9.10.15

Please ensure the QIP is completed in full and returned to estates.mailbox@rqia.org.uk from the authorised email address