

Unannounced Premises Inspection Report 06 August 2018



Gortin Outreach Centre (11306)

Type of service: Day-Care Service
Temporary Address: Omagh Centre Unit 6
Tel No: 028 82244001
Inspector: Raymond Sayers

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a day care service facility providing accommodation for eight service users.

3.0 Service details

Organisation/Registered Provider: Western Health & Social Services Trust/Anne Kingallen	Registered Manager: Niall Campbell
Person in charge at the time of inspection: Niall Campbell	Number of registered places: 8

4.0 Inspection summary

An unannounced inspection took place on 6 August 2018 from 10.50 to 12.00.

This inspection was underpinned by:

- The Day Care Settings Regulations (Northern Ireland) 2007
- Department of Health, Social Services and Public Safety (DHSSPS) Day Care Settings Minimum Standards (2012)

The purpose of the inspection was to investigate issues raised during a recent care inspection of the premises. This inspection assessed the environmental condition of Unit 6 Omagh Centre, utilised as temporary accommodation for the Gortin Outreach service users until permanent accommodation arrangements can be established.

The following areas were examined during the inspection:

- Condition of interior building fabric & accommodation size.

The findings of this report will provide the registered manager with the necessary information to assist them to fulfil their responsibilities.

5.0 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	3

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Niall Campbell, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

There was no Enforcement action initiated as a result of the findings of this inspection.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

Environment

- The service users have lunch in the Tyrone & Fermanagh Hospital canteen. Service users can utilise the Multi-Sensory Room in the Omagh Centre, and when added to the Unit 6 accommodation this will easily cater for the eight service users.
- The WC located adjacent the Unit 6 day room is accessed via an exterior doorway and external courtyard. The accommodation contains a WC and wash-hand-basin, and hot water is supplied by a Point Of Use `Redring` water heater. The WC floor screed is finished with a paint coating, the paint finish is chipped and deteriorating.

Areas for improvement

1. Construct a roof canopy to provide a rain shelter for service users accessing the WC facility from unit 6 dayroom to WC.
2. Complete a health & safety risk assessment to address hot water scald risk issue at the `Redring` point of use water heater in WC.
3. Apply a new paint coating to WC floor.

	Regulations	Standards
Total number of areas for improvement	0	3

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Niall Campbell, Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 service. 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with:

- The Day Care Settings Regulations (Northern Ireland) 2007
- Department of Health, Social Services and Public Safety (DHSSPS) Day Care Settings Minimum Standards (2012)

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Day Care Settings Minimum Standards (2012)	
<p>Area for improvement 1</p> <p>Ref: Standard 25.5</p> <p>Stated: First time</p> <p>To be completed by: 02 November 2018</p>	<p>The registered person shall consider providing a weather proof shelter for service users accessing the WC facility from Unit 6 day room.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: The registered person has completed a minor capital works requested to have this work completed.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 25.4</p> <p>Stated: First time</p> <p>To be completed by: 10 September 2018</p>	<p>The registered person shall complete a health and safety risk assessment for the `Redring` point of use water heater located in the WC, safe guarding service users against scald risk.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: Estates services will complete a risk assessment and remove all possible risk.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 25.1</p> <p>Stated: First time</p> <p>To be completed by: 02 November 2018</p>	<p>The registered person shall ensure that the WC floor screed is re-sealed with an appropriate finish.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The registered person has submitted to works request to Estates Service Department to complete this work.</p>

Please ensure this document is completed in full and returned via Web Portal



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