

# Announced Premises Inspection Report 6 October 2016



## The Omagh Centre

**Type of Service: Day Care Setting**  
**Address: 4a Deverney Road, Omagh, BT79 0JJ**  
**Tel No: 028 8224 4001**  
**Inspector: Raymond Sayers**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced premises inspection of The Omagh Centre took place on 06 October 2016 from 10:00hrs to 12:00hrs.

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 identified as requiring 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. There were no issues identified as requiring remedial attention. Refer to section 4.4

### Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care. Some issues were identified as requiring attention by the registered provider. 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. There were no issues identified as requiring attention by the registered provider. Refer to section 4.6

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
<b>Total number of requirements and recommendations made at this inspection</b>	0	5

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Niall Campbell, 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.

## 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 06 October 2016.

## 2.0 Service Details

<b>Registered organisation/registered provider:</b> Western HSC Trust/Mrs Elaine Way CBE	<b>Registered manager:</b> Mr Niall Campbell (Acting)
<b>Person in charge of the establishment at the time of inspection:</b> Mr Niall Campbell	<b>Date manager registered:</b> Mr Niall Campbell – application not yet submitted
<b>Categories of care:</b> DCS-LD	<b>Number of registered places:</b> 65

## 3.0 Methods/processes

Prior to inspection the following records were analysed: Previous premises inspection report, statutory notifications over the past 12 months, duty call log.

During the inspection the inspector met with the acting manager, Mr Niall Campbell and Mr Gerry Marshall, Western Trust Estates Officer.

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

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 30 August 2016

The most recent inspection of the day care setting was an unannounced care inspection, IN026815. The completed QIP was returned, and reviewed by the care inspector on 30 August 2016. This QIP will be validated by the specialist inspector at their next inspection.

#### 4.2 Review of requirements and recommendations from the last premises inspection dated 10 December 2013

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> Ref: Regulation 26.(2)(b) Stated: First time	Complete a condition survey of all floor finishes in Deverney House; replace deteriorated floor coverings.	Partially Met
	<b>Action taken as confirmed during the inspection:</b> Corridor floor coverings were replaced in 2014, but no rooms were completed.	
<b>Requirement 2</b> Ref: Regulation 26.(2)(d) Stated: First time	Complete a condition survey of all interior decorated surface in Deverney House; plan and implement a prioritised works action plan to refurbish interior decorated surfaces.	Met
	<b>Action taken as confirmed during the inspection:</b> Wall surfaces decorated.	
<b>Requirement 3</b> Ref: Regulations 13.(1)(a) & (b) Stated: First time	Complete a risk assessment of the emergency call/alarm system and verify that the system is currently effective; complete a prioritised works action plan for system replacement or repair works to eliminate/reduce health and safety risk to service users.	Partially Met
	<b>Action taken as confirmed during the inspection:</b> Works approved, but not yet actioned.	
<b>Requirement 4</b> Ref: Regulations 13.(1)(a),(b) & (c) Stated: First time	Verify that 24 February 2013 legionella risk assessment recommended management controls and user monitoring of sentinel taps are implemented.	Met
	<b>Action taken as confirmed during the inspection:</b> User monitoring implemented.	

<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulations 13.(1)(a),(b) &amp; (c)</p> <p><b>Stated:</b> First time</p>	<p>Complete a BS7671 Periodic Inspection Report for the Omagh Centre`s electrical installation; implement a prioritised repair/improvement works action plan compliant with the Electricity at Work Regulations.</p> <p><b>Action taken as confirmed during the inspection:</b> Completed</p>	<p><b>Met</b></p>
<p><b>Requirement 6</b></p> <p><b>Ref:</b> Regulations 26.(4)(c),(d)(i) &amp; (iii)</p> <p><b>Stated:</b> First time</p>	<p>Complete repairs/modification works to ensure that the corridor fire door situated adjacent the administrative office is effective as a thirty minute fire and smoke resistant barrier (FD30s). Implement management controls to ensure FD30s integrity is maintained prior to repair/modification works completion.</p> <p><b>Action taken as confirmed during the inspection:</b> Works completed.</p>	<p><b>Met</b></p>
<p><b>Requirement 7</b></p> <p><b>Ref:</b> Regulation 26.(4)(d)(iv)</p> <p><b>Stated:</b> First time</p>	<p>Verify that fire-fighting appliances (extinguishers) have received competent person annual test/examination within the previous twelve month period.</p> <p><b>Action taken as confirmed during the inspection:</b> Completed.</p>	<p><b>Met</b></p>
<p><b>Requirement 8</b></p> <p><b>Ref:</b> Regulations 26.(4)(c),(d)(i) &amp; (iii)</p> <p><b>Stated:</b> First time</p>	<p>Examine and assess effectiveness of the rear fire escape route final exit doorway easy opening device (EOD); implement repair works to ensure the doorway is maintained as an effective final exit door. Implement management controls to safeguard user safety prior to repair works completion.</p> <p><b>Action taken as confirmed during the inspection:</b> Completed.</p>	<p><b>Met</b></p>

<b>Requirement 9</b>  <b>Ref:</b> Regulations 26.(4)(d) (iii) & (f)  <b>Stated:</b> First time	Review Deverney House fire plan annotation details; modify existing details to correspond with the fire zone configuration. Implement management controls to ensure effective evacuation of the premises prior to completion of the fire plan amendment.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Completed.	
<b>Last care inspection recommendations</b>		<b>Validation of compliance</b>
<b>Recommendation 1</b>  <b>Ref:</b> Standard 27.1  <b>Stated:</b> First time	Install an emergency gas shut off valve adjacent the laundry accommodation exit doorway.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Gas installation removed from facility.	

**4.3 Is care safe?**

A range of documents related to the maintenance of the premises was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the engineering services, and 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. This supports the delivery of safe care.

A number of issues were identified for attention during this premises inspection, and are detailed in the 'areas for improvement' section below.

**Areas for improvement**

1. The emergency lighting installation is to be subjected to BS5266 inspection & testing; confirmation will be submitted to RQIA inspector.  
 Refer to Quality Improvement Plan recommendation 1.

2. The BS7671 electrical installation Periodic Inspection Report IPN3/0369511 was completed on 18 September 2016, and was valid for a period of one year.  
Refer to Quality Improvement Plan recommendation 2.
3. A number of room floor coverings have deteriorated significantly, the crevices caused by the deterioration may potentially provide areas for bacteria to exist and multiply.  
Refer to Quality Improvement Plan recommendation 3.
4. Facilities management report that a minor capital works project to upgrade wheelchair access at the secondary entrance to Unit 1 (Double door 023B) is currently at a planning stage.
5. Unit 3 Dining area wall decoration is in poor condition.  
Refer to Quality Improvement Plan recommendation 4.
6. External painted surfaces have sustained weathering deterioration.  
Refer to Quality Improvement Plan recommendation 4.
7. Roof cladding protective coating is deteriorating.  
Refer to Quality Improvement Plan recommendation 5.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>5</b>
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**4.4 Is care effective?**

There are arrangements in place for routine premises maintenance management and timely breakdown/repair works. Service users are involved where appropriate in decisions around the maintenance of the premises. This supports the delivery of effective care.

There were no issues identified for attention during this premises inspection

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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**4.5 Is care compassionate?**

The accommodation reviewed during this premises inspection was well presented, comfortable, clean, free from malodours with adequate lighting levels.

Service users are consulted about decisions around decoration where appropriate. This supports the delivery of compassionate care.

Issues were no issues identified for attention during this inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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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 relevant persons.

Arrangements are in place for managing premises related incidents/notifiable events, and Medical Device and Equipment Alerts.

The registered person has dealt with previous RQIA QIP items and other relevant issues relating to the premises in an appropriate manner. Adequate support and resources have been provided by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators. This supports a well led service.

There were no issues identified for attention during this inspection

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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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 **Mr Niall Campbell, Manager** 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](mailto:Estates.Mailbox@rqia.org.uk) for review 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><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 25.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 01 December 2016</p>	<p>The registered provider should ensure that the emergency lighting installation is maintained in accordance with BS5266, and submit a copy of a valid maintenance/test certificate to RQIA.</p> <p><b>Response by registered provider detailing the actions taken:</b> Gerry Marshall contacted 3/11/16 (estates services) Gerry has advised that an electrician will be carrying out inspection and will send the certificates to the inspector.(please see attached e-mail dated 4/11/16)</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 25.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 15 December 2016</p>	<p>The registered provider should ensure that the electrical installation is inspected/maintained in compliance with BS7671, and submit a copy of valid BS7671 certificate to RQIA.</p> <p><b>Response by registered provider detailing the actions taken:</b> Estates contacted 3/11/16 - advised an electrician will carry out an inspection and will send the certificates to the inspector.</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 25.1</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 31 March 2017</p>	<p>The registered provider should complete a condition survey of all floor coverings, and implement a planned works programme to replace deteriorated floor finishes.</p> <p><b>Response by registered provider detailing the actions taken:</b> Estates have confirmed they will take this work forward.</p>

<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 25.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 01 September 2017</p>	<p>The registered provider should complete a condition survey of all internal and external decorated surfaces, repairing/replacing deteriorated finishes where necessary.</p>
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 27.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 01 September 2017</p>	<p><b>Response by registered provider detailing the actions taken:</b> Estates have confirmed they will carry out a condition survey to determine a planned works programme for repairing/replacing internal / external deteriorated finishes.</p> <p><b>Response by registered provider detailing the actions taken:</b> Estates have confirmed they will carry out a condition survey to determine action on the condition of the roof cladding protective coating</p>

*\*Please ensure this document is completed in full and returned to [Estates.Mailbox@rqia.org.uk](mailto:Estates.Mailbox@rqia.org.uk) from the authorised email address\**



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