

Announced Premises Inspection Report 22 September 2016



Crossmaglen Social Education Centre

Type of Service: Day Care Setting

Address: Rathkeeland House, Blaney Road, Crossmaglen, BT35 9JJ

Tel No: 028 3086 8185

Inspector: R Sayers

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Crossmaglen Social Education centre took place on 22 September 2016 from 10:00 to 12:30hrs.

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 delivering safe, effective and compassionate care and if the service was well led.

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. There were no issues identified for attention by the registered provider. Refer to section 4.4.

Is care compassionate?

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

This inspection was underpinned by The Day Care Settings 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	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Grainne Rafferty, Day Care Worker, and Jonathan Haire (Southern Health and Social Care Trust Compliance Manager) 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 of this inspection.

1.2 Actions/enforcement taken following the most recent premises inspection

Other than those issues detailed in the previous QIP there were no further actions required to be taken following the most recent premises inspection dated 21 November 2014.

2.0 Service Details

Registered organisation/registered provider: Southern Health and Social Care Trust	Registered manager: Carmel McGrath
Person in charge of the establishment at the time of inspection: Ms Grainne Rafferty	Date manager registered: 06 January 2011
Categories of care: DCS-LD	Number of registered places: 24

3.0 Methods/processes

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

During the inspection the inspector met with two service users, Ms Grainne Rafferty, Day Care Worker, and Mr Jonathan Haire, (Southern Health and Social Care Trust Compliance Manager).

The following records were examined during the inspection: Copies of building service certificates, building user log books relating to the maintenance of the building 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 01 July 2015

The most recent inspection of the day care setting was an unannounced care inspection, IN022975. The completed QIP was returned, and approved by the care inspector on 15 September 2015. 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 21 November 2014

Last premises inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulations 14.(1)(a),(c) and 26.(2)(l) Stated: First time	Confirm legionella risk assessment action plan works actions, and implement twice weekly seldom used outlets flushing regime.	Met
	Action taken as confirmed during the inspection: Inspection actions confirmed on site.	
Requirement 2 Ref: Regulations 14.(1)(a),(c) Stated: First time	Complete a hot water and hot surfaces risk assessment and implement any action plan recommendations.	Met
	Action taken as confirmed during the inspection: Inspection actions confirmed on site.	
Requirement 3 Ref: Regulation 26.(4)(a) Stated: First time	Address fire risk assessment recommended action plan.	Met
	Action taken as confirmed during the inspection: Inspection actions confirmed on site.	
Requirement 4 Ref: Regulations 26.(4)(a) Stated: First time	Implement and record a monthly user functional test regime for the emergency lighting installation.	Met
	Action taken as confirmed during the inspection: Inspection actions confirmed on site.	
Requirement 5 Ref: Regulation 26.(4)(d)(i) Stated: First time	Provide a fire blanket in close proximity to smokers' area.	Met
	Action taken as confirmed during the inspection: Fire blanket provided.	

4.3 Is care safe?

A range of documents related to the maintenance of the premises, and 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 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 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.

The hot water outlets did not have thermostatic control valves installed, but danger hot water signs are displayed and service users are risk assessed.

There was one issue identified for attention during this premises inspection.

Areas for improvement

- 1. The overhead hoist service inspections were implemented. The Lifting Operations and Lifting Equipment Regulations thorough examination inspection report for the over-head hoist was not presented for examination.
Refer to Quality Improvement Plan Recommendation 1.

Number of requirements	0	Number of recommendations:	1
-------------------------------	----------	-----------------------------------	----------

4.4 Is care effective?

There are arrangements in place for routine premises management plus emergency/repair maintenance. Service users are involved where appropriate in decisions around the maintenance of the premises.

This supports the delivery of effective care.

Number of requirements	0	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

4.5 Is care compassionate?

The accommodation reviewed during this premises inspection was well maintained, comfortable, clean and with adequate lighting levels.

Service users are consulted about decisions around decoration where appropriate.

This supports the delivery of compassionate care.

Number of requirements	0	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

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 implemented previous RQIA QIP items and other relevant issues relating to the premises. There is adequate support and resources 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.

Number of requirements	0	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Grainne Rafferty, Day Care Worker, and Mr Jonathan Haire (Southern HSC Trust Compliance 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 Settings 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 27.1</p> <p>Stated: First time</p> <p>To be completed by: 17 November 2016</p>	<p>The registered provider should ensure that LOLER Regulation 9 thorough examinations are completed on lifting appliances, and confirm completion to RQIA.</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>The most recent service and examination inspections of the overhead hoist were completed on 01/11/2016 and 19/01/2016. Copies of these reports are returned with the QIP.</p>

Please ensure this document is completed in full and returned to Estates.Mailbox@rqia.org.uk from the authorised email address



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)