

# Announced Premises Inspection Report 20 September 2016



## Strule-Erne Day Care Centre

**Type of Service: Day Care Setting**  
**Address: DunUladh Centre, Ballinamullen Road, BT79 0GZ**  
**Tel No: 028 8225 2162**  
**Inspector: R Sayers**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced premises inspection of Strule-Erne Day Care Centre, Omagh took place on 20 September 2016 from 09:50 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 delivering safe, effective, 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. One issue was however 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).

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## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	<b>2</b>	<b>3</b>

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Laura Kelly, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

There was no enforcement action as a result of the findings of this 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 28 January 2014.

## 2.0 Service Details

<b>Registered organisation/registered provider:</b> Strule-Erne Day Care/Mrs Mary Sharkey	<b>Registered manager:</b> Ms Laura Kelly
<b>Person in charge of the establishment at the time of inspection:</b> Ms Laura Kelly	<b>Date manager registered:</b> 01 April 2011
<b>Categories of care:</b> DCS-LD	<b>Number of registered places:</b> 25

## 3.0 Methods/processes

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

During the inspection the inspector met with two day care users, care staff, and the registered manager.

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

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 24 March 2016

The most recent inspection of the day care setting was an unannounced care inspection, IN023249. The completed QIP was returned, and approved by the care inspector on 20 April 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 28 January 2014

Last premises inspection statutory requirements		Validation of compliance
<p><b>Requirement 1</b></p> <p>Ref: Regulation 27. (2)(a)</p> <p>Stated: First time</p>	<p>Obtain retrospective building control approval for the installation of the wood burner appliance in the day care room, and submit a copy of the approval certificate.</p> <p><b>Action taken as confirmed during the inspection:</b> On 07 March 2014 regularisation application submitted, building control visited site and granted verbal approval; certificate has not yet been received.</p>	Partially Met
<p><b>Requirement 2</b></p> <p>Ref: Regulation 27. (2)(l) &amp; (n)</p> <p>Stated: First time</p>	<p>Complete a review of the legionella risk assessment and implement any recommended control measures.</p> <p><b>Action taken as confirmed during the inspection:</b> The manager states landlord acting on risk assessment recommendations.</p>	
<p><b>Requirement 3</b></p> <p>Ref: Regulation 26. (2)(l)</p> <p>Stated: First time</p>	<p>Submit evidence that the kitchen gas cooker appliance is inspected/tested by a gas safe register engineer and currently compliant with health and safety legislation.</p> <p><b>Action taken as confirmed during the inspection:</b> Certificates submitted as requested.</p>	Met
<p><b>Requirement 4</b></p> <p>Ref: Regulation 26. (4)(d)(i) &amp; (iv)</p> <p>Stated: First time</p>	<p>Complete a competent person inspection/service of the fire extinguisher appliances.</p> <p><b>Action taken as confirmed during the inspection:</b> Extinguisher appliances serviced.</p>	
<p><b>Requirement 5</b></p> <p>Ref: Regulation 26. (4)(c) &amp; (d)(iv)</p> <p>Stated: First time</p>	<p>Submit certificates to verify that the emergency lighting system has been installed and maintained/tested in compliance with BS5266.</p> <p><b>Action taken as confirmed during the inspection:</b> Submitted.</p>	Met

Last premises inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 27.1 <b>Stated:</b> First time	Submit copies of Thermostatic Mixing Valves (TMVs) maintenance certificates as evidence that the TMVs have been maintained by a competent engineer in the twelve month period prior to the estates inspection.	<b>Not Met</b>
	<b>Action taken as confirmed during the inspection:</b> Maintenance certificates requested from landlord.	

### 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 building engineering services and associated risk assessments.

Documents relating to the safe operation of the premises, installations and engineering services were 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 and this supports the delivery of safe care.

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

#### Areas for improvement

1. The fire detection and alarm system certificates reviewed did not provide evidence that the installation was inspected at intervals in accordance with BS5839.  
Refer to Quality Improvement Plan, Requirement 2.
2. Evidence of weekly BS5839 testing of the fire alarm installation was not presented for review.  
Refer to Quality Improvement Plan, Requirement 2.
3. The fire risk assessment was completed in October 2013; a review should now be implemented.  
Refer to Quality Improvement Plan, Recommendation 1.

4. There was no evidence presented to verify that the thermostatic Mixing Valves (TMVs) had been subjected to maintenance inspection within the previous twelve month period.  
Refer to Quality Improvement Plan, Recommendation 2.
5. The building control regularisation certificate for the wood burning stove was not presented for review.  
Refer to Quality Improvement Plan, Requirement 1.

<b>Number of requirements</b>	<b>2</b>	<b>Number of recommendations:</b>	<b>2</b>
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**4.4 Is care effective?**

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

This supports the delivery of effective care.

<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 decorated, 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.

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

**Areas for improvement**

1. The wood burner/stove is showing signs of surface corrosion discolouration.  
Refer to Quality Improvement Plan Recommendation 3.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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**4.6 Is the service well led?**

Premises related policies and documents are retained and 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 dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises. There has been 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.

<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 Ms Laura Kelly, Registered 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](mailto: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

Statutory requirements	
<p><b>Requirement 1</b></p> <p>Ref: Regulation 26.(2)(a)</p> <p>Stated: Second time</p> <p>To be completed by: 16 December 2016</p>	<p>The registered provider must obtain retrospective building control approval for the installation of the wood burner appliance in the day care room, and submit a copy of the approval certificate for RQIA verification.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> Copy of building control approval received. Forwarded to RQIA.</p>
<p><b>Requirement 2</b></p> <p>Ref: Regulations 26.(4)(c) &amp; (d)</p> <p>Stated: First time</p> <p>To be completed by: 22 November 2016</p>	<p>The registered provider must submit evidence that the fire detection and alarm system is maintained and tested in accordance with BS5839.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> Firm alarm system tested weekly and records kept.</p>
Recommendations	
<p><b>Recommendation 1</b></p> <p>Ref: Standard 28.1</p> <p>Stated: First time</p> <p>To be completed by: 16 December 2016</p>	<p>The registered provider should arrange to have a fire safety risk assessment completed, and implement any subsequent recommendations.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> Fire risk assessment (3yr) expired Oct 2016. Arrangements have been made to get this updated.</p>
<p><b>Recommendation 2</b></p> <p>Ref: Standard 27.1</p> <p>Stated: Second time</p> <p>To be completed by: 16 December 2016</p>	<p>The registered provider should have the Thermostatic Mixing Valves (TMVs) tested/inspected at periodic intervals, compliant with manufacturer's instructions.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> A person is presently being sourced to complete testing/inspection of TMVs.</p>

<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 25.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> <b>16 December 2016</b></p>	<p>The registered provider should investigate damp ingress on wood burner stove, and implement repairs.</p> <p><b>Response by registered provider detailing the actions taken:</b> Dun Uladh Landlord spoken to and informed us that three different people have investigate damp around stove with no solution. Stove has been cleaned and recoated. It is hoped that when the stove is in use over winter months there will be no further issues.</p>
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*\*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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