



The Regulation and
Quality Improvement
Authority

Drumcoo Centre
RQIA ID: 11956
1 Cherrymount Road
Enniskillen
BT74 6GN

Inspector: Raymond Sayers
Inspection ID: IN021518

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**Announced Estates Inspection
of
Drumcoo centre**

15 December 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 15 December 2015 from 10.00am to 12.05pm. 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	0	6

The details of the QIP within this report were discussed with the Mr Niall McGandy 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 CBE	Registered Manager: Mr Niall McGandy
Person in Charge of the Premises at the Time of Inspection: Mr Niall McGandy	Date Manager Registered: 13/09/12
Categories of Care: DCS-PH & DCS-SI	Number of Registered Places: 40
Number of Service Users Accommodated on Day of Inspection: 21	Weekly Tariff at Time of Inspection: Trust rates

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 period.

During the inspection the inspector met with Mr Niall McGandy and Mr Gerry Marshall (Western HSC Trust Maintenance Officer).

The following records were examined during the inspection: Copies of maintenance service records, service user log books relating to the maintenance of the building and engineering services, legionellae risk assessment and 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 primary care inspection, INO20053 dated 24 March 2015. The completed QIP was returned, and deemed as satisfactory by the care inspector on 01 December 2015.

5.2 Review of Requirements and Recommendations from *the last* Estates Inspection completed on 10 December 2014.

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27.(2)	Replace defective double glazed units located at front entrance foyer.	Not Met
	Action taken as confirmed during the inspection: Replacement work not completed.	

Requirement 2 Ref: Regulations 14.(a),(b) & (c)	"Verify that hoisting appliances Lifting Operations and Lifting Equipment Regulations (LOLER) thorough examinations are completed in compliance with LOLER Regulation 9.	Met
Action taken as confirmed during the inspection: LOLER thorough examination certificates examined.		
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 25.1	"Redecorate exterior painted surfaces".	Partially Met
Action taken as confirmed during the inspection: Some surfaces redecorated.		

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 documents related to the maintenance 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 plus risk assessments. This supports the delivery of safe care.

[A number of 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)

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

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

Is Care Compassionate? (Quality of Care)

The accommodation reviewed during this Estates inspection was 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

1. Double glazed panels at front door are defective and have not been replaced; condensation has occurred within the units.
Refer to Quality Improvement Plan Recommendation 1.
2. Some exterior surfaces are dilapidated and stained.
Refer to Quality Improvement Plan Recommendation 2.
3. The front entrance foyer has not yet been modified to prevent the ingress of windblown rain during stormy weather.
Refer to Quality Improvement Plan Recommendation 3.
4. Interior walls, doors, door frames and skirtings' have sustained damage as a result of impact with wheelchairs and hoists.
Paintwork is flaking and chipped at some locations.
Refer to Quality Improvement Plan Recommendation 4.
5. Unauthorized intruders have gained access to the site via a section of low level perimeter fencing adjacent the wood working workshop. Raising the height of the lower section of fence-line would enhance security.
Refer to Quality Improvement Plan Recommendation 5.

Number of Requirements	0	Number Recommendations:	5
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5.3 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 was presented for review during this Estates inspection. 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 dependency and needs of the residents are considered as part of the risk assessment process, 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 & 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	0	Number Recommendations:	0
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5.4 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, 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. This supports the delivery of safe care.

[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 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 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.

[Issues have been identified for attention during this Estates inspection, and are detailed in the 'areas for improvement' section below.]

Is Care Compassionate? (Quality of Care)

The standard used by the registered persons to determine the extent of fire safety protection required 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

1. Fire risk assessment remedial works action plan recommendations have not been fully implemented. Facility management states that the remaining issues are scheduled for works action.
Refer to Quality Improvement Plan Recommendation 6.

Number of Requirements	0	Number Recommendations:	1
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5.5 Additional Areas Examined

None

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Niall McGandy (Registered Manager) 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	
Recommendations	
Recommendation 1 Ref: Standard 25.5 Stated: Third time To be Completed by: 01 October 2016	"Replace defective double glazed units located at front entrance foyer." Response by Registered Manager Detailing the Actions Taken: Defective glazed units to be replaced by the 1 st April 2016
Recommendation 2 Ref: Standard 25.1 Stated: Third time To be Completed by: 01 September 2016	"Redecorate exterior painted surfaces." Response by Registered Manager Detailing the Actions Taken: To be completed by the 31 st July 2016 2016.
Recommendation 3 Ref: Standard 25.5 Stated: Third time To be Completed by: 01 October 2016	"Modify the front entrance doorway to prevent wind-blown rain from entering the foyer." Complete a health and safety risk assessment and implement controls to eliminate/reduce risks caused by rain water ingress into the foyer area. Response by Registered Manager Detailing the Actions Taken: <ul style="list-style-type: none"> • Day Care Manager has completed a health and safety risk assessment and implemented controls to eliminate / reduce risks caused by rain water ingress into foyer.
Recommendation 4 Ref: Standard 25.1 Stated: First time To be Completed by: 01 September 2016	Complete a review of the planned redecoration schedule for the facility & consider redecorating all internal painted surfaces. Response by Registered Manager Detailing the Actions Taken: Work to be completed by the 31 st March 2016
Recommendation 5 Ref: Standard 25.5 Stated: First time To be Completed by:	Complete a review of the perimeter security fence and consider enhancing security precautions. Response by Registered Manager Detailing the Actions Taken: A review of perimeter fence has been undertaken, request for further enhancements of security precautions ongoing.

01 May 2016	
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Recommendation 6 Ref: Standard 28.1 Stated: First time To be Completed by: dates recommended by fire risk assessor	Review the fire risk assessment works action plan and implement the recommended improvement works. Response by Registered Manager Detailing the Actions Taken: See Fire Risk Assessment attached:
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Registered Manager Completing QIP	Niall McGandy	Date Completed	03-02-2016
Registered Person Approving QIP	<i>Eaine Hy</i>	Date Approved	18.02.2016
RQIA Inspector Assessing Response	<i>Raymond Sawyer</i>	Date Approved ##	29.02.2016

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

awaiting clarification on some items