



The Regulation and
Quality Improvement
Authority

Announced Premises Inspection Report 20 December 2016



Killadeas Day Centre

Type of Service: Day Care Setting

Address: Unit1, Lisnaskea Business Complex, Lisnaskea, BT92 0LZ

Tel No: 028 6772 3256

Inspector: Raymond Sayers

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Killadeas Day Centre, Lisnaskea Business Complex took place on 20 December 2016 from 10:00 to 11:45 hrs.

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 however identified as requiring remedial action, and are listed 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. Refer to section 4.4.

Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care. 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. 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 |
|---|--------------|-----------------|
| Total number of requirements and recommendations made at this inspection | 0 | 2 |

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Gerry Marshall, Western HSC Trust Estate Officer, and Ms Geraldine Ledwith Senior Day Care Worker, 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 items detailed in the previous QIP there were no further actions required to be taken following the most recent premises inspection dated 19 September 2013.

2.0 Service Details

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|---|--|
| Registered organisation/registered provider: Western Health and Social Care Trust (HSC) Trust/ Ms. Elaine Way CBE | Registered manager: Ms Patricia Griffith |
| Person in charge of the establishment at the time of inspection: Ms Geraldine Ledwith (Senior Day Care Worker) | Date manager registered: 21 June 2013 |
| Categories of care: DCS-LD | Number of registered places: 20 |

3.0 Methods/processes

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

During the inspection the inspector met with Ms Geraldine Ledwith, Senior Day care Worker, and Mr Gerry Marshall, Western HSC Trust Estate Officer.

The following records were examined during the inspection: Copies of maintenance service certificates, building user log books relating to the maintenance inspections/tests 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 07 March 2016.

The most recent inspection of the day care setting was an unannounced care inspection, IN023785, dated 7 March 2016. The completed QIP was returned, and approved by the care inspector on 12 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 19 September 2013.

| Last premises inspection statutory requirements | | Validation of compliance |
|--|---|--------------------------|
| Requirement 1 Ref: Regulations 14.(1)(a),(b) & (c) Stated: First time | Complete a legionella risk assessment, implement control measures and arrange a prioritised works action plan for any subsequent corrective/improvement works recommendations. | Met |
| | Action taken as confirmed during the inspection: Legionella risk assessment completed, an action plan implemented. | |
| Last premises inspection recommendations | | Validation of compliance |
| Recommendation 1 Ref: Standard 27.1 Stated: First time | Assess 11 September 2013 BS7671 Periodic Inspection Report and address the recommended corrective/improvement work listed. | Met |
| | Implement control precautions to ensure the installation is compliant with Regulation 4 of the Electricity at Work Regulations. | |
| | Action taken as confirmed during the inspection: Recommended works implemented. | |
| Recommendation 2 Ref: Standard 28.2 Stated: First time | Review and assess 11 September 2013 BS5266 Emergency lighting inspection/test report recommendations and implement a prioritised works action plan to address same and enhance fire safety precautions. | Met |
| | Action taken as confirmed during the inspection: Previous inspection report recommended works implemented. | |

4.3 Is care safe?

A range of documents related to the maintenance and inspection 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 however identified for attention during this premises inspection. These are detailed in the 'areas for improvement' section below.

Areas for improvement

1. BS5839 fire detection and alarm service certificates were not available for review. Mr Marshall stated that the maintenance details would be submitted for RQIA inspection.

Refer to Quality Improvement Plan recommendation 1.

2. BS5266 emergency lighting service certificates were not available for review. Mr Marshall stated that the details would be submitted for RQIA inspection.

Refer to Quality Improvement Plan recommendation 1.

3. The annual fire-fighting equipment service inspection verification certificate was not available for review. Mr Marshall stated that the details would be submitted for RQIA inspection.

RQIA subsequently received verification certificate by e-mail 29/12/16

4. The Electrical installation BS7671 periodic inspection certificate was not available for RQIA estate inspector review. Mr Marshall stated that the required information would be submitted for RQIA review.

Refer to Quality Improvement Plan recommendation 2.

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|-------------------------------|----------|-----------------------------------|----------|
| Number of requirements | 0 | Number of recommendations: | 2 |
|-------------------------------|----------|-----------------------------------|----------|

4.4 Is care effective?

There are arrangements in place for routine maintenance management, as well as corrective /emergency repairs.

This supports the delivery of effective care.

There were no issues requiring improvement identified during the inspection.

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

4.5 Is care compassionate?

The areas of the premises reviewed during this premises inspection were well maintained, comfortable, clean, well ventilated, and with adequate lighting levels. This supports the delivery of compassionate care.

There were no issues requiring improvement identified during the inspection.

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|-------------------------------|----------|-----------------------------------|----------|
| 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 dealt appropriately with the previous RQIA QIP items, and other relevant issues relating to the premises. Adequate resources have been provided by the registered person.

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

There were no issues for improvement identified during the inspection.

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|-------------------------------|----------|-----------------------------------|----------|
| 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 Mr Gerry Marshall, Western HSC Trust, Estate Officer, and Ms Geraldine Ledwith, Senior Day Care Worker, 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 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

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|--|---|
| <p>Recommendation 1</p> <p>Ref: Standard 28.2</p> <p>Stated: First time</p> <p>To be completed by: 14 February 2017</p> | <p>The registered provider should submit valid verification copies of: (1) The fire detection and alarm system BS5839 maintenance/test certificate. (2) The emergency lighting BS5266 maintenance/test certificate.</p> <p>Response by registered provider detailing the actions taken: Works 1 & 2 have been completed - Estates Department will forward certificates directly to RQIA.</p> |
| <p>Recommendation 2</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: 14 February 2017</p> | <p>The registered provider should submit a valid verification copy of the BS7671 Periodic Inspection Report for the electrical installation.</p> <p>Response by registered provider detailing the actions taken: Works carried out. Periodic Inspection Report will be forwarded to RQIA by the Estates Department.</p> <p>Signed: <u><i>P. Griffith</i></u> Patricia Griffith, Day Care Manager</p> |

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



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