



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

ANNOUNCED ESTATES INSPECTION

Inspection No:	16762
Establishment ID No:	10993
Name of Establishment:	Lakeland Community Care, Derrylin
Date of Inspection:	26 June 2014
Inspector's Name:	Raymond sayers

1.0 GENERAL INFORMATION

Name of Day Care Centre:	Lakeland Community Care, Derrylin
Address:	Teemore Business Complex 191 Belturbet Rd Derrylin BT92 9BL
Telephone Number:	028 67748895
Registered Organisation/Provider:	Lakeland Community Care Ltd
Registered Manager:	Mr Patrick McGurn
Person in Charge of the centre at the time of Inspection:	Mrs Eileen McBarron
Type of establishment:	Day Care Centre
Date and time of inspection:	26 June 2014 from 10.10 – 11.45hrs
Date of previous estates inspection:	21 January 2010
Name of Inspector:	Raymond sayers

2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect Day Care Settings.

This is a report of an announced inspection to assess the quality of the premises, grounds, building engineering services and equipment used for the purpose of a day care centre. The report details the extent to which the standards examined during inspection were met.

3.0 PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the premises and grounds were safe, well maintained and remain suitable for their stated purpose in compliance with legislative requirements and current minimum standards. This was achieved through a process of evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards.

The aims of the inspection were to examine the estates related policies, practices and monitoring arrangements for the provision of Day Care Settings, and to determine the provider's compliance with the following:

- 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).

Other published standards which guide best practice may also be referenced during the Inspection process.

4.0 METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- Discussion with the person in charge;
- Examination of records;
- Inspection of the centre internally and externally;
- Evaluation and feedback.

Any other information received by RQIA about this regulated establishment has also been considered by the Inspector in preparing for this inspection.

5.0 CONSULTATION PROCESS

During the course of the inspection, the Inspector spoke to Mrs Eileen McBarron.

6.0 INSPECTION FOCUS

The inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Day Care Centres Minimum Standards and to assess progress with the issues raised during and since the previous inspection:

Standards inspected:

- Standard 25 - Premises and grounds;
- Standard 27 - Safe and healthy working practices;
- Standard 28 - Fire safety.

7.0 PROFILE OF SERVICE

The day care facility is located in a single storey commercial unit within Teemore Business Complex, Derrylin.

Estates maintenance services are arranged by the Teemore Business Complex landlord.

8.0 SUMMARY

Following the Estates Inspection of Lakeland Community Care, Derrylin on 26 June 2014 improvements are required to comply with the Day Care Settings Regulations (Northern Ireland) 2007 and the criteria outlined in the following minimum standards:

- Standard 27 - Safe and healthy working practices;
- Standard 28 - Fire safety.

This resulted in five requirements and one recommendation, outlined in the quality improvement plan appended to this report.

The Estates Inspector would like to acknowledge the assistance of Mrs Eileen McBarron during the inspection process.

9.0 INSPECTOR'S FINDINGS

9.1 Recommendations and requirements from previous inspection

It is good to note that a number of issues listed in the report of the previous estates inspection on 21 January 2010 have been addressed. Several issues require further attention and are restated in the relevant sections of the attached quality improvement plan sub-titled 'restated recommendations/requirements'.

- 9.1.1 "Complete a legionellosis control risk assessment and confirm that recommended control precautions are implemented"
(Reference: Quality Improvement Plan Item 1)
- 9.1.2 "Complete a health and safety risk assessment in accordance with NHS Health Guidance note `safe` hot water & surface temperatures"
(Reference: Quality Improvement Plan Item 2)
- 9.1.3 "Verify that the fire detection and alarm system is maintained by a competent service engineer in accordance with BS5839; submit a valid copy of an engineer inspection/test certificate."
(Reference: Quality Improvement Plan Item 4)
- 9.1.4 "Verify that the emergency lighting system is maintained by a competent service engineer in accordance with BS5266; submit a valid copy of an engineer inspection/test certificate."
(Reference: Quality Improvement Plan Item 5)

9.2 **Standard 25 - Premises and grounds** - *The premises and grounds are safe, well maintained and remain suitable for their stated purpose*

- 9.2.1 There is evidence of maintenance activities and the premises are clean and well decorated. The building and engineering services are maintained effectively in compliance with current good practice; no items were noted as requiring corrective/improvement works.
- 9.2.2 The building interior has recently been refurbished and all finishes are in a good state of repair.

9.3 Standard 27 - Safe and healthy working practices - *The centre is maintained in a safe manner*

- 9.3.1 Safe and healthy working practices are implemented in accordance with this standard, although issues have been identified as requiring corrective and improvement works by the responsible person; these items are detailed in paragraphs 9.3.2-9.3.5 and in the attached quality improvement plan section titled '**Standard 27 - Safe and healthy working practices**'.
- 9.3.2 A BS7671 Periodic Inspection Report for the electrical installation reference IPN2/0690756 dated 12 December 2011 was available for examination; report was listed as valid for three years.
- 9.3.3 There are two showers available for client use on the premises, Mrs McBarron states that staff members are present during client showering activity; no thermometer is available for monitoring water temperatures. Records indicate that shower heads are sterilized at monthly intervals. (Reference: Quality Improvement Plan Item 2)
- 9.3.4 A legionella risk assessment and legionella prevention control records were not available for examination. (Reference: Quality Improvement Plan Item 1)
- 9.3.5 An Arjo maxi mobile hoist was available for use on site, the last Lifting Operations and Lifting Equipment Regulations (LOLER) examination date was recorded as 28 February 2014; Mrs McBarron was informed that the LOLER thorough examination inspection frequency was six months. (Reference: Quality Improvement Plan Item 3)

- 9.4** **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.*
- 9.4.1 Fire Safety procedures in the facility comply with this standard and records inspected demonstrate satisfactory attention to fire safety control measures. There are however issues requiring corrective action, detailed in paragraphs 9.4.2 - 9.4.4, and in the attached quality improvement plan section titled '**Standard 28: Fire safety**'.
- 9.4.2 Weekly BS5839 user test activation records of the fire alarm system were examined.
Monthly BS5266 functional user test records of the emergency lighting system were examined.
Monthly visual inspection records of fire fire fighting equipment and fire prevention measures were examined.
- 9.4.3 A fire risk assessment report was not available for examination.
(Reference: Quality Improvement Plan Item 6)
- 9.4.4 Building service competent person inspection records for the fire detection & alarm system and emergency lighting system were not presented for examination.
(Reference: Quality Improvement Plan Items 4 & 5)

10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement plan appended to this report were discussed with Mrs Eileen McBarron as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (Northern Ireland) 2007 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the centre to improve the quality of life experienced by service users.

The registered provider is required to record comments on the quality improvement plan.

11.0 Enquiries

Enquiries relating to this report should be addressed to:

**Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT**



The **Regulation** and
Quality Improvement
Authority

Quality Improvement Plan

- for -

Announced Estates Inspection

- of -

Lakeland Community Care, Derrylin Day Care Centre (Reg. No 10993)

- on -

26 June 2014

QIP Position Based on Comments from Registered Persons (for RQIA use only)			QIP Closed		Estates Officer	Date
			Yes	No		
A.	All items confirmed as addressed.					
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.					
C.	Clarification or follow up required on some items.	X		X	R.Sayers	17/10/14

NOTES:

The details of the quality improvement plan were discussed with Mrs Eileen McBarron during the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (Northern Ireland) 2007 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the centre to improve the quality of life experienced by clients.

The registered provider is required to record comments on the quality improvement plan.

The quality improvement plan is to be completed by the registered provider and registered manager and returned to estates@rqia.org.uk.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Pat Mc Gurn
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Pat Mc Gurn

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Assurance, Challenge and Improvement in Health and Social Care

Standard 27 - Safe and healthy working practices

The following requirements and recommendations should be noted for action in relation to Standard 27 - Safe and healthy working practices

Item	Regulation Reference	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (S)
1	Regulations 14.(1)(a),(b) & (c)	“Complete a legionellosis control risk assessment and confirm that recommended control precautions are implemented.” (Reference: Report paragraphs 9.1.1 & 9.3.4)	8 weeks	Registered Manager has requested confirmation that control measures are in place for legionellosis risk assessments. They have confirmed that there is no stagnant water held on the system
2	Regulations 14.(1)(a),(b) & (c)	“Complete a health and safety risk assessment in accordance with NHS Health Guidance note `safe` hot water & surface temperatures” (Reference: Report paragraphs 9.1.2 & 9.3.3)	8 weeks	Risk assessment carried out on Oct 1 st 2014. Report not issued yet.
Item	Standard Reference	Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
3	Standard 27.1	Inspect and test hoisting appliances in accordance with Lifting Operations and Lifting Equipment Regulations (LOLER) requirements. (Reference: Report paragraph 9.3.5)	12 weeks	Hoist has been serviced on a 6 monthly basis as per schedule.

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Standard 28 - Fire Safety

The following requirements and recommendations should be noted for action in relation to Standard 28 - Fire Safety

Item	Regulation Reference	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (S)
4	Regulations 26.(4)(i),(ii),(iii),(iv) & (v)	“Verify that the fire detection and alarm system is maintained by a competent service engineer in accordance with BS5839; submit a valid copy of an engineer inspection/test certificate.” (Reference: Report paragraphs 9.1.3 & 9.4.4)	8 Weeks	Inspection carried out by competent service engineer. Awaiting copy of report.
5	Regulations 26.(4)(iii),(iv) & (v)	“Verify that the emergency lighting system is maintained by a competent service engineer in accordance with BS5266; submit a valid copy of an engineer inspection/test certificate.” (Reference: Report paragraphs 9.1.4 & 9.4.4)	12 Weeks	As above
Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
6	Regulation 26.(4)(a)	Complete review of the fire risk assessment and submit a copy of the report for RQIA Estates Inspector examination. (Reference: Report paragraph 9.4.3)	12 weeks	Fire Risk Assessment carried out 1 st October 2014. Awaiting full report.

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