

Announced Premises Inspection Report 26 October 2016



Thackeray Day Centre

Type of Service: Day Care Setting
Address: 12 Ballyclose Street, Limavady, BT49 0BE
Tel No: 028 7776 9450
Inspector: P Cunningham

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Thackeray Day Centre took place on 26 October 2016 from 10:00 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 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. However one issue was 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.

Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care. However some issues were 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.

This inspection was underpinned by The Day Care Setting Regulations (Northern Ireland) 2007 and The Day Care Settings Minimum Standards (DHSSPS, 2012).

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1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	2

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

Enforcement action did not result from 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 10 September 2013.

2.0 Service Details

Registered organisation/registered provider: Western Health and Social Care Trust	Registered manager: Sonia McDermott
Person in charge of the establishment at the time of inspection: Sonia McDermott	Date manager registered: 27 September 2010
Categories of care: DCS-DE, DCS-I	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 months, duty call log.

During the inspection the inspector met with Sonia McDermott, Centre Manager and Stephen Kelly, WHSCT Estates Officer.

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 01 October 2015

The most recent inspection of the day care setting was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. 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 10 September 2013

Last premises inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 14(1)(c)	Carry out measures to address the findings of the legionellae risk assessment.	Met
	Action taken as confirmed during the inspection: The WHSCT Estates Officer confirmed that remedial actions had been taken in respect of the legionellae risk assessment action plan. He confirmed that the assessment was reviewed in June 2016 and a new assessment was due to be carried out within the next three months.	
Requirement 2 Ref: Regulation 26(2)(c)	Ensure that the patient lifting hoist (Huntleigh 'porta' 155) is subjected to thorough examination as per The Lifting Operations and Lifting Equipment Regulations (Northern Ireland) 1999 (LOLER) before use.	Met
	Action taken as confirmed during the inspection: Documentation presented indicated that the hoists are routinely subject to thorough examinations and servicing.	
Last premises inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 25.5	Carry out a dementia audit using a recognized dementia audit tool and implement any measures identified as appropriate.	Partially Met
	Action taken as confirmed during the inspection: The manager presented a copy of a dementia environment audit report which was carried out in October 2015 and that a number of items listed on the report may be of benefit to service users suffering from dementia. See section 4.5 item 1 below and recommendation 1 in the attached QIP	

4.3 Is care safe?

A range of documentation in relation to the maintenance and upkeep 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 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.

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. The Certificate relating to the testing and inspection of the fixed wiring installation listed six defects which were C3 category (recommended improvement). The Estates Officer undertook to raise these with the responsible person within the Estates Department for actions as appropriate.
2. During the inspection, doors to the two activity rooms and to the dining room were found to be held open using chairs and other objects. The doors are fire resisting doors. The rooms were unoccupied at the time. The manager explained that it was preferable for these doors to remain open in order that service users could access the facilities freely without the need for assistance.
See requirement 1 in the attached QIP

Number of requirements	1	Number of recommendations:	0
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4.4 Is care effective?

There are arrangements in place for routine premises management and upkeep as well as timely breakdown/repair maintenance. Service users are involved where appropriate in decisions around the upkeep of the premises.

This supports the delivery of effective care.

Number of requirements	0	Number of recommendations:	0
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4.5 Is care compassionate?

The areas of the premises reviewed during this premises inspection were well presented, comfortable, clean, free from malodours and adequately lit.

Service users are consulted about decisions around décor where appropriate.

This supports the delivery of compassionate care.

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

Areas for improvement

1. The manager presented a copy of a dementia environment audit report which was carried out in October 2015 and stated that a number of items listed on the report may be of benefit to service users suffering from dementia.
See recommendation 1 in the attached QIP.
2. Previous RQIA care inspection in the centre identified issues around use of a room in the centre (previously designated as a clinical room) for toileting purposes using a commode by one service user who was unable to avail of the centres existing 'disabled' toilet due to complex mobility and access difficulties. The manager has addressed the issues around this relating to privacy and dignity as well as infection control within the former clinical room.
The 'Arjo' bath in the centre's bathroom is defective and the room is subsequently out of use. The provider should consider the provision of a suitable W.C. in this bathroom as well as a showering facility. This will cater for the needs of the service user unable to avail of the current sanitary facilities as well as provide showering facilities for the general use of the centre as and when required
See recommendation 2 in the attached QIP.

Number of requirements	0	Number of recommendations:	2
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4.6 Is the service well led?

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

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 and has been adequately supported and resourced by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.

This supports a well led service.

Number of requirements	0	Number of recommendations:	0
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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 Sonia McDermott, Centre 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 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

Statutory requirements	
<p>Requirement 1</p> <p>Ref: Regulation 26 (4)(d)(i)</p> <p>Stated: First time</p> <p>To be completed: On an ongoing basis</p>	<p>The registered provider must ensure that the management and use of fire resisting doors is in accordance with good practice. Doors should not be held open when not in use without the use of suitable devices which are linked to the automatic fire alarm and detection system. The Manager should liaise with the Fire Safety Advisor accordingly and where deemed appropriate, suitable hold-open devices should be provided.</p> <p>Response by registered provider detailing the actions taken: The registered manager has forwarded Minor capital works requesting hold open devices are provided. The registered manager has been informed this request is currently been forwarded for costing and action. In the interim period the manager will ensure doors are not held open when not in use.</p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 25.5</p> <p>Stated: First time</p> <p>To be completed by: 30 December 2016</p>	<p>The registered provider should address, where appropriate, the findings of the dementia audit report.</p> <p>Response by registered provider detailing the actions taken: The Registered manager will ensure the findings from Dementia audit report are addressed where appropriate within the Day centre environment.</p>
<p>Recommendation 2</p> <p>Ref: Standard 25.5</p> <p>Stated: First time</p> <p>To be completed by: 30 December 2016</p>	<p>The registered provider should consider provision of a toilet and level-deck shower in the bathroom which currently contains the 'Arjo' bath.</p> <p>Response by registered provider detailing the actions taken: Minor capital works have been sent on 26th July 2016 and 18th November 2016 requesting provision of a toilet and level deck shower in Bathroom. Arrangements are in place to remove Arjo Bath.</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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