

Announced Premises Inspection Report 15 December 2016



Gortmore Day Centre

Type of Service: Day Care Setting
Address: 18 Derry Road, Omagh, BT78 5DR
Tel No: 028 8224 4134
Inspector: Raymond Sayers

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Gortmore Day Centre took place on 15 December 2016 from 10:00 to 11:30 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. 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. Issues were however 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, 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	6

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Emma Akien, Acting Manager, and Mr Gerry Marshall, Western Health & Social Care Trust Estate Officer, 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 actions detailed in the previous QIP there were no further actions required to be taken following the most recent premises inspection dated 10 July 2013.

2.0 Service Details

Registered organisation/registered provider: Western Health and Social Care Trust	Registered manager: Ms Emma Akien (Acting Manager)
Person in charge of the day care centre at the time of inspection: Ms Gemma Akien	Date manager registered: N/A
Categories of care: DCS-MP(E), DCS-PH,DCS-I,DCS-LD,DCS-DE	Number of registered places: 32

3.0 Methods/processes

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

During the inspection the inspector met with Mr Gerry Marshall, Western Health & Social Care Trust Estate Officer, and Ms Emma Akien, Acting Manager.

The following records were examined during the inspection: Copies of building services maintenance/inspection certificates and building user log books relating to the maintenance and inspection 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 21 October 2016

The most recent inspection of the day care setting was an unannounced care inspection, IN026722. The completed QIP has not yet been returned, for approval by the care inspector. This QIP will be validated by the caret inspector at their next inspection.

4.2 Review of requirements and recommendations from the last premises inspection dated 10 July 2013

Last premises inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 14.(1)(a)& (c) Stated: First time	Enhance security access arrangements for electrical distribution board equipment and ensure that access is only permitted for authorized personnel. Action taken as confirmed during the inspection: Access to some electrical distribution boards have been restricted by fitting locks; some boards at high level are not in secure enclosures.	Partially Met
Last premises inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 25.1 Stated: First time	Complete a condition survey of all interior decorated surfaces and plan a refurbishment of dilapidated surfaces. Action taken as confirmed during the inspection: Redecoration works implemented.	Met
Recommendation 2 Ref: Standard 25.5 Stated: First time	Repair the surface finish of front door access ramp. Action taken as confirmed during the inspection: Repair works not completed.	Not Met
Recommendation 3 Ref: Standard 25.1 Stated: First time	Clean corridor carpet floor coverings. Action taken as confirmed during the inspection: Carpets cleaned, but ongoing issue.	Met
Recommendation 4 Ref: Standard 27.1 Stated: First time	Implement all legionella risk assessment recommended control precautions. Legionella risk assessment recommendations are not validated as complete by a responsible person.	Partially Met
Recommendation 5 Ref: Standard 25.1 Stated: First time	Record location, date and time of weekly BS5839 fire detection and alarm test activations. Controls implemented.	Met

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 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 and are detailed in the 'areas for improvement' section below.

Areas for improvement

1. A number of electrical distribution boards are secured and are tamperproof; several boards remain unsecured.
Refer to Quality Improvement Plan recommendation 1.
2. The fire risk assessment was completed on 24 November 2016; implementation of the recommended works action plan is currently ongoing.
3. Some external rendering surface finish is spalling away from the wall surface on the North elevation wall.
Refer to Quality Improvement Plan recommendation 2.
4. The electrical installation BS7671 periodic inspection report was due completion in July 2016; we have been informed that the work will be completed within four weeks of this inspection.
5. The surface of the wheelchair access ramp situated adjacent the North elevation entrance is frost damaged.
Refer to Quality Improvement Plan recommendation 2.
6. Legionella risk assessment action plan items were not validated as complete, by a responsible person.
Refer to Quality Improvement Plan recommendation 3.

Number of requirements	0	Number of recommendations:	3
-------------------------------	----------	-----------------------------------	----------

4.4 Is care effective?

There are arrangements in place for routine maintenance management, and if required urgent corrective repair works.

This supports the delivery of effective care.

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

Areas for improvement

1. There is a stale odour/poor ventilation issue noted in room 015 day-room.
Refer to Quality Improvement Plan recommendation 4.
2. There is a damp/stale odour noted in the large dining room. (it is noted that there is evidence of rising damp on the access corridor wall leading into the dining room).
Refer to Quality Improvement Plan recommendation 4.
3. Timber floor skirting in Bathroom 006 is deteriorating due to wet rot.
Refer to Quality Improvement Plan recommendation 5.
4. The roof eaves gutters are full of debris/vegetation.
Refer to Quality Improvement Plan recommendation 6.
5. The surface of the steel fire escape staircase is corroded.
Refer to Quality Improvement Plan recommendation 6.
6. Roof eaves fascia boarding is weathered and in poor condition.
Refer to Quality Improvement Plan recommendation 6.

Number of requirements	0	Number of recommendations:	3
-------------------------------	----------	-----------------------------------	----------

4.5 Is care compassionate?

The accommodation reviewed during this premises inspection was well decorated, comfortable, clean, well ventilated, and illuminated to a satisfactory standard. Service users are consulted about decisions around décor where appropriate.

This supports the delivery of compassionate care.

There were no issues requiring improvement identified during the inspection.

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 assessed, prioritised and implemented/planned corrective action on previous RQIA report QIP items, and other relevant issues relating to the premises.

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

This supports a well led service.

There were no issues identified as requiring improvement during the inspection.

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 Ms Emma Akien, Acting manager and Mr Gerry Marshall, Western HSC Trust Estate Officer 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 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

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 27.1</p> <p>Stated: Second time</p> <p>To be completed by: 01 March 2017</p>	<p>Complete a risk assessment and evaluate the potential risk to service users resultant from the unrestricted access to electrical switchgear panels; implement suitable control measures.</p> <p>Response by registered provider detailing the actions taken: Manager requested to estates services as urgent RQIA requirement-number of request 1064865 on 5-1-17</p>
<p>Recommendation 2</p> <p>Ref: Standard 25.7</p> <p>Stated: Second time</p> <p>To be completed by: 03 April 2017</p>	<p>Repair the surface finish of the North elevation entrance door wheelchair access ramp, and repair damaged wall render on North elevation wall.</p> <p>Response by registered provider detailing the actions taken: Manager requested to estates services as RQIA requirement urgent-number of request 1064867 on 5-1-17, completed a minor works request form also and sent to line manager for authorisation</p>
<p>Recommendation 3</p> <p>Ref: Standard 27.1</p> <p>Stated: Second time</p> <p>To be completed by: 01 February 2017</p>	<p>Implement a responsible person review/ validation regime for completed legionella risk assessment action plan recommendations.</p> <p>Response by registered provider detailing the actions taken: Manager requested to estates services as urgent RQIA requirement-number of request 1064869 on 5-1-17</p>
<p>Recommendation 4</p> <p>Ref: Standard 25.1</p> <p>Stated: First time</p> <p>To be completed by: 01 February 2017</p>	<p>The registered provider should investigate the ventilation/stale odour problem in the Dining room (large) & day-room 015, and implement remedial action.</p> <p>Response by registered provider detailing the actions taken: Manager requested to estate services as urgent RQIA requirement-number of request 1064870 on 5-1-17, completed a minor works request form also and sent to line manager for authorisation</p>
<p>Recommendation 5</p> <p>Ref: Standard 25.1</p> <p>Stated: First time</p> <p>To be completed by: 01 May 2017</p>	<p>Remove wet rot affected skirting in bathroom 006, remove source of damp and replace skirting to match existing specification.</p> <p>Response by registered provider detailing the actions taken: Manager requested to estate services as urgent RQIA requirement-number of request 1064872 on 5-1-17</p>

Recommendation 6 Ref: Standard 25.1 Stated: First time To be completed by: 03 July 2017	Remove dirt/debris from roof eaves gutters; redecorate roof eaves fascia and soffit boards. Response by registered provider detailing the actions taken: Manager requested to estate services as urgent RQIA requirement-number of request 1064874
---	---

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



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

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)