

Announced Premises Inspection Report 14 February 2017



Killadeas Day Centre

Type of Service: Day Care Setting

**Address: Lackaboy Unit 1, Units 14 - 17, Enniskillen Business Centre,
Tempo Road, Enniskillen BT74 4RL**

Tel No: 02866320031

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, Lackaboy Unit 1, Units 14-17 took place on 14 February 2017 from 12:20 to 13:00.

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 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. Some issues were however identified as requiring 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. 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).

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1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Gerry Marshall, Western Health and Social Care Trust (Western HSC Trust), and Pauline Corrigan, Day Care Manager, Western HSC Trust as part of the inspection process. The timescales for completion commence from the date of inspection.

There was no enforcement action resultant 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 20 August 2013.

2.0 Service Details

Registered organisation/registered provider: Western HSC Trust/Elaine Way CBE	Registered manager: Patricia Griffith
Person in charge of the establishment at the time of inspection: Ms Pauline Corrigan	Date manager registered: 21 June 2013
Categories of care: DCS-LD, DCS-LD(E)	Number of registered places: 28

3.0 Methods/processes

Prior to inspection the following records were analysed:

- Previous premises inspection report
- Statutory notifications over the past 12 months
- Concerns call log

During the inspection the inspector met with Mr Gerry Marshall, Western HSC Trust Estates Officer, and Ms Pauline Corrigan, Senior Day Care Worker.

The following records were examined during the inspection:

- Copies of building services maintenance/inspection certificates
- Building user log books relating to the maintenance and inspection 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 9 February 2017

The most recent inspection of the day care setting was an unannounced care inspection; the inspection report has not yet been completed.

4.2 Review of requirements and recommendations from the last premises inspection dated 20 August 2013

Last estates inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulations 14(1)(a),(b) & (c)	Submit verification that the electrical installation has been tested in compliance with BS7671 and that the electrical installation is compliant with the Electricity at Work Regulation 4. (Reference section 9.3.2).	Met
	Action taken as confirmed during the inspection: Completed; Periodic Inspection Report IPN2/0182995 dated 19 January 2017 reviewed.	
Requirement 2 Ref: Regulation 26(4)(d)	Submit verification that the fire detection and alarm system is inspected and tested by a competent engineer in accordance with BS5839 recommendations. (Reference section 9.4.3).	Met
	Action taken as confirmed during the inspection: Completed; last inspection report dated 8 November 2016.	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standards 25.3 25.11	Complete an examination of all shower rooms, assess the working space requirements for assisted showering activities and modify room layouts where appropriate.	Met
	Action taken as confirmed during the inspection: Improvement works implemented.	

Recommendation 2 Ref: Standard 27.1	Verify that all electrical appliances have been inspected and tested in accordance with Health & Safety Guidance booklet 107, Maintaining Portable and Transportable Electrical Equipment (Health & Safety Executive). (Reference section 9.3.3).	Met
	Action taken as confirmed during the inspection: Complete; last PAT date 8 September 2016.	
Recommendation 3 Ref: Standard 27.1	Verify that all “overhead tracked hoists” and mobile hoists are subjected to a six monthly Lifting Operations & Lifting Equipment Regulations (LOLER) Regulation 9 “thorough examination” inspection regime. (Reference section 9.3.5).	Met
	Action taken as confirmed during the inspection: Completed; last LOLER date 8 August 2016.	

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.

Issues were however identified for attention during this premises inspection, and these are detailed in the ‘Areas for improvement’ section below.

Areas for improvement

1. Staff prop open corridor fire doors to permit access for wheelchair users in the facility; this has been listed in the facility fire risk assessment. Refer to Quality Improvement Plan recommendation 1.

2. A legionella bacteria risk assessment was completed on 7 June 2016; however, action plan recommended management controls or improvement works have not been validated as implemented by a competent person.
Refer to Quality Improvement Plan recommendation 2.

Number of requirements	0	Number of recommendations:	2
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4.4 Is care effective?

There are arrangements in place for routine planned preventative maintenance and emergency breakdown repair works.

This supports the delivery of effective care.

There were no issues identified as requiring remedial works attention during this premises inspection.

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

The accommodation reviewed during this premises inspection was well maintained, comfortable, clean, well ventilated, with adequate lighting levels.

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, and are detailed in the 'Areas for improvement' section below.

Areas for improvement

1. Door frames and wall surfaces have sustained damage as a result of impact with wheelchairs and hoists.
Refer to Quality Improvement Plan recommendation 3.

Number of requirements	0	Number of recommendations:	1
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4.6 Is the service well led?

Premises related policies and documents are retained in a manner 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 previous RQIA QIP items and other relevant issues relating to the premises, and has been adequately supported by the registered responsible person.

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

This supports a well led service.

There were no issues requiring improvement identified during the inspection.

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 Mr Gerry Marshall, Estates Officer Western HSC Trust, 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, and 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 the completed QIP to Estates.Mailbox@rqia.org.uk for review 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: Standards 28.1 28.2</p> <p>Stated: First time</p> <p>To be completed by: 14 November 2017</p>	<p>Fire safety precautions should be enhanced by the installation of magnetic door retention units (DRUs) linked to the BS5839 fire alarm system. Management controls should be implemented to ensure effective fire safety measures are implemented prior to installation of the DRUs.</p> <p>Response by registered provider detailing the actions taken: Estates Minor Capital Works Form submitted to Assistant Director via Head of Service on the 7th Mar 17 requesting the "Installation of Magnetic Door Retention Units (DRUs). Request shared with (Fire/Health & Safety Manager).</p>
<p>Recommendation 2</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: 14 April 2017</p>	<p>Implement 7 June 2016 legionella bacteria risk assessment works action plan recommendations, and verify implementation by competent person validation.</p> <p>Response by registered provider detailing the actions taken: Implementation of the Legionella Action Plan recommendations have been logged as a request on Estate Services FM system Backtraq (1068622) dated 24/01/2017 to have all the action points on the report implemented and signed off. This will be prioritised and actioned by the Water Quality Team based at Altnagelvin Estates.</p>
<p>Recommendation 3</p> <p>Ref: Standard 25.1</p> <p>Stated: First time</p> <p>To be completed by: 14 August 2017</p>	<p>Wheelchair user accessibility requirements should be considered, and building alteration works implemented to reduce/eliminate impact damage sustained by the walls and doors.</p> <p>Response by registered provider detailing the actions taken: Estates Minor Capital Works Form submitted to Assistant Director via Head of Service on the 7th Mar 17 requesting the "Installation of Magnetic Door Retention Units (DRUs) and Door/Frame Impact Protection products" Request shared with (Fire/Health & Safety 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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