

Announced Premises Inspection Report 26 April 2016



Creggan Day Centre

Fanad Drive, Derry, BT48 9QE
Tel No: 028 7126 9082
Inspector: Phil Cunningham

1.0 Summary

An announced premises inspection of Creggan Day Centre took place on 26 April 2016 from 10:00 to 12:30hrs.

Is care safe?

On the day of the inspection the premises supported the delivery of safe care. However some issues were identified for attention by the registered person. 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.

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 Settings 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	3

Details of the QIP within this report were discussed with Rhona Curran, 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 last inspection.

2.0 Service Details

Registered organisation/registered person: Creggan Day Centre	Registered manager: Mrs Rhona Curran
Person in charge of the day care setting at the time of inspection: Mrs Rhona Curran	Date manager registered: Rhona Curran - registration pending
Categories of care: DSC – DE, MP(E) RH - MP	Number of registered places: 35

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 Rhona Curran, 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 previous inspection dated 10/03/2016

The previous inspection of the establishment was an unannounced care inspection. The report on that inspection was issued to the registered establishment on 7 April 2016. The response to the issues listed in the Quality Improvement Plan of the report will be assessed by the care inspector when returned to RQIA by the registered provider.

The care inspector brought two issues to the attention of the estates inspector following that inspection. These were:

- Problems with the heating system in the centre
- Unwanted fire alarm activation

These issues were discussed during this inspection and it was established that there have been ongoing issues relating to the heating system and these are mainly due to the age of the installation. The manager and the WHSCT estates officer stated that remedial works were

ongoing to the system and that further measures including flushing of radiators was planned to take place over coming weeks. It is also noted that one of the centres two heating boilers was

found to be defective by the specialist service contractor and has been taken out of service. The WHSCT estates officer stated that this is to be replaced over coming weeks although the remaining boiler has sufficient capacity to provide adequate heat to the centre and this was not a contributory factor to the heating issues mentioned above.

The fire alarm activation log book did not indicate adverse number of unwanted fire alarm activations and the manager was not aware of any significant issues around this. See 4.3 item 3 below.

4.2 Review of requirements and recommendations from the last premises inspection dated 02/10/2013

Previous Inspection Requirements		Validation of Compliance
Requirement 1 Ref: Standard 14(1)(c) Stated: First time	Implement measures to address the action plan of the report on the legionellae risk assessment within appropriate timescales.	Met
	Action taken as confirmed during the inspection: Remedial actions carried out to address the action plan of the risk assessment.	
Requirement 2 Ref: Standard 26(2)(c) Stated: First time	Ensure that the patient lifting hoists (are subjected to thorough examination as per The Lifting Operations and Lifting Equipment Regulations (Northern Ireland) 1999 (LOLER).	Met
	Action taken as confirmed during the inspection: Thorough examinations carried out on the hoists and this is an ongoing activity.	
Requirement 3 Ref: Standard 14(1)(c) Stated: First time	Implement routine checks to the temperature of hot water at thermostatically blended hot water outlets to ensure that the thermostatic mixing valves are operating correctly. The manager should liaise with the estates department regarding appropriate frequencies which this should be undertaken.	Met
	Action taken as confirmed during the inspection: Records relating to routine checks presented for inspection.	

Previous Inspection Requirements		Validation of Compliance
Requirement 4 Ref: Standard 14(1)(c) Stated: First time	Carry out risk assessment in relation to the use of the low level wall mounted electric heater in the training kitchen and the proximity to service users using the room. Consider removing or replacing with a suitable alternative heat source.	Met
	Action taken as confirmed during the inspection: Heater replaced with a low surface temperature type.	
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 27.5 Stated: First time	If works are to be implemented to the external garden areas for use by service users, the manager should consider the guidance issued by the University of Stirling's Dementia Services Design Centre on designing outdoor spaces for people with dementia.	Met
	Action taken as confirmed during the inspection: Manager has considered and relevant guidance although funding has not been obtained to undertake upgrade works to the garden areas.	
Recommendation 2 Ref: Standard 27.8 Stated: First time	Carry out repairs to the automatically operated front entrance doors and adjust as necessary to afford optimum access and egress by service users.	Partially Met
	Action taken as confirmed during the inspection: Various repairs have been carried out to the automatic door actuators/opening devices since the last inspection although the units were inoperative at the time of inspection. The WHSCT estates officer stated that the actuators had been identified for replacement and this was subject to funding becoming available. The manager stated that this was causing difficulties for less ambulant service users including wheelchair users entering and leaving the centre. See recommendation 1 in the attached Quality Improvement Plan.	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 3 Ref: Standard 27.8 Stated: First time	Consider providing suitable awareness training to staff on control and prevention of legionellae	Met
	Action taken as confirmed during the inspection: Relevant staff received training following the last inspection.	
Recommendation 4 Ref: Standard 27.5 Stated: First time	Consider the provision of suitable safety signage in the car park area to enhance the safety of service users accessing the centre.	Met
	Action taken as confirmed during the inspection: Road markings in the car park improved to include disabled spaces.	
Recommendation 5 Ref: Standard 28.2 Stated: Second time	Carry out functional checks to the emergency lighting installation on a monthly basis in accordance with the provisions of BS5266.	Not Met
	Action taken as confirmed during the inspection: Function checks not undertaken on a monthly basis. It was established during the inspection that there are key-switch test facilities throughout the centre to facilitate easy testing of the system and the manager agreed that these checks would begin without delay. See recommendation 2 in the attached Quality Improvement Plan.	

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. Refer to section 4.2 previous recommendation 2 above.
2. Refer to section 4.2 previous recommendation 5 above.
3. The registered manager should notify RQIA when works to replace the defective heating boiler and to flush out the heating system have been completed. See recommendation 3 on the attached Quality Improvement Plan.

Number of requirements:	0	Number of recommendations:	3
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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.

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

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.

Number of requirements:	0	Number of recommendations:	0
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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

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Rhona Curran, Centre Manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the 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 Settings 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 manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to estates.mailbox@rqia.org.uk and assessed 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 person/manager 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 person/manager 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 25.3</p> <p>Stated: Second time</p> <p>To be Completed by: 19 July 2016</p>	<p>Undertake appropriate repairs and/or replacement to the automatic opening equipment at the main entrance doors to the centre.</p> <p>Response by Registered Manager Detailing the Actions Taken: The automatic doors were repaired post inspection and are now fully functional.</p>
<p>Recommendation 2</p> <p>Ref: Standard 25.7</p> <p>Stated: First time</p> <p>To be Completed by: on completion of works</p>	<p>Confirm to RQIA when the Boiler replacement and flushing of the heating system works are completed.</p> <p>Response by Registered Manager Detailing the Actions Taken: The manager will inform RQIA when this work has been completed.</p>
<p>Recommendation 3</p> <p>Ref: Standard 28.2</p> <p>Stated: Third time</p> <p>To be Completed by: 19 July 2016</p>	<p>Confirm to RQIA that the routine monthly function checks to the emergency lighting installation in accordance with the provisions of BS5266 are in place.</p> <p>Response by Registered Manager Detailing the Actions Taken: The map of the Centre detailing the emergency lighting layout has been provided by the Estates Department; the monthly function checks will commence in July 2016.</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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