



Mindwise Day Care
RQIA ID: 10792
Ballybot House
28 Cornmarket
Newry
BT35 8BG

Inspector: Gavin Doherty
Inspection ID: IN021410

Tel: 028 30261093
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**Announced Estates Inspection
of
Mindwise**

20 April 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An announced estates inspection took place on 20 April 2015 from 10.30 to 12.00. Overall on the day of the inspection the premises supported the delivery of safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by:

- 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)

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	4	0

The details of the QIP within this report were discussed with the Mr Jimmy Hollywood, Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Edward Gorringe	Registered Manager: Jimmy Hollywood
Person in Charge of the Premises at the Time of Inspection: Jimmy Hollywood	Date Manager Registered: 5 March 2009
Categories of Care: DCS-MP, DCS-MP(E)	Number of Registered Places: 20
Number of Service Users Accommodated on Day of Inspection: 8 - 12	Weekly Tariff at Time of Inspection: Not Known

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and themes have been met:

Standard 25: Premises and Grounds
Standard 27: Safe and Healthy working Practices
Standard 28: Fire Safety

4. Methods/Process

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

Prior to inspection the following records were analysed:

- Previous Estate's inspection report
- Statutory notifications over the past 12 months.

During the inspection the inspector did not meet with any service users, care staff, visiting professionals or service user's representatives.

The following records were examined during the inspection:

- Fire Risk assessment
- Fire Safety service records and in-house log books
- Electrical Certificates & associated records

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the centre was an announced care inspection dated 14 August 2014. The QIP for this inspection was subsequently returned and approved by the care Inspector. Any further action required as a result of this inspection will be undertaken by the care inspector at the next care inspection.

5.2 Review of Requirements and Recommendations from the last Estates Inspection

The previous estates inspection was undertaken on 10 April 2013.

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 26 (2)(b)(d)	The privacy lock on the female wc door was damaged at the time of the inspection. Ensure that this lock is suitably repaired or replaced without further delay.	Met
	Action taken as confirmed during the inspection: Confirmed lock had been replaced during inspection.	
Requirement 2 Ref: Regulation 14 (2)(a)(c)	Ensure that all staff are aware of the access code for the door lock to the office space at the end of the rear corridor. If this locking mechanism is not required then it should be suitably disabled or removed.	Met
	Action taken as confirmed during the inspection: Confirmed during inspection.	
Requirement 3 Ref: Regulation 26 (4)(d)(v)	Ensure that the carpet tiles in the rear corridor are suitably fixed in place and do not represent a tripping hazard.	Partially Met
	Action taken as confirmed during the inspection: The manager confirmed that these tiles had been secured. However, this is an ongoing problem and several tiles were not securely fixed in place at the time of the inspection. Refer to section 5.3 below and the attached QIP.	
Requirement 4 Ref: Regulation 26 (4)(d)(v)	Ensure that any storage on top of the ground floor accommodation is kept to a minimum, is secure and does not increase the fire load of the space in any way.	Met
	Action taken as confirmed during the inspection: Storage was being well managed at the time of the inspection.	

<p>Requirement 5</p> <p>Ref: Regulation 26 (4)(d)(v)</p>	<p>Confirmation must be provided concerning who is responsible for the annual servicing arrangements for the portable fire-fighting equipment and ensuring that they are currently positioned in the correct locations.</p> <hr/> <p>Action taken as confirmed during the inspection: All portable fire-fighting equipment had been serviced on 2 July 2014.</p>	<p>Met</p>
<p>Requirement 6</p> <p>Ref: Regulation 26 (4)(d)(v)</p>	<p>Confirmation must be provided that the current Legionella risk assessment has been fully implemented by the landlord and that the necessary control measures are being maintained.</p> <hr/> <p>Action taken as confirmed during the inspection: Records indicate that suitable control measures are being maintained by the landlord.</p>	<p>Met</p>
<p>Requirement 7</p> <p>Ref: Regulation 26 (4)(d)(v)</p>	<p>Ensure that suitable arrangements are put in place for the safe and secure storage of any hazardous materials which may be present on the premises.</p> <hr/> <p>Action taken as confirmed during the inspection: Suitable arrangements were confirmed during the inspection.</p>	<p>Met</p>
<p>Requirement 8</p> <p>Ref: Regulation 26 (4)(d)(v)</p>	<p>Ensure that suitable risk assessments are carried out with regards to potential ligature points which are currently identifiable throughout the building. It is essential that any identified 'unacceptable risks' are removed or have suitable control measures put in place to reduce these risks to an acceptable and manageable level.</p> <hr/> <p>Action taken as confirmed during the inspection: Confirmed during inspection.</p>	<p>Met</p>

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

Is Care Safe? (Quality of Life)

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this Estates inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. This supports the delivery of safe care.

Is Care Effective? (Quality of Management)

A range of accommodation, facilities and support services is provided in the premises. This supports the delivery of effective care. One issue was, however identified for attention during this Estates inspection. This is detailed in the 'areas for improvement' section below.

Is Care Compassionate? (Quality of Care)

The areas of the premises reviewed during this Estates inspection were well presented, clean and free from malodours. A redecoration scheme is currently being implemented throughout the centre and the lighting is programmed for upgrading in the next number of months. This supports the delivery of compassionate care.

Areas for Improvement

The carpet tiles in the main communal day space were badly stained in areas. These areas should be made good or the floor finish should be replaced. Several floor tiles in the rear corridor adjacent to the toilet accommodation were not securely fixed in place. These tiles should be secured without further delay and the flooring should be closely monitored to ensure that any hazards arising are dealt with in a timely manner.

Number of Requirements	1	Number Recommendations:	0
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5.4 Standard 27: Safe and healthy working practices - *The Centre is maintained in a safe manner, and safe and healthy working practices are promoted in all aspects of its work.*

Is Care Safe? (Quality of Life)

A range of documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this Estates inspection. This supports the delivery of safe care.

Is Care Effective? (Quality of Management)

The nature and needs of the service users are considered as part of the risk assessment processes and this is reflected in the management of the premises. This supports the delivery of effective care.

Is Care Compassionate? (Quality of Care)

There are health and safety procedures and control measures in place which support the delivery of compassionate care. One issue was, however identified for attention during this Estates inspection. This is detailed in the 'areas for improvement' section below.

Areas for Improvement

The manager stated that the instantaneous water heater installed in the kitchen takes a significant amount of time to produce hot water. This should not be the case. The registered manager should ensure that the landlord is informed of this shortcoming and that suitable action is taken to repair or replace this water heater.

Number of Requirements	1	Number Recommendations:	0
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5.5 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.*

Is Care Safe? (Quality of Life)

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. This supports the delivery of safe care.

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

Is Care Effective? (Quality of Management)

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 is recorded in the fire risk assessment. This supports the delivery of effective care.

Is Care Compassionate? (Quality of Care)

The standard used by the registered persons to determine the extent of fire safety protection measures that are appropriate for the premises recognises the need to maintain a non-institutionalised environment. This supports the delivery of compassionate care.

Areas for Improvement

The registered manager should ensure that a weekly test of fire detection and alarm system is undertaken in accordance with current best practice guidance. Suitable records should be maintained and be available for inspection within the premises.

The registered manager should ensure that the premises fire detection and alarm system, and the emergency lighting installation are serviced and maintained in accordance with current best practice guidance. Confirmation should be provided for the most recent inspection of these systems and that any required remedial works have been completed.

Number of Requirements	2	Number Recommendations:	0
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5.6 Additional Areas Examined

No additional areas were examined during this inspection.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the Registered Manager, Mr Jimmy Hollywood 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.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Day Care Settings Regulations (Northern Ireland) 2007.

6.2 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.

6.3 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 weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

Quality Improvement Plan

Quality Improvement Plan			
Statutory Requirements			
Requirement 1 Ref: Regulation 26(2) Stated: Second Time To be Completed by: 13 July 2015	Ensure that the carpet tiles in the main communal day space are suitably cleaned or replaced. Ensure that all floor tiles are suitably secured and closely monitored, to ensure that any hazards arising are dealt with in a timely manner.		
	Response by Registered Manager Detailing the Actions Taken: Quotes are currently being sought both for steam cleaning of existing carpet tiles and for new carpet for main area and back corridor.		
Requirement 2 Ref: Regulation 26(2) Stated: First time To be Completed by: 13 July 2015	The registered manager should inform the landlord of the poor performance of the premises instantaneous water heater and ensure that suitable action is taken to repair or replace this water heater.		
	Response by Registered Manager Detailing the Actions Taken: Landlord had a Legionella Inspector visit our service on 26 th May 2015. We were advised verbally that the water heater was working properly. Awaiting documentation from the Landlord to confirm this.		
Requirement 3 Ref: Regulation 26(4) Stated: First time To be Completed by: Immediate and ongoing	Ensure that a weekly test of fire detection and alarm system is undertaken in accordance with current best practice guidance. Suitable records should be maintained and be available for inspection.		
	Response by Registered Manager Detailing the Actions Taken: We have passed this onto the Landlord. We have received a copy of the weekly tests for the full building and the caretaker has been advised to give instructions on how these tests can be carried out in Unit 3 by MindWise without effecting the full building.		
Requirement 3 Ref: Regulation 26(4) Stated: First time To be Completed by: Immediate and ongoing	Ensure that the premises fire detection and alarm system, and emergency lighting installation are serviced and maintained in accordance with current best practice guidance. Confirmation should be provided for the most recent inspection of these systems and that any required remedial works have been completed.		
	Response by Registered Manager Detailing the Actions Taken: We have passed this onto the Landlord who has advised they will make available a copy of the most recent certification of fixed installation testing of the above systems .		
Registered Manager Completing QIP	Jimmy Hollywood	Date Completed	9/6/15

Registered Person Approving QIP	Edward Gorringe	Date Approved	15/6/15
RQIA Inspector Assessing Response	Gavin Doherty	Date Approved	24/9/2015*

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

*Clarification or follow up required on some items.