

Announced Premises Inspection Report 06 December 2016



MindWise

Type of Service: Day Care Setting
Address: 132 Union Street, Lurgan, BT66 8EF
Tel No: 028 3832 9492
Inspector: K. Monaghan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of MindWise took place on 06 December 2016 from 10:25 to 11:20 hours.

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 two issues were identified for attention by the registered provider. Reference should be made 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 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	2	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr. Jimmy Hollywood who is a registered manager of another Mindwise day care centre, 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 on 04 June 2013.

2.0 Service Details

Registered Provider / Responsible Individual: MindWise / Mr. Edward George Alexander Gorringer	Registered manager: Ms. Jacqueline McCaughey, Acting Manager
Person in charge of the establishment at the time of inspection: Mr. Jimmy Hollywood	Date manager registered: Acting Manager
Categories of care: DCS-MP, DCS-MP(E)	Number of registered places: 20

3.0 Methods/processes

Prior to this premises inspection, the following records were reviewed:

- The report for the previous premises inspection on 04 June 2013
- The statutory notifications over the past 12 months (No notifications)
- The concerns log (No concerns).

During this premises inspection discussions took place with Mr. Jimmy Hollywood who is a registered manager of another Mindwise day care centre.

During this premises inspection, the following records were reviewed:

- A range of service records and in-house records relating to the maintenance and upkeep of the premises
- The legionella bacteria risk assessment report
- The fire risk assessment report.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection on 04 June 2016

The most recent inspection of this day care setting was an unannounced care inspection IN026601 on 08 August 2016. The completed QIP for this inspection was returned to RQIA on 07 October 2016 and approved by the care inspector. This QIP will be validated by the care inspector at their next inspection.

4.2 Review of requirements and recommendations from the last premises inspection on 04 June 2013

Last premises inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 26(2)(d) Stated: Second time	The shower / toilet on the ground floor should be deep cleaned and repainted. The standard of cleaning for the premises should also be improved. The facilities, equipment, procedures and auditing arrangements for cleaning should be reviewed and revised as required to ensure that an ongoing acceptable level of cleanliness is maintained in the premises.	Met
	Action taken as confirmed during the inspection: The shower / toilet on the ground floor had been cleaned and repainted. Following the previous premises inspection the cleaning arrangements were reviewed and revised. A cleaning rota is now in place. No issues in relation to cleaning were identified for attention during this premises inspection.	
Requirement 2 Ref: Regulation 26(2)(b) Stated: Second time	The maintenance of garden area to the rear of the premises should be brought up to date.	Met
	Action taken as confirmed during the inspection: It is good to report that a team of volunteers had carried out an extensive amount of improvement works to the rear garden. This included bringing the maintenance up to date and remedial works to the paving. This is a valuable resource for the service users.	

Last premises inspection statutory requirements		Validation of compliance
Requirement 3 Ref: Regulation 26(2)(b) Stated: Second time	The roof and chimneys should be checked on a regular basis to ensure that any remedial works required are identified and completed.	Met
	Action taken as confirmed during the inspection: The roof and the chimneys were being checked on a monthly basis with the most recent check having been carried out on 02 December 2016. A record for this activity is kept in the premises.	
Requirement 4 Ref: Regulations 14(1)(a) 14(1)(c) Stated: Second time	The window openings should be controlled to a safe point of opening with a maximum clear opening of 100mm. The restrictors should not be easy to disengage without the use of a key or a specialist tool. Reference should be made to the recent correspondence from RQIA in relation to this issue.	Met
	Action taken as confirmed during the inspection: Sample checks carried out to the windows during this premises inspection indicated that the openings were controlled.	
Requirement 5 Ref: Regulations 13(7) 26(2)(b) Stated: Second time	The worktop in the kitchen should be repaired again.	Met
	Action taken as confirmed during the inspection: It is good to report that the worktop in the kitchen had been replaced.	
Requirement 6 Ref: Regulations 14(1)(a) 14(1)(c) Stated: First time	The carpet at the door threshold to the shower / toilet on the ground floor and the carpet in the first floor activity room should be checked and refitted as required.	Met
	Action taken as confirmed during the inspection: It is good to report that new carpets had been fitted in the first floor activity room and in the hall, stairs and landing areas.	

Last premises inspection statutory requirements		Validation of compliance
Requirement 7 Ref: Regulations 14(1)(a) 14(1)(c) 26(2)(b) 26(2)(d) Stated: First time	The planned remedial works to ladies toilets on the lower ground floor should be completed. Following the completion of this work, the floor coverings and wall surfaces should be made good.	Met
	Action taken as confirmed during the inspection: The remedial works to the ladies toilet on the lower ground floor had been completed.	
Requirement 8 Ref: Regulations 26(2)(c) 26(2)(l) Stated: First time	The water heater at the sink in the kitchen should be repaired.	Met
	Action taken as confirmed during the inspection: The water heater in the kitchen had been repaired.	
Requirement 9 Ref: Regulation 26(2)(l) Stated: First time	The documentation to support the completion of the remedial works to the fixed wiring installation should be available on the premises for inspection.	Partially Met
	Action taken as confirmed during the inspection: The completed Quality Improvement Plan for the previous premises inspection confirmed that the remedial works to the fixed wiring installation had been carried out. It was agreed that the current documentation in relation to the inspection and test to the fixed wiring installation would be forwarded to RQIA. Reference should be made to recommendation 1 in the attached Quality Improvement Plan.	
Requirement 10 Ref: Regulations 14(1)(a)&(c) 26(2)(c) Stated: First time	In addition to the ongoing regular servicing, the stair lifts should be thoroughly examined every six months in accordance with the Lifting Operations and Lifting Equipment Regulations.	Met
	Action taken as confirmed during the inspection: Thorough examinations of the stair lifts were carried out on 05 July 2016.	

Last premises inspection statutory requirements		Validation of compliance
Requirement 11 Ref: Regulations 13(7) 14(1)(a) 14(1)(c) 26(2)(l) Stated: First time	The biennial review of the risk assessment for the prevention or control of legionella bacteria in the water systems should be completed and actioned as required.	Met
	Action taken as confirmed during the inspection: The legionella risk assessment was reviewed following the previous premises inspection. The issues identified for attention in the action plan in the report for this legionella risk assessment had been signed off.	
Requirement 12 Ref: Regulations 14(1)(a) 14(1)(c) Stated: First time	A procedure should be established for accessing the Northern Ireland Adverse Incidents website at least once each week to check the Medical Device Equipment Alerts notices that have been issued. In addition a log should be established to record the access and action details in relation to these alerts.	Met
	Action taken as confirmed during the inspection: This issue was not reviewed during this premises inspection. The completed Quality Improvement Plan for this previous premises inspection however confirmed that this issue had been addressed. The arrangements for accessing these alerts have changed recently. RQIA will be issuing further guidance on this issue in due course.	
Requirement 13 Ref: Regulation 26(4)(d)(iv) Stated: Second time	In addition to the duration tests to the emergency lights that are carried out by the service engineers, monthly function checks should also be carried out and recorded in a log book.	Met
	Action taken as confirmed during the inspection: A procedure had been established for carrying out monthly function checks to the emergency lights. The most recent check was carried out on 02 December 2016. A record for these checks was also being kept.	

Last premises inspection statutory requirements		Validation of compliance
Requirement 14 Ref: Regulations 26(4)(d)(i) Stated: First time	The provision of first aid fire-fighting in an easily accessible location in close proximity to the area in the garden that is used for smoking should be reviewed.	Met
	Action taken as confirmed during the inspection: A review in relation to this issue had been carried out and a fire extinguisher had been provided in close proximity to the area in the garden that is used for smoking. It was agreed that in addition to this fire extinguisher it would be beneficial to also provide a fire blanket.	
Last premises inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 25 Stated: First time	It is recommended that the accessibility audit for the premises should be reviewed and updated.	Met
	Action taken as confirmed during the inspection: An accessibility audit was carried out following the previous premises inspection. The outcome of this audit should be used to inform any future improvements to the premises.	
Recommendation 2 Ref: Standard 27.1 Stated: First time	It is recommended that the section of worktop in the kitchen that was previously repaired should be replaced instead of being repaired with a sheet covering.	Met
	Action taken as confirmed during the inspection: It is good to report that a new worktop had been provided in the kitchen.	

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 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. A comprehensive fire risk assessment was carried out in July 2013. The most recent fire drill was carried out on 22 November 2016 and the fire alarm is checked each week. The documentation for the most recent inspection and service of the fire detection and alarm system and the most recent inspection and test to the emergency lights were not presented for review during this premises inspection. The fire risk assessment should be reviewed, updated and actioned as required. In addition the date and outcome for the most recent inspection and service of the fire detection and alarm system and the most recent inspection and test to the emergency lights should be confirmed to RQIA. The date for the most recent fire safety training for the staff should also be confirmed to RQIA. Reference should be made to requirement 1 in the attached Quality Improvement Plan.
2. The first aid fire-fighting equipment was serviced on 26 January 2016. The hinges to the door to the kitchen should be tightened to ensure that this door closes effectively. Additional screws should also be fitted to these hinges. Minor adjustment should be carried out to the door of the first floor office to prevent this door catching on the carpet. Reference should be made to requirement 2 in the attached Quality Improvement Plan.
3. There is a procedure in place for carrying out weekly checks to the hot and cold water temperatures. The record for this activity indicated that the unblended hot water temperatures were marginally below the current 55°C standard. It would be prudent to review this with the legionella risk assessor.

Number of requirements	2	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.

It is good to report that the turning area to the front of the premises had recently been resurfaced. Redecoration works and new flooring had also been completed recently. This is to be commended.

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.

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.

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 Mr. Jimmy Hollywood who is a registered manager of another Mindwise day care centre, 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 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

Statutory requirements	
Requirement 1 Ref: Regulations 26(4)(a) 26(4)(d)(iv) Stated: First time To be completed by: 03 February 2017	<p>The fire risk assessment should be reviewed, updated and actioned as required. In addition the date and outcome for the most recent inspection and service of the fire detection and alarm system and the most recent inspection and test to the emergency lights should be confirmed to RQIA. The date for the most recent fire safety training for the staff should also be confirmed to RQIA.</p> <p>Response by registered provider detailing the actions taken: The assessor who completed the Fire Risk Assessment has been contacted in order to have this reviewed and updated as required. The most recent inspection and service of the fire detection and alarm system took place on 05/12/16 and this included the emergency lighting. One light bulb within an emergency exit sign was found to be out and this has been replaced. The two staff completed fire safety training on 19/11/15 & 15/04/16 respectively. Both staff are due to complete training again in April 17.</p>
Requirement 2 Ref: Regulation 26(4)(d)(iv) Stated: First time To be completed by: 20 January 2017	<p>The hinges to the door to the kitchen should be tightened to ensure that this door closes effectively. Additional screws should also be fitted to these hinges. Minor adjustment should be carried out to the door of the first floor office to prevent this door catching on the carpet.</p> <p>Response by registered provider detailing the actions taken: Hinges on the door to the kitchen have been tightened as requested and this door is now closing effectively. The door to the office has been adjusted to prevent it catching on the carpet</p>
Recommendations	
Recommendation 1 Ref: Standard 27 Stated: Second time To be completed by: 03 February 2017	<p>The current documentation in relation to the inspection and test to the fixed wiring installation should be forwarded to RQIA.</p> <p>Response by registered provider detailing the actions taken: The fixed wiring installation testing was completed on 11/09/08 and a hard copy of the documentation has been sent by post to the inspector.</p>

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
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)