

# Announced Premises Inspection Report 22 November 2016



## Mindwise

**Type of Service: Day Care Setting**  
**Address: 33 Rathfriland Street, Banbridge, BT32 3LA**  
**Tel No: 028 4066 9402**  
**Inspector: Gavin Doherty**

[www.rqia.org.uk](http://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 22 November 2016 from 10:30 to 12:00 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. 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. However one issue was identified for 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).

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	2	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Jacqueline McCaughey, acting registered manager and Mr Jimmy Holywood, Mindwise 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.

## 2.0 Service Details

<b>Registered organisation/registered provider:</b> MindWise/Mr Edward George Alexander Gorringe	<b>Registered manager:</b> See box below
<b>Person in charge of the establishment at the time of inspection:</b> Jimmy Hollywood	<b>Date manager registered:</b> Ms Jacqueline McCaughey – application not yet submitted
<b>Categories of care:</b> DCS-MP	<b>Number of registered places:</b> 20

## 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 Ms Jacqueline McCaughey, acting registered manager and Mr Jimmy Holywood, Mindwise.

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, and fire risk assessment.

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 31/07/15

The most recent inspection of the day care setting was an unannounced care inspection. The completed QIP was returned and approved by the specialist inspector on 10 September 2015. This QIP will be validated by the specialist inspector at their next inspection.

## 4.2 Review of requirements from the last premises inspection dated 29/05/13

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 26 (2)(b)  <b>Stated:</b> Second time	The source of damp penetration at the main front entrance should be determined and made good. The area should then be suitably redecorated to match the existing.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed that this work had been completed at the time of inspection.	
<b>Requirement 2</b>  <b>Ref:</b> Regulation 13 (7) 14 (1)(a)(c)  <b>Stated:</b> First time	A suitable and sufficient risk assessment should be carried out by the person responsible for health and safety within the organisation. Any requirements flowing from this risk assessment should be implemented without further delay.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed that a risk assessment had been completed and was available and up to date at the time of inspection.	
<b>Requirement 3</b>  <b>Ref:</b> Regulation 14 (1)(a)(c)  <b>Stated:</b> First time	A risk assessment should be undertaken with regards to the current location of the portable hot water boiler situated in the kitchen area. It is essential that suitable control measures are put in place for any identified, unacceptable risk.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed that this hot water boiler had been removed from the premises at the time of inspection.	

### 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.

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

#### Areas for improvement

1. Records were not available at the time of the inspection for the monthly function check and annual full discharge test of the premises emergency lighting installation. Details should be forwarded to RQIA, confirming that these checks and inspection are in place and being maintained within the premises. Refer to requirement 1 in the attached Quality Improvement Plan.
2. The current fire risk assessment was undertaken in November 2013. This important risk assessment should be reviewed annually or when there are any significant alterations to the premises or the service provided. The registered manager should ensure that this risk assessment is suitable reviewed in a timely manner and that any significant findings are implemented accordingly. Refer to requirement 2 in the attached Quality Improvement Plan.

<b>Number of requirements</b>	<b>2</b>	<b>Number of recommendations:</b>	<b>0</b>
-------------------------------	----------	-----------------------------------	----------

### 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.

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
-------------------------------	----------	-----------------------------------	----------

#### 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.

One issue was however identified for attention during this inspection. This is detailed in the 'areas for improvement' section below.

##### Areas for improvement

1. Several areas of the premises were in poor decorative order. A suitable time bound program for the redecoration of these areas should be prepared and forwarded to RQIA for information. Refer to recommendation 1 in the attached Quality Improvement Plan.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
-------------------------------	----------	-----------------------------------	----------

#### 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.

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
-------------------------------	----------	-----------------------------------	----------

## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Jacqueline McCaughey, acting registered manager and Mr Jimmy Holywood 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](mailto: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

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 26(4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 January 2017</p>	<p>The registered provider must provide details confirming that the monthly function check and annual full discharge test of the premises emergency lighting installation is in place and being suitably maintained in accordance with current best practice guidance.</p> <p><b>Response by registered provider detailing the actions taken:</b> The company who test the emergency fire alarm system have not included the emergency lighting as part of their six monthly checks. They have been contacted and emergency lighting will now be included as part of their six monthly checks and this is due to take place within the next 2-3 weeks. Once completed staff will carry out weekly checks on the emergency lighting. Once the inspection has taken place a copy of the certificate will be forwarded to the inspector.</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 26(4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 January 2017</p>	<p>The registered provider must ensure that the current fire risk assessment is suitable reviewed in a timely manner and that any significant findings are implemented accordingly.</p> <p><b>Response by registered provider detailing the actions taken:</b> The assessor who completed the Fire Risk Assessment has been contacted in order to have this reviewed and updated as required and any findings will be implemented accordingly. A copy of the update will be forwarded to the inspector once the assessment review has been completed.</p>

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 25.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 January 2017</p>	<p>The registered provider should ensure that a suitable time bound program for the redecoration of the premises is prepared and forwarded to RQIA for information.</p> <p><b>Response by registered provider detailing the actions taken:</b> The internal decoration of the premises is in the planning process with PBNI. A site meeting is being arranged for end of January to determine the work that needs to be carried out and the timescales for completion. The aim is to have the work fully completed by the end of March 2017.</p>
--	--

*\*Please ensure this document is completed in full and returned to [Estates.Mailbox@rqia.org.uk](mailto: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](mailto:info@rqia.org.uk)  
Web [www.rqia.org.uk](http://www.rqia.org.uk)  
 @RQIANews

Assurance, Challenge and Improvement in Health and Social Care