



The Regulation and  
Quality Improvement  
Authority

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**Announced Estates Inspection  
of  
MS Society NI**

**01 October 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](http://www.rqia.org.uk)

## 1. Summary of Inspection

An announced estates inspection took place on 01 October 2015 from 10.00 to 13.45. 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;

- 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
<b>Total number of requirements and recommendations made at this inspection</b>	2	3

The details of the QIP within this report were discussed with the Ms Lesley Clews (Manager) as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> MS Society NI Ms Patricia Gordon	<b>Registered Manager:</b> Ms Lesley Clews
<b>Person in Charge of the Premises at the Time of Inspection:</b> Ms Lesley Clews	<b>Date Manager Registered:</b> 17 June 2009
<b>Categories of Care:</b> DCS-PH	<b>Number of Registered Places:</b> 35
<b>Number of Service Users Accommodated on Day of Inspection:</b> 20	<b>Weekly Tariff at Time of Inspection:</b> Not applicable

## 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 estates inspection report, statutory notifications over the past 12 months and the last care inspection report.

During the inspection the inspector met with Ms Lesley Clews.

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.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an announced care inspection dated 04 September 2014. The completed QIP was returned and the responses were considered acceptable by the care inspector.

## 5.2 Review of Requirements and Recommendations from the last Estates Inspection on 26 January 2012

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 14.-(1)(c) 26.-(2)(c)	The legionella risk assessment should be reviewed and actioned as necessary.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The legionella risk assessment was reviewed by a specialist contractor following the last Estates inspection. Notes added to the risk assessment and information from the manager indicate that all the work recommended in the risk assessment has been completed. It is understood that the MS Society has a policy to review the legionella risk assessment every 4 years. The specialist contractor who carried out the 2012 assessment recommended a review in 2 years. This should be clarified. Refer to 5.4 item 1, and recommendation 2 in Quality Improvement Plan	
Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 23	In relation to the control of legionella a monthly routine should be established to check that the temperature of stored hot water is being maintained at a minimum of 60 <sup>0</sup> c.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There is a procedure in place to monitor hot water temperatures. However, the calorifier return and some of the sentinel temperatures appear to be lower than recommended for the effective control of legionella. Refer to 5.4 item 2.	
<b>Recommendation 2</b>  <b>Ref:</b> Standard 23	Arrangements should be made for the thermostatic mixing valves to be maintained in accordance with the manufactures guidance.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records presented confirming that this is now in place.	

<b>Recommendation 3</b>  <b>Ref: Standard 23</b>	The paving slabs in the pedestrian refuge along the front of the building have become broken. The condition of the slabs should be monitored and any necessary repairs carried out before they become a tripping hazard.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Suitable repairs have been carried out to this paved area.	

### 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.

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)**

A range of accommodation, facilities and support services is provided in the premises. This supports the delivery of effective care.

#### **Is Care Compassionate? (Quality of Care)**

The areas of the premises reviewed during this Estates inspection were well presented, clean and free from malodours. This supports the delivery of compassionate care.

#### **Areas for Improvement**

1. The test and inspection of portable electrical appliances was last carried out in July 2014. The inspector was informed that MS Society has a policy to carry out testing every second year.  
(Refer to Recommendation 1 in the Quality Improvement Plan)
2. The report on the last service of the thermostatic mixing valves included a recommendation from the contractor that one of the valves be changed. The manager confirmed that this had been arranged for 05 October 2015.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>1</b>
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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.

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

**Areas for Improvement**

1. It is recommended that the guidance in the latest code of practice for the control of legionella and the advice of a competent risk assessor be sought and followed regarding the frequency of reviewing the legionella risk assessment.  
(Refer to Recommendation 2 in Quality Improvement Plan)
2. Following the inspection the manager confirmed to the inspector that the hot water system was investigated by a service contractor and a fault found with the return valve was rectified.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>1</b>
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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.

**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 residents, 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 effective 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 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**

1. The centre has a fire risk assessment which was reviewed in December 2014 by a member of staff. The scope of the assessment was discussed with the manager on the day of inspection.  
(Refer to Requirement 1 in Quality Improvement Plan)
2. In a service report on the fire detection and alarm system the contractor makes a number of recommendations relating to the age and suitability of the fire detectors and the fire zones.  
(Refer to Requirement 2 in Quality Improvement Plan)
3. The door to the large store in the service corridor is not fitted with an automatic closer.  
(Refer to Recommendation 3 in Quality Improvement Plan)

<b>Number of Requirements</b>	<b>2</b>	<b>Number Recommendations:</b>	<b>1</b>
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### **5.6 Additional Areas Examined**

Not applicable.

### **6. Quality Improvement Plan**

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Lesley Clews 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 should 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](mailto: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

### Statutory Requirements

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 26.-(4)(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> <b>01 November 2015</b></p>	<p>The fire risk assessment should be reviewed to ensure that the five steps to fire risk assessment set out by the Northern Ireland Fire and Rescue Service are comprehensively addressed. The review should be carried out by a person with the necessary knowledge, skills and experience. Issues arising from the risk assessment should be detailed in a prioritised action plan and addressed within timescales acceptable to the risk assessor.</p> <p>Reference should be made to guidance on the NIFRS website and DHSSPS Fire Code documents.</p>
	<p><b>Response by Registered Manager Detailing the Actions Taken:</b></p> <p>The Society has reviewed the Fire Risk Assessment and the recommendation are in the process of being implemented.</p>

<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 26.-(4)(b)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> <b>01 November 2015</b></p>	<p>The recommendations made by the fire alarm service contractor should be discussed with a competent fire safety advisor and arrangements made to take any necessary action within timescales acceptable to the fire risk assessor.</p>
	<p><b>Response by Registered Manager Detailing the Actions Taken:</b></p> <p>The recommendations from the fire alarm service contractor has now been actioned and the work is now complete.</p>

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 25</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> <b>01 November 2015</b> <b>and ongoing</b></p>	<p>It is recommended that a scheme be established to carry out periodic visual checks of portable electrical appliances. This should take account of the guidance issued by The Health and Safety Executive on maintaining electrical equipment in order to prevent danger</p> <p><a href="http://www.hseni.gov.uk/hsg107_maintaining_portable_and_transportable_electrical_equipment.pdf">http://www.hseni.gov.uk/hsg107_maintaining_portable_and_transportable_electrical_equipment.pdf</a> ]</p>
	<p><b>Response by Registered Manager Detailing the Actions Taken:</b></p> <p>A system has now been implemented to periodically do visual checks on portable electrical appliances in between our 2 yearly PAT testing.</p>

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 27</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 01 December 2015</p>	<p>The guidance in the latest code of practice for the control of legionella and the advice of a competent risk assessor should be sought and followed regarding the frequency of reviewing the legionella risk assessment.</p> <p>Reference should be made to the Health and Safety Executive documents <i>Legionnaires' disease. The control of legionella bacteria in water systems (L8)</i> and the associated technical guidance HSG274 Part 2  <a href="http://www.hseni.gov.uk/hsg274_legionella_technical_guidance_part2.pdf">http://www.hseni.gov.uk/hsg274_legionella_technical_guidance_part2.pdf</a></p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b>  We are currently working with Heathly Buildings to review the frequency of our risk assessment.</p>		
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 28</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 01 December 2015</p>	<p>The advice of a competent fire risk assessor should be sought and followed regarding the fitting of an automatic closer on the door of the store in the service corridor. In the interim the door should be kept closed.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b>  A requested has been actioned for the fitting of an automatic closure for the store room.</p>		
<p><b>Registered Manager Completing QIP</b></p>	<p>Lesley Clews</p>	<p><b>Date Completed</b></p>	<p>11/11/15</p>
<p><b>Registered Person Approving QIP</b></p>	<p>Patricia Gordon</p>	<p><b>Date Approved</b></p>	<p>11/11/15</p>
<p><b>RQIA Inspector Assessing Response</b></p>	<p>C Muldoon</p>	<p><b>Date Approved</b></p>	<p>24/11/2015</p>

*\*Please ensure the QIP is completed in full and returned to [estates.mailbox@rqia.org.uk](mailto:estates.mailbox@rqia.org.uk) from the authorised email address\**