

Announced Premises Inspection Report 07 June 2016



Millview Resource Centre
Day Care Setting
College Square West, Bessbrook, BT35 7DG
028 3083 0347
Kieran Monaghan

1.0 Summary

An announced premises inspection of Millview Resource Centre took place on 07 June 2016 from 10:25 to 12:10hrs.

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. However one issue was identified for attention by the registered person. 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 person. 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.

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	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr. Darren Campbell, Deputy Manager and Mr. Jonathan Haire, Estate Compliance, Southern Health and Social Care Trust, 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: Southern Health and Social Care Trust	Registered manager: Mrs. Carmel McGrath
Person in charge of the establishment at the time of inspection: Mr. Darren Campbell, Deputy Manager	Date manager registered: 21 June 2013
Categories of care: DCS-PH, DCS-SI	Number of registered places: 30

3.0 Methods/processes

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

- The previous premises inspection report
- The statutory notifications over the past 12 months
- The duty call log

During this premises inspection discussions took place with the following people:

- Mr. Darren Campbell, Deputy Manager
- Mr. Jonathan Haire, Estate Compliance, Southern Health and Social Care Trust

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 16 February 2016

The most recent inspection of this establishment was an unannounced care inspection IN024118 on 16 February 2016. The completed QIP for this inspection was returned to RQIA on 18 April 2016 and approved by the care inspector on that date.

4.2 Review of requirements and recommendations from the last premises inspection on 21 October 2014

Last premises inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulations 14(1)(a) 14(1)(c)</p> <p>Stated: First time</p>	<p>The lock to one of the switchgear enclosure cupboards should be adjusted to ensure that this can be effectively locked. A new lock should also be fitted to the door of the cleaner's store and this door should also be kept locked.</p> <p>Action taken as confirmed during the inspection: This lock had been adjusted and these doors were locked. A new lock had also been fitted to the door of the cleaner's store.</p>	Met
<p>Requirement 2</p> <p>Ref: Regulation 26(2)(k)</p> <p>Stated: First time</p>	<p>The lighting in the activity rooms should be reviewed and improved as required. In particular new artificial lighting should be provided in the computer activity room.</p> <p>Action taken as confirmed during the inspection: It is good to report that the lighting in the activity rooms had been reviewed and new lighting had been installed in the computer room and in other rooms such as the dining room. These rooms were bright and comfortable.</p>	Met
<p>Requirement 3</p> <p>Ref: Regulation 26(2)(c)</p> <p>Stated: First time</p>	<p>The safe working load should be marked on each item of lifting equipment. Load test certificates should also be followed up and retained on the premises for the attention of the engineers completing the future thorough examinations.</p> <p>Action taken as confirmed during the inspection: Sample checks to the lifting equipment carried out during this premises inspection confirmed that the safe working loads had been marked on each item of equipment. The most recent independent thorough examination of the lifting equipment was carried out on 20 May 2016. The reports for these thorough examinations were presented for review during this premises inspection. No issues for were identified for attention in these reports.</p>	Met

Last premises inspection statutory requirements		Validation of compliance
<p>Requirement 4</p> <p>Ref: Regulations 14(1)(a) 14(1)(c) 26(2)(c) 26(2)(l)</p> <p>Stated: First time</p>	<p>The outcome of the planned inspection and testing of the fixed wiring installation should be confirmed to RQIA. The information in relation to the ongoing maintenance and service of the thermostatic mixer should be forwarded to RQIA.</p> <hr/> <p>Action taken as confirmed during the inspection: The fixed wiring installation was inspected and tested on 15 May 2015. The report for this inspection and test that was presented for review during this premises inspection did not confirm the overall assessment of the installation condition. There was also a reference in the report to a defects sheet although this was not presented along with the report. Mr. Haire agreed to check these issues and confirm the position re same to RQIA. Reference should be made to recommendation 1 in the attached Quality Improvement Plan. The most recent service of the thermostatic mixing valves was carried out in January 2016. The report for this work confirmed that fail-safe tests had been carried out as part of this service and that all of the valves were satisfactory.</p>	Met
<p>Requirement 5</p> <p>Ref: Regulations 26(4)(b) 26(4)(c) 26(4)(d)(i)</p> <p>Stated: First time</p>	<p>Hold open devices linked to the fire detection and alarm system should be fitted to the doors between the kitchen and the dining room. In the meantime these doors should not be wedged or propped open. The arrangements for smoking should be reviewed to ensure that these also include individual risk assessments.</p> <hr/> <p>Action taken as confirmed during the inspection: Hold open devices linked to the fire detection and alarm system had been fitted to the doors between the kitchen and the dining room. A new 'no smoking policy' had recently been introduced for all premises under the control of the Southern Health Care Trust. Smoking is therefore no longer permitted on these premises.</p>	

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. Some minor adjustment should be carried out to one of the self-closing devices on the doors between the kitchen and the dining room to ensure that the door can be opened with ease.
2. A risk assessment for the prevention or control of legionella bacteria in the water systems was completed on 16 July 2013. A specialist company also carry out the monthly monitoring visits to check the water temperatures and disinfect the showers. The risk assessment should now be reviewed. A schematic drawing should be included as part of the new risk assessment. The report for the legionella risk assessment identified an issue in relation to the distance between some of the outlets and the thermostatic mixing valves. The legionella monitoring report for May 2016 also identified that the temperature of the unblended hot water was marginally below the 55°C minimum. Mr. Haire agreed to follow up these issues.
3. If the door to the laundry/store and the corridor door need to be kept open from an operational point of view, hold open devices linked to the fire detection and alarm system should be installed. Advice should be sought from the Fire Officer. Reference should be made to recommendation 2 in the attached Quality Improvement Plan.
4. A fire risk assessment was carried out in October 2014. The report for this risk assessment identified a number of issues for attention.
5. It appeared that these issues had been addressed but the risk assessment action plan had not been signed off. This action plan should be reviewed and signed off by the registered manager. Reference should be made to recommendation 2 in the attached QIP.

Number of requirements	0	Number of recommendations:	1
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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.

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

Areas for improvement

1. The activity rooms were in good order. New cupboards and a new ceiling had been provided in the craft activity room. The new lighting had also improved the overall quality of these rooms. In order to provide more flexibility with the lighting it would be beneficial to have the facility to control the number of lights that can be switched on at any one time. Mr. Haire agreed to follow up this issue and arrange for the some minor adjustments to be carried out to the switching arrangements to facilitate this.

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. It is good to report that Millview Resource Centre won the Southern Region Best Kept Daycare Facility Award for 2015. This is to be commended. 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. The outside of the premises was in need of routine redecoration. It was good to note that a requisition had already been made to have this work completed. Mr. Haire also agreed to have the wall in toilet 3 repainted where the cupboard had been removed.

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 manager had 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. Darren Campbell, Deputy Manager and Mr. Jonathan Haire, Estate Compliance, Southern Health and Social Care Trust, as part of the inspection process. The timescales commence from the date of inspection.

The registered persons 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 persons 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 persons meet the legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and 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 persons may enhance service, quality and delivery.

5.3 Actions taken by the Registered Persons

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered responsible person should confirm that these actions have been completed and return completed QIP to estates.team@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 persons 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 persons 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 28</p> <p>Stated: First time</p> <p>To be completed by: 05 August 2016</p>	<p>The overall condition of the fixed wiring installation and the issues identified for attention during the inspection and test that was carried out on 15 May 2015 should be confirmed to RQIA.</p> <p>Response by registered person detailing the actions taken: Satisfactory Electrical Condition Report returned on 20/05/15.</p>
<p>Recommendation 2</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: Ongoing</p>	<p>If the door to the laundry/store and the corridor door need to be kept open from an operational point of view, hold open devices linked to the fire detection and alarm system should be installed. Advice should be sought from the Fire Officer. The action plan in the fire risk assessment should be reviewed and signed off by the registered manager.</p> <p>Response by registered person detailing the actions taken: Advice sought from Fire Officer 16/07/16. It has been advised that slow release system to be put on doors. Works request sent to Estates Department 18/07/16, when works are completed registered manager will sign off fire risk assessment.</p>

Please ensure this document is completed in full and returned to estates.team@rqia.org.uk from the authorised email address



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