



The **Regulation** and
Quality Improvement
Authority

Primary Announced Care Inspection

Name of Establishment:	MindWise, Newry
Establishment ID No:	10792
Date of Inspection:	14 August 2014
Inspector's Name:	Maire Marley
Inspection No:	20153

The Regulation And Quality Improvement Authority
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Name of centre:	MindWise, Newry
Address:	Ballybot House 28 Cornmarket Newry BT35 8BG
Telephone number:	(028) 3026 1093
E mail address:	jimmy.hollywood@mindwisenv.org
Registered organisation/ Registered provider:	Mr Edward George Alexander Gorringe (Registration Pending)
Registered manager:	Mr James Hollywood
Person in Charge of the centre at the time of inspection:	Mr James Hollywood
Categories of care:	MAX, DCS-MP(E), DCS-MP, DCS-MAX
Number of registered places:	20
Number of service users accommodated on day of inspection:	10
Date and type of previous inspection:	10 April 2013 Pre-Registration Inspection
Date and time of inspection:	14 August 2014 9.50am - 3.30pm
Name of inspector:	Maire Marley

Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect day care settings. A minimum of one inspection per year is required.

This is a report of a primary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards and themes and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of day care settings, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Day Care Settings Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Day Care Settings Minimum Standards (January 2012)

Other published standards which guide best practice may also be referenced during the inspection process.

Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the minimum standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

Consultation Process

During the course of the inspection, the inspector spoke to the following:

Service users	4
Staff	1
Relatives	0
Visiting Professionals	0

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	25	2

Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Day Care Settings Minimum Standards and theme:

- **Standard 7 - Individual service user records and reporting arrangements:**
Records are kept on each service user's situation, actions taken by staff and reports made to others.
- **Theme 1 - The use of restrictive practice within the context of protecting service user's human rights**
- **Theme 2 - Management and control of operations:**
Management systems and arrangements are in place that support and promote the delivery of quality care services.

The registered provider and the inspector have rated the centre's compliance level against each criterion and also against each standard and theme.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

Profile of Service

MindWise, Newry is a mental health charity offering support and services to those affected by severe mental illness, and other mental health difficulties. MindWise (previously entitled 'Rethink') provides a wide range of services that includes advocacy, carer support, community support, employment and training links, housing and day care services. There are several day care facilities throughout Northern Ireland. MindWise (New Vision) is a Northern Ireland Registered Charitable Organisation.

MindWise Newry is registered with RQIA to accommodate a maximum of 20 service users within the categories of MP and MP(E) (Mental Disorder excluding learning disability and dementia under and over 65 years). There are currently 34 service users registered with MindWise Newry.

The service is open five days per week from Monday – Friday inclusive from 10.00am – 2.30pm excluding bank holidays. Service users may opt in or out of specific planned activities, but are encouraged to participate in those that will support their independence and self-confidence. Referrals and allocation of days are through the Southern Health and Social Care Trust, with placements offered following an assessment of need.

MindWise Newry moved into their new premises in Ballybot House, Newry on 10 April 2013. Ballybot House is located in the city centre very close to shops and community facilities. The building is a large three storey dwelling owned by The Confederation of Community Groups (Newry and Mourne). MindWise Newry operates from a self-contained unit on the ground floor.

The accommodation consists of a large open plan room which is the main area for service users; and staff. There is an office and kitchen and a corridor leads to two disabled WCs and a small room/office. There is public or on street car parking available opposite the service for service users, staff and visitors.

The statement of purpose for the day care setting outlines the range of services provided.

Summary of Inspection

A primary announced inspection was undertaken in Mindwise Newry Day Centre on 14 August 2014 from 9:45am until 3:30pm. The Registered Manager, James Hollywood and Jackie McCaughey, Area Manager were available throughout the inspection.

The fourteen requirements made as a result of the pre- registration inspection in April 2013 were examined. Observations and discussion demonstrated that the centre had responded positively to the requested improvements. One requirement is restated. Details of the action taken can be viewed in the section following this summary.

The focus of the inspection was to assess the centre's compliance with the one standard and two themes chosen from the Day Care Settings Minimum Standards 2012 and The Day Care Settings Regulations (Northern Ireland) 2007. During the inspection the inspector used the following evidence sources;

- Discussion with staff
- Discussion with service users

- Observation of practice
- Examination of a sample of service user individual file records including evidence of behaviour management and support assessments, complaint record, staff training record, individual staff records, incident and accidents records, evidence of service user consultation, monthly monitoring records; statement of purpose; service users guide and policies & procedures
- Tour of the premises

Prior to the inspection the provider submitted a self-assessment of the day centre's performance in the one standard and two themes forming the focus. The registered provider's responses were examined and were not altered in any way by the RQIA.

The inspector was introduced to several of the service users attending the centre and held discussions with four service users during the day. Service users presented at ease in their environment and spoke highly of the staff team, opportunities provided and the support and encouragement gained from attending the centre. Service users were aware that if they had any concerns or issues they could approach any of the staff or the registered manager who is based in the centre. Service users were very complimentary about the overall quality of the service and its value to them.

Standard 7 - Individual service user records and reporting arrangements: Records are kept on each service user's situation, actions taken by staff and reports made to others.

Mindwise has written policies and procedures on recording and reporting, data protection, confidentiality, consent, and care planning and review. The policies and procedures were available for staff reference. The registered person had arrangements in place to review policies and procedures to ensure that they were up to date and accurate.

The inspector spoke with the registered manager, area manager and one staff member regarding the standards inspected, team working, the involvement of Trust professionals, management support, supervision and the overall quality of the service. Everyone commented positively about the quality of care provided and the support of the management team.

Positive comments were made in regard to the maintenance of records and the recording and reporting arrangement's in this day care setting.

In the sample of six service user care records examined, there was evidence of service users having signed to indicate their involvement and agreement with the content. The organisation has standardised a new "Client Pathway" recording system and this was being introduced in the Newry centre as new referrals were received and new service users commenced. The system includes a comprehensive need and risk assessment, a risk management plan, support plan and review record. Service users' files were found to be well maintained and up to date, with good progress notes for each person attending the centre.

Observations of service users, discussion with staff and the review of four service users individual files provided evidence that the centre is performing well regarding storage of service user's information, recording procedures and reporting information on to professionals involved in the service users' care.

One recommendation is made in relation to this theme.

Based on the evidence reviewed the inspector concurs with the provider's self- assessment and has assessed the centre as compliant in this standard.

Theme 1 - The use of restrictive practice within the context of protecting service user's human rights

Mindwise has a policy and guidelines on the use of restrictive practices, which states that physical restraint should not form part of staffs' response to any member's presenting behaviours. The policy references the European Convention on Human Rights, Article 5, the Deprivation of Liberty Safeguards – Interim Guidance and the DHSSPS Guidance on Restraint and Seclusion.

The examination of care records found that on two occasion's staff had to physically intervene to prevent harm to other service users. Discussion with a staff member confirmed the incidents were exceptional and the staff member was knowledgeable in regard to implementing strategies to ensure behaviour does not escalate. Records examined identified if a service user's behaviour deteriorates staff refer to other professionals in a timely manner. Clear protocols must be provided for staff in regard to the emergency use of physical interventions that may be required when service users behave in ways that has not been foreseen by a risk assessment. The protocol should include a description of behaviour sequences which may require intervention.

There was evidence of the use of good communication, relationship building and calming techniques and the registered manager confirmed the importance of developing good understanding of their service users' needs and preferences.

The working atmosphere within the centre provided further evidence of the relaxed and encouraging methods in use to empower and facilitate service users in recovering greater control of their own short and longer term functioning. Service users consulted spoke of how attendance at the centre assisted them with developing confidence and provided structure to their day.

Two requirements are made in relation to this theme.

Based on the evidence reviewed the inspector concurs with the provider's self- assessment and has assessed the centre as compliant in this standard.

Theme 2 - Management and control of operations: Management systems and arrangements are in place that support and promote the delivery of quality care services.

The organisational structure and reporting arrangements were clearly set out in the day care setting statement of purpose. Staff confirmed their awareness of reporting arrangements within the organisation, should any notifiable event arise. There was evidence from discussions with staff to confirm that the team work supportively and well with one another.

Records showed that the registered manager is appropriately qualified and experienced to take charge of the centre. In the absence of the registered manager, there is a designated support worker identified to assume responsibility for the centre. MindWise use the security system 'Guardian 24' in lone-working situations. Confirmation that competency and capability assessments have been completed for these staff must be submitted in the returned QIP.

The organisation had systems in place for supervision and performance appraisal and staff expressed that they felt supported by the management team. Requested records required by regulations were in place.

There was evidence of the monitoring arrangements that included monthly unannounced monitoring visits. The monitoring reports relating to the previous four months were examined and found to be well detailed and addressed all of the matters specified in regulations. In addition, the organisation's annual quality review report for the service was available and found to include service users view in regard to the service provision.

The inspector concludes the arrangements in place for the registered manager to manage this day care setting and delegate tasks to the support care workers are suitable.

One requirement is made in relation to this theme.

Based on the evidence reviewed the inspector has assessed the centre as substantially compliant in this theme.

Additional Areas Examined

The inspector undertook a tour of the premises, reviewed the complaints record and accident and incident records, examined six service users individual files, validated the registered manager's pre inspection questionnaire, reviewed the staff questionnaire and viewed the environment. This revealed the incident records should be indexed and properly secured. A record of the audit of incidents should be established to ascertain if there are patterns or trends emerging.

The inspector wishes to acknowledge the work undertaken by the registered manager and staff in preparation for this inspection and their open and constructive approach throughout the inspection process. Gratitude is also extended to the service users who welcomed and engaged with the inspector during the inspection.

Overall the inspector commends the proactive approach to improvements since the last inspection.

As a result of the inspection a total of three requirements and three recommendations are made and one requirement is restated from the previous inspection. Details can be found in the attached QIP.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Regulation 26(2)	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.	The lock had been repaired as requested.	Compliant
2	Regulation 26(2)	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 disabled or removed.	The management team and a staff member on duty informed the inspector of the access code for the door lock to the office.	Compliant
3	Regulation 26(2)	Ensure that the carpet tiles in the rear corridor are suitably fixed in place and do not represent a tripping hazard.	There was evidence that the tiles were fixed and no trip hazards were identified on this occasion.	Compliant
4	Regulation 26(2)(d)	Ensure the WCs are kept clean and arrangements put in place to monitor this (standard 25.1). A cleaning rota must be devised.	On the day of inspection the WCs were clean. A cleaning schedule was presented for inspection and management reported the arrangements were satisfactory.	Compliant
5	Standard 25	The registered manager should consult with service users regarding their views on partially screening the front windows and providing screens for the designated relaxation area in the open plan room and take action on same.	The registered manager and area manager reported that service users had requested that there were no privacy screens erected. This was confirmed in discussions with four service users.	Compliant

6	Regulation 26(4)	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.	The registered manager reported on the action taken to minimise the storage in this area. The items stored on the day were mainly decorations for Christmas.	Compliant
7	Regulation 26(4)	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.	The name of the company whose was responsible for the service was submitted to the RQIA as directed. On the day of inspection the portable fire- fighting equipment was suitably positioned.	Compliant
8	Regulation 14(1)	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.	The certificate presented for inspection stated it was valid until 31 August 2012. The risk assessment was dated as having been completed on 14 August 2012. There was no evidence available to confirm that the landlord had addressed the risk assessment and implemented the necessary control measures. This requirement is restated.	Not compliant
9	Regulation 14(1)	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.	There was evidence that hazardous materials including cleaning material were stored in a locked cupboard.	Compliant

10	Regulation 14(1)	Ensure that suitable general environmental and risk assessments are carried out with regards to the new premises and in particular 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.	The registered manager confirmed that the risk assessments had been completed. A copy of these had been submitted to the RQIA as requested. The inspector was provided with the information in regard to the identified 'unacceptable risks' that had been removed.	Compliant
11	Regulation 14(1)	With regards to potential ligature points and any other environmental risks, the registered manager is required to confirm that all service user's assessments and care plans have been reviewed and where appropriate would specify the identified risks. It is the responsibility of management and staff to monitor these on an ongoing basis.	The registered manager confirmed that all service users' assessment and care plans had been revised. Potential risks and control measures were identified in the care records examined.	Compliant
12	Regulation 26(2)(i)	Toilet rolls and personal protective equipment (PPE) must be in closed storage in WCs and accessible to all.	On the day of inspection it was observed that toilet rolls and personal protective equipment (PPE) were in closed storage in WCs and was accessible to all.	Compliant
13	Regulations 4 and 7	The registered manager shall ensure the MindWise, Newry statement of purpose is reviewed to include: (a) the name of the registered person, his qualifications and experience in the designated section (b) A summary of the qualifications and experience of persons employed in the day care setting.	The registered manager submitted the revised statement of purpose. The document was found to contain the relevant information as detailed and was deemed satisfactory.	Compliant

		<p>(c) The arrangements for dealing with complaints i.e. the service's step by step complaints process.</p> <p>(d) The sizes of the rooms used by service users in the new premises.</p>		
14	Regulations 5 and 7	The registered manager shall ensure the MindWise Newry service users' guide is reviewed to reflect a summary of the statement of purpose; details of the new premises and all areas stated in standard 1.2 and Regulation 5.	The service user guide was revised and found to be satisfactory.	Compliant

Standard 7 - Individual service user records and reporting arrangements:	
Records are kept on each service user's situation, actions taken by staff and reports made to others.	
Criterion Assessed:	COMPLIANCE LEVEL
7.1 The legal and an ethical duty of confidentiality in respect of service users' personal information is maintained, where this does not infringe the rights of other people.	
Provider's Self-Assessment:	
The MindWise Data Protection Policy 2013 governs data management within the service. The policy applies to all employees, casual workers, agency workers, volunteers, trustees and those processing data on behalf of MindWise.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
Mindwise had a range of policies in regard to Protecting the Confidentiality of Service User's Information. These procedures were available to the staff team. A staff member consulted was knowledgeable about the duty of confidentiality and their role and responsibility regarding the management of service users' personal information. The inspector observed that records were stored securely and discussion with management and staff confirmed that files are kept in a locked cabinet when not in use.	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.	
7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.	
Provider's Self-Assessment:	
Service users may request access to their file as per the Data Protection Policy 2013. Service users are provided with copies of support plans and reviews if desired. A log of information requests and outcomes are held in the Service Users file.	Compliant

Inspection Findings:	COMPLIANCE LEVEL
<p>The inspector reviewed a sample of eight individual service user records and the findings indicated that the records are maintained in compliance with Regulation 19 Schedule 4.</p> <p>The day care setting had policies and procedures pertaining to the access to records, communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices. Staff consulted confirmed that the policies are readily available and accessible to them for reference.</p> <p>Discussion with staff working in the centre revealed they were knowledgeable regarding consent and access to records commensurate with their role and responsibilities.</p> <p>There were examples in care/support plans of those service users having signed the record to indicate their involvement and agreement with the content and staff reported that they promote person centred practice in all aspects of their work.</p> <p>Discussion with service users revealed they had confidence in the registered manager and staff team, in terms of data protection and confidentiality. None of the service users who spoke with the inspector said that they had requested a copy of their support plan, but there was written evidence that some service users had requested access to their records and their request was currently being processed in keeping with procedures.</p>	<p>Compliant</p>

<p>Criterion Assessed:</p> <p>7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include:</p> <ul style="list-style-type: none"> • Assessments of need (Standards 2 & 4); care plans (Standard 5) and care reviews (Standard 15); • All personal care and support provided; • Changes in the service user's needs or behaviour and any action taken by staff; • Changes in objectives, expected outcomes and associated timeframes where relevant; • Changes in the service user's usual programme; • Unusual or changed circumstances that affect the service user and any action taken by staff; • Contact with the service user's representative about matters or concerns regarding the health and well-being of the service user; • Contact between the staff and primary health and social care services regarding the service user; • Records of medicines; • Incidents, accidents, or near misses occurring and action taken; and • The information, documents and other records set out in Appendix 1. 	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment:</p> <p>The MindWise Client Pathway Toolkit 2014 : The toolkit is the updated framework previously in operation and is in the process of implementation with new service users. As existing service users reviews are due the new paperwork will be used. The new Risk Management Policy and Procedure (April 2014) and Incident Management Procedure are in practice in all aspects of support and service delivery.</p>	<p>Moving towards compliance</p>
<p>Inspection Findings:</p> <p>On the day of this inspection, there was evidence on file to confirm that the Client Pathway Toolkit was being introduced in the centre; the files of two new admissions were shown to the inspector, these files when fully implemented will contain the criterion identified above. The registered manager reported that the new documentation would be introduced for existing service users as their annual reviews are held. The inspector reviewed a total of six service user files. Contact with service user's representatives and professionals along with any visits to service users are recorded in individual service users' files. A daily record is completed for each member at least every five days of attendance and includes any contacts, changes in behaviour, activities participated and any incidents or accidents. The registered manager and staff confirmed there were no medicines administered in the centre. The files examined provided evidence that a review of the member's circumstances was undertaken annually.</p>	<p>COMPLIANCE LEVEL</p> <p>Moving towards compliance</p>

Criterion Assessed: 7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.	COMPLIANCE LEVEL
Provider's Self-Assessment:	
Service user notes reflect attendance and events and these are recorded on a weekly /two weekly basis for service users who attend regularly.	Substantially compliant
Inspection Findings:	
A sample of service user care records examined provided evidence that individual care records have a written entry for the date of attendance as detailed in the provider's self-assessment.	Substantially compliant
Criterion Assessed:	
7.6 There is guidance for staff on matters that need to be reported or referrals made to: <ul style="list-style-type: none"> • The registered manager; • The service user's representative; • The referral agent; and • Other relevant health or social care professionals. 	COMPLIANCE LEVEL
Provider's Self-Assessment:	
MindWise Policies and Procedures; Management Structure and organisational chart provide information and guidance for all staff on internal roles and responsibilities ; MindWise' and statutory risk assessments; referral forms; RQIA requirements and Trust Policy provide guidance on matters that need to be reported. Guidance information is available in various formats. The registered manager carries out supervision and team meetings. There are incident reporting and vulnerable adults reporting flowcharts for staff to follow and ensure information is reported to the correct people.	Compliant
Inspection Findings:	
The management team and a staff member consulted were fully familiar with issues that required to be reported to safe-guarding teams, representatives and other primary health care teams. The inspector viewed the policies and procedures pertaining to communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices. In discussion with a staff member it was evident that he was clear in regard to his role and responsibility relating to matters that required to be reported.	Compliant

<p>Criterion Assessed: 7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.</p>	
<p>Provider's Self-Assessment:</p>	
<p>Care plans are signed by staff and the registered manager. Records and notes are signed and dated by staff and where the service user has been involved they also sign and date the notes. The Registered manager reviews paperwork to ensure records are up to date.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>There was written evidence of a high level of involvement by service users in agreeing and signing their records. There was evidence that the registered manager carried out regular checks on care files to ensure that they were accurate and up to date.</p>	<p>Compliant</p>

<p>PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Substantially compliant</p>
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<p>INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Substantially compliant</p>
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Theme 1: The use of restrictive practice within the context of protecting service user’s human rights	
Theme of “overall human rights” assessment to include:	
Regulation 14 (4) which states:	COMPLIANCE LEVEL
The registered person shall ensure that no service user is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.	
Provider’s Self-Assessment:	
MindWise Restrictive Practice Policy Statement (2014) : MindWise does not support the use of restrictive practices, unless it can be evidenced that there is a need for this and all steps are taken to minimise effect. Staff work in such a way that supports Service Users to fully access their Human Rights.	Compliant
Inspection Findings:	
Mindwise have policies and procedures to direct and guide staff in regard to restrictive practices. The policies were reflective of the DHPSSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). A copy of the Deprivation of Liberty Safeguards (DOLS) was available to management and the staff team. It was noted from incident records examined that on two occasions staff had to physically intervene to prevent injury to service users. These incidents were discussed with the management team and a requirement is made that clear protocols are provided for staff in regard to the emergency use of physical interventions that may be required when service users behave in ways that has not been foreseen by a risk assessment. The protocol should include a description of behaviour sequences which may require intervention. Discussion with a staff member confirmed the incidents were exceptional and the staff member was knowledgeable in regard to implementing strategies to ensure behaviour does not escalate. A record relating to an identified service user was discussed with the management team and it was recommended that a referral to the behaviour team should be made to ensure the care/support plan incorporates behaviour techniques that promote positive outcomes for the service user.	Substantially compliant

<p>Regulation 14 (5) which states:</p> <p>On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment:</p>	
<p>MindWise Restrictive Practice Policy Statement (2014) : MindWise does not support the use of restrictive practices, unless it can be evidenced that there is a need for this and all steps are taken to minimise effect. Staff work in such a way that supports Service Users to fully access their Human rights. There have not been any occasions when service users have been subject to restraint within the service.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The examination of six care records and discussion with management, a staff member and four service users revealed there was no evidence to indicate there were any restrictive practices within Mindwise Newry. The evidence examined indicated a person centred approach was adopted. The centre is on a main street and the entrance door is locked during the day to prevent unauthorised persons from accessing the centre without staff knowledge. The door can be opened to allow egress. As previously stated, the review of records evidenced that restraint had been used to prevent injury to a service user. The registered manager must ensure that any incident of restraint is notified to the RQIA.</p>	<p>COMPLIANCE LEVEL</p> <p>Substantially compliant</p>

<p>PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>
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<p>INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p> <p>Substantially compliant</p>
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Theme 2 – Management and Control of Operations	COMPLIANCE LEVEL
<p>Management systems and arrangements are in place that support and promote the delivery of quality care services.</p> <p>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</p>	
<p>Regulation 20 (1) which states:</p> <p>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</p> <p style="padding-left: 40px;">(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;</p> <p>Standard 17.1 which states:</p> <p>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</p>	
<p>Provider's Self Assessment:</p>	
<p>Management arrangements and the structure in operation defines accountability, roles and responsibilities. Both staff service users are suitably qualified, trained and skilled to be in charge in the absence of the manager. Qualifications and experience are considered during the recruitment process. Mandatory training is provided in line with the organisational training matrix and each member of staff completes an induction workbook. An Induction competency checklist form is completed for each new member of staff.</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>The provider's self-assessment was verified through examination of the arrangements for staffing the centre, the training records, and selected other records, and discussion with staff and service users. The management structure is clearly set out in the centre's statement of purpose. Examination of the staffing rota, provided evidence that adequate staffing numbers were maintained in the day care setting. The management team and staff consulted reported that the</p>	Compliant

staffing levels are sufficient to meet the needs of the service users in the day centre.

Discussion with staff demonstrated that they were fully familiar with their role and responsibilities regarding the management arrangements of the day care setting. Staff expressed that they were supported in their roles through regular supervision, appraisal and staff meetings.

Service users who spoke with the inspector were aware of the management structure and were able to identify who they would approach if they had any concerns.

A designated officer undertakes the unannounced monthly monitoring visits to the centre on behalf of the registered provider. It was agreed that to promote autonomy the service user's representatives/carers did not need to be contacted for their views and opinions of the quality of the service.

The inspector was informed that the organisation carries out an annual review of their service and produces a quality review report of the findings. The report for the period April 2013-March 2014 was available for inspection. There was evidence that service users were consulted and all areas of service provision were reported on.

The inspector examined the professional registration, qualifications, experience and evidence of competence of the registered manager and this revealed the manager is registered with NISCC and has evidence of continual professional development. In his absence there is a project worker who will act up on his behalf and assume the day to day responsibility of the centre. This inspection revealed that a competency and capability assessment had not been completed for the staff member who assumed responsibility for the day care setting in the registered manager's recent absence. The inspector does acknowledge that the organisation has systems in place to assess staff competency however on this occasion there was no evidence that they were completed.

<p>Regulation 20 (2) which states:</p> <ul style="list-style-type: none"> The registered person shall ensure that persons working in the day care setting are appropriately supervised 	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment:</p>	
<p>The registered manager provides regular formal and informal supervision to the service staff team. Annual appraisals identify personal development and training needs of individuals. The learning and development policy advises staff and line managers of access to effective learning and development opportunities that meet their needs and those of the organisation and service users accessing the service.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>There was evidence that Mindwise uses the NHS Leadership Framework as part of the self-assessment and appraisal system for management staff. Management reported that this is a very reflective and developmental tool. There was good evidence of supervision records in place for the manager and staff. Being a small centre, the registered manager works closely with staff and demonstrated a good understanding of each person's support and development needs. Staff confirmed that informal day to day supervision was readily available and there was evidence of regular staff meetings. Staff expressed that the management team were very approachable and supportive.</p>	<p>Substantially compliant</p>

<p>Regulation 21 (3) (b) which states:</p> <ul style="list-style-type: none"> • (3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless – • (b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work 	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment:</p> <p>Qualifications and experience are considered during the recruitment process in terms of how they best meet the needs of the service. Mandatory training is provided in line with the organisational training matrix and must be completed in order to complete induction. The learning and development policy advises staff and line managers of access to effective learning and development opportunities that meet their needs and those of the organisation.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>The inspector examined records that confirmed the registered manager has suitable qualifications and experience to manage the day centre. There was evidence that other staff held vocational qualifications and had experience working in care settings. Records viewed on the day confirmed that staff are in the process of registering with NISCC. Mandatory training was found to be up to date.</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>

<p>PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p> <p>Substantially compliant</p>
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<p>INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p> <p>Substantially compliant</p>
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Additional Areas Examined

Complaints

The information on the annual complaints return submitted by the registered provider prior to the inspection was examined and indicated that the centre had received eight complaints for the year 2013. The majority of complaints were resolved locally and the inspector spoke to one complainant who stated he was satisfied with the outcome. The registered manager and staff were fully aware of the complaints procedure and the action to take should a service user express dis-satisfaction with any aspect of the service.

Registered Manager Questionnaire

The registered manager submitted the completed questionnaire prior to the inspection. A review of the information found the questionnaire had been fully completed and no issues were identified. The information returned was confirmed during the inspection of records, discussion with management, staff and service users.

Statement of Purpose

A review of the statement of purpose submitted for this inspection found that the information contained in the document was compliant with The Day Care Regulations (Northern Ireland) 2007 Schedule 1.

Incident Records

It was recommended that the record of incidents is indexed and properly secured. A record of the audit of incidents should be established to ascertain if there are patterns or trends emerging.

Environment

An inspection of the day centre was undertaken. All areas were found to clean and fresh smelling. It is recommended that the carpet in the activity area is cleaned. Arrangements should be in place for the carpet to be regularly cleaned. The locked office space at the rear of the building should be cleared of the items currently stored in it and should be made fit for purpose.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr James Hollywood, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

Maire Marley
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Primary Announced Care Inspection

MindWise, Newry

14 August 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mr James Hollywood, Registered Manager and Mrs Jackie McCaughey area manager during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

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 (NI) 2007

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	20 (1) (a)	The registered manager should confirm that a capability and competency assessment has been completed for any staff member left in charge of the centre in the manager's absence.	One	Completed	No later than 31 October 2014
2	Regulation 14 (4)	The registered provider/manager should confirm; (a) A clear protocol has been devised in regard to the emergency use of physical interventions that may be required when service users behave in ways that has not been foreseen by a risk assessment. (b) The protocol should include a description of behaviour sequences and settings which may require intervention.	One	The Policy statement on Restrictive Practice is being updated at present and will be forwarded to the inspector. The training department are currently investigating training in the Use of Breakaway techniques.	No later than 31 October 2014
3	Regulation 14 (5)	The registered manager must ensure that from the date of inspection any incident of restraint is notified to the RQIA.	One	Any Incidents of Restraint will be reported to the RQIA.	Immediately and ongoing
4	Regulation 14(1)	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.	Two	I met Ballybot House Co-Ordinator on Wed 17/9/14. A Legionella Inspection for the whole premises was actually taking place on this date. I was advised that a Risk	No later than 31 October 2014

				<p>Assessment would be distributed to MindWise (and all Ballybot House Building Tenants) once Confederation of Community Group (Landlords) have received their Inspection report.</p>	
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Recommendations

These recommendations are based on The Day Care Settings Minimum Standards January 2012. This quality improvement plan may reiterate recommendations which were based on The Day Care Settings Minimum Standards (draft) and for information and continuity purposes, the draft standard reference is referred to in brackets. These recommendations are also based on research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details of Action Taken By Registered Person(S)	Timescale
1	7.4	<p>The registered manager should confirm</p> <p>(a) the identified risk assessment has been updated and provides direction in regard to the management of identified behaviours.</p> <p>(b) referral to the behaviour team has been made to ensure the care/support incorporates behaviour techniques that promote positive outcomes for the service user.</p>	One	<p>Existing Risk assessment reviewed, deemed sufficient and on-going at this time.</p> <p>Unable to make Referral to Behavioural Team as none exists in SHSCT Mental Health "Support and Recovery" Dept. Been advised that Client was discharged from Learning Disabilities Team some time ago. However, the Client's Trust M.H. Keyworker will continue to link-in and discuss with M/W informal behaviour techniques as those already in place for this "complex" client case.</p>	No later than 31 October 2014.
2	19.1	<p>The registered manager must ensure that;</p> <p>(a) the record of incidents is indexed and properly secured.</p> <p>(b) A record of the audit of incidents should be established to ascertain if</p>	One	<p>The service file containing the incident reports has been indexed and secured within a locked filing cabinet.</p> <p>The incidents are added to the log in Head office, audited by the H&S officer and the area</p>	No later than 31 October 2014.

		there are patterns or trends emerging.		manager and patterns and trends are then identified and discussed with the relevant registered manager.	
3	25.1	The registered manager must confirm that the carpet in the activity area has been cleaned. Arrangements should be implemented for the carpet to be regularly cleaned.	One	Carpet was cleaned on 23/9/14. Reg. Manager to monitor as required.	No later than 31 October 2014.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

Name of Registered Manager Completing Qip	Jimmy Hollywood
Name of Responsible Person / Identified Responsible Person Approving Qip	Edward Gorringe

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	M. Marley	7/10/14
Further information requested from provider			