

Unannounced Care Inspection Report 19 December 2016



Mindwise

Type of service: Day Care Service
Address: Ballybot House, 28 Cornmarket, Newry BT35 8BG
Tel no: 02830261093
Inspector: Maire Marley

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Mindwise took place on 19 December 2016 from 9.45 to 14.30 hours.

The inspection sought to assess progress with any issues raised during and since the last care 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 this inspection Mindwise day centre was found to be delivering safe care. In discussions with the registered manager, a staff member and service users it was established that staffing levels met the assessed needs of service users.

The registered manager has responsibility for three additional services and there was evidence that in his absence an experienced community mental health worker assumed responsibility for the centre. A competency and capability assessment was in place for the staff member in charge of the centre on the date of inspection.

Observations of the delivery of care provided evidence that service users' needs were being met safely and in a responsive, timely manner by the staff member on duty. Arrangements are in place to prevent and protect service users from harm and the principles and procedure relating to preventing abuse was understood by the staff member consulted. Service users consulted confirmed that they were safe and well cared for in the centre.

The day centre premises were found to be in good condition and all areas presented as clean and organised, the facility was warm and welcoming and the Christmas decorations added to the festive atmosphere. Fire exits were clear and there were no obvious hazards for service users or staff.

No areas for improvement were identified during the inspection of this domain.

Is care effective?

The records examined and discussions with service users and staff established that the day care setting was delivering effective care. Appropriate referral information, assessments and care plans, along with daily notes are maintained.

Support/care plans and risk assessments were in place and there was evidence these were reviewed annually or more frequently if needs changed. Discussion was held with the registered manager and staff member regarding the assessment undertaken for day opportunities. It is recommended that the assessments are revised to accurately reflect the needs of the service users transferring to day opportunities. A copy of the assessments should be maintained in the service users' file.

In discussion with service users they spoke of the positive relationship they had with the management and staff team and confirmed that the care delivered was effective and promoted the best outcomes for them.

The staff member working in charge of the centre was well organised and it was evident they had the skills and experience to operate the centre effectively.

One area for improvement was identified during the inspection of this domain and relates to the assessment of service users' needs.

Is care compassionate?

Mindwise has a range of policies and procedures in place which support the delivery of compassionate care. A review of the statement of purpose, service user guide and care records found the core values reflected in these documents.

Throughout this inspection evidence of compassionate care was observed. Observations of practice established that the staff member knew each service user well and was familiar with their interests, preference and likes and dislikes; conversations were respectful and appropriate.

The inspection of records, observation of practice and discussions with staff and service users confirmed that service users were being treated with compassion, dignity and respect. Staff were observed listening and responding to service users, seeking their views and communicating with them in a supportive caring manner.

Several service users spoke of their concern in regard to the proposed move to day opportunities and the subsequent closure of the day centre; they spoke of their fears that the community would not provide a safe haven for them and were concerned that they would not receive the support they required within the "floating hubs" in the community. Records examined indicated that on-going meetings to address their concerns were being held and informally staff reported that they addressed the concerns as and when they were raised. These meetings were also an opportunity for service users to discuss the activities and opportunities they wanted to participate in the community.

Service users were noted to be relaxed and content in their environment and engaged in activities provided.

No areas for improvement were identified during the inspection of this domain.

Is the service well led?

Mindwise has an arrangement in place to ensure that staff can access the policies that direct and inform their practice, the staff member consulted confirmed that they were well supported in their roles and that suitable training was provided.

Systems to monitor the quality of the service provided were seen to be working effectively. A monitoring officer who is not directly involved in the day to day operations of the centre undertakes the monthly quality monitoring visits and provides a report of the visit. The reports of these visits were found to be informative and included the views and opinions of service users.

One area for improvement was identified during the inspection of this domain and related to the availability of the monitoring reports for inspection.

This inspection was underpinned by The Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards 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 Jimmy Hollywood, registered manager, and Yana Kordova, community mental health worker, 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 care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 25 February 2016.

2.0 Service details

Registered organisation/registered person: Mindwise/Edward George Alexander Gorringer	Registered manager: James Hollywood
Person in charge of the service at the time of inspection: Yana Kordova	Date manager registered: 17 May 2010

3.0 Methods/processes

Prior to inspection we analysed the following records:

- Registration status of the setting
- Review of previous inspection report/QIP dated 25 February 2016
- Review of accident notifications, none submitted to RQIA since previous inspection
- Written and verbal communication received since the previous care inspection

During the inspection the inspector greeted 8 service users, six of whom were spoken to in private; spoke with the registered manager, and a staff member. The CEO who is also the registered person was visiting the centre prior to the Christmas holidays and spoke briefly with the inspector.

The registered manager was provided with questionnaires to distribute to five service users; a staff member and five service users' representatives for completion. The questionnaires asked for the views of service users, staff and service users' representatives regarding the

service, and requested their return to RQIA. Completed questionnaires from five service user were returned to RQIA in time for inclusion in this report.

The following records were examined during the inspection:

- Supervision policy and procedure
- Elements of eight service users' care records
- Complaint records
- Accident/incident records
- Fire risk assessment
- Service user meetings
- Staff meetings
- Staff training records
- Record of dates of supervision/appraisal
- Record of staff registration with NISCC
- Monthly visits made on behalf of the registered provider

4.0 The inspection

4.1 Review of requirements and recommendations from the last care inspection dated 25 February 2016

Last type care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 23.8 Stated: First time	Staff meetings should be held at least quarterly, with written records of the dates of the meetings, the names of those attending, minutes of discussions, and any actions agreed with responsibility for completion assigned and time frame for completion set out.	Met
	Action taken as confirmed during the inspection: Records examined confirmed that staff meetings had been held on 10 November 2016, 3 August 2016 and 3 May 2016. The record contained the names of staff attending and the agenda.	

4.2 Is care safe?

The Recruitment and Selection Policy submitted following the inspection was examined and it was noted that the policy refers to a range of employments checks including references, verification of qualifications/professional registration and disclosure sought through Access NI. The policy was dated May 2016 and was in keeping with the day care regulations and minimum standards.

Employment records of staff are held within the human resource department in Mindwise head office. The registered manager confirmed that any new appointments made were in keeping with the MindWise recruitment and selection policy procedures. As records of recruitment and selection processes are not held within the centre, written confirmation of compliance with Regulation 21 Schedule 2 of The Day Care Regulations (2007) is requested and received on the appointment of new staff.

The registered manager holds responsibility for an additional three centres and in his absence an experienced community mental health worker assumes responsibility for the centre. A competency and capability assessment was completed for the staff member in charge of the centre on the date of inspection. The record was dated 19 May 2015 and was appropriately signed by the registered manager and staff member. A lone worker assessment and management plan was also in place and was signed and dated by the registered manager and staff member.

The induction record for one staff member was reviewed. The information included an induction checklist which outlined the areas to be covered on the first day and during the first week. Induction programmes were noted to be signed and dated by the staff member and the person providing the induction. The staff member on duty advised the inspector that their induction had been very thorough and had prepared them for their role. The staff member also spoke positively of the training they had received both during and subsequent to their induction. This staff member competently facilitated the inspection.

The daily staffing numbers were discussed with the registered manager who confirmed that these were subject to regular review to ensure the assessed needs of the services users accommodated in the centre were met. A review of the duty roster for the months of October and November 2016 evidenced that staffing levels were maintained and this information was confirmed in discussions with staff and service users.

It was good to note that copies of the new Department of Health (DOH) regional policy entitled Adult Safeguarding Prevention and Protection in Partnership (2015) was available to staff. Management had recognised there was a need to enhance staff awareness regarding the new procedures and to review their current procedures. The inclusion of the identified "champion" for safeguarding within the organisation will be identified and added to the new procedures.

The staff member responsible for the centre clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and reported that there were no current safeguarding concerns.

Records examined confirmed that staff had received training in safeguarding of vulnerable adults on 24 February 2016. The centre's whistle blowing policy, dated November 2014, was readily available to staff.

The organisation has a supervision policy that details the frequency and procedure to be followed and staff spoken with confirmed they receive supervision on a regular basis.

The day centre has a range of fire protection measures in place and these included a fire detection and alarm system, emergency lighting, and fire-fighting equipment. Fire exits and corridors were observed to be clear of clutter and obstruction.

Service users are responsible for their own lunch and it was noted that some had packed lunches whilst others went out for lunch, warm drinks are available and service users were observed making themselves tea and coffee.

A tour of the environment found the centre to be clean and well organised with no obvious hazards for service users or staff. All areas were observed to be appropriately heated with suitable lighting. The murals and painting completed by service users provide a bright and welcoming environment.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.3 Is care effective?

The statement of purpose and service user guide for the day centre was in place and was deemed to be in keeping with regulations.

Four care records were selected for review and confirmed that these records were generally maintained in line with legislation and standards. Records examined included a photograph of the service users; care/support plans, risk assessments and care reviews. It was noted that the assessment did not accurately reflect the changes in services users' circumstances nor did they reflect that the service user was suitable for day opportunities. The assessments should be revised to accurately reflect the change in the service users' circumstances. A record of the assessment must be maintained in each service user file and a recommendation is made in this regard. On the day of inspection all records were observed to be stored securely.

Following the inspection the inspector spoke with Trust personnel who confirmed that they were supportive of the organisation's move to day opportunities. It was explained that the assessments reviewed during the inspection did not reflect that service users had been re-assessed for day opportunities and a recommendation had been made in the report. The Trust should be involved in those assessments and there should be evidence that service users are suitable to avail of day opportunities.

There was evidence of systems in place to promote effective communication between service users, staff and other stakeholders.

Care staff observed during the inspection clearly demonstrated they had the knowledge, skill and experience necessary to fulfil their roles and responsibilities. Staff related if they had any concerns, they would raise these with the registered manager or regional manager.

Appropriate complaint policies and procedures were in place and information on how to make a complaint was displayed in the centre.

The complaint record reviewed corresponded with the information in the returned complaint form submitted to RQIA for the period 1 April 2015 to 31 March 2016.

Those service users consulted were aware of how to raise any issues or concerns and named staff they would talk to in these circumstances. Staff consulted were also fully familiar with the action to take in the event a service user raised an issue of concern.

Systems are in place to review the service users' placement within the centre and ensure that it is appropriate to meet their health and social care needs.

The registered manager explained that the annual service user satisfaction survey had recently been completed and a report was been developed; it was confirmed that the report would contain an action plan to meet any identified areas for improvement. On completion the outcome of the survey will be shared with service users.

Areas for improvement

One area for improvement was identified during the inspection and related to assessments.

Number of requirements	0	Number of recommendations	1
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4.4 Is care compassionate?

Mindwise has a range of policies and procedures in place which support the delivery of compassionate care and the core values of dignity and respect; independence; and rights. Choice and consent of service users are reflected within the statement of purpose and the service user guide.

Throughout this inspection evidence of compassionate care was observed. Observations of practice established that the staff member knew the service users well and was familiar with their interests, preference and likes and dislikes; conversations were respectful and appropriate. Care practices observed established that service users were treated with respect and were encouraged to participate in discussion and activities.

Service users were noted to be relaxed and were seen to be supportive of each other; it was evident that service users had established a good rapport between themselves and the staff.

One service user spoke of his advocacy role and was very proud of his fund raising events for the organisation.

Several service users spoke of their concern in regard to the proposed move to day opportunities and the subsequent closure of the day centre; they spoke of their fears that the community would not provide a safe haven for them and were concerned that they would not receive the support they required within the "floating hubs" in the community. Concern was also expressed regarding the associated travel difficulties to the main hub in Banbridge and the financial implications of meeting in the community and additional transport costs. These issues, with service users' permission, were passed to the registered manager and staff member on duty.

There was evidence in records viewed that the registered manager and community keyworker were holding one to one meetings with individual service users to address concerns regarding the proposed move to day opportunities. The staff member on duty and the registered manager related concerns are addressed informally as service users express them. This was evident

during the inspection. These meetings are also used to discuss the activities and opportunities the service users will require when they move to day opportunities.

Service users consulted were aware of the complaints procedure and who to speak to if they had concerns.

No areas for improvement were identified during the inspection.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is the service well led?

During discussion with the member of staff who was in charge of the centre in the absence of the registered manager it was evident that they had a clear understanding of their role and responsibilities under the legislation and Minimum Standards. The staff member was fully familiar with the structure of the organisation and was able to describe their role and responsibility in relation to raising concerns.

RQIA's registration certificate of the day care setting was displayed on a wall in the main area of the centre.

Discussion with the care staff confirmed that staff meetings are held every few months in the centre and this was confirmed during a random sample of the minutes of four staff meetings held on 10 November 2016, 3 August 2016 and 3 May 2016. The records contained the names of staff attending and the agenda. The minutes of these meetings were found to be compliant with Minimum Standard 23.8.

The staff member consulted stated that there was effective teamwork and related that generally there are two staff on duty in the Newry centre and that each staff member is aware of their role and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager. Staff consulted with clearly demonstrated their ability to communicate effectively with other healthcare professionals.

Monthly monitoring visits were in the main undertaken as required under Regulation 28. The following monthly monitoring reports were reviewed during this inspection: 18 October 2016; 19 September 2016; and 9 December 2016. The report for November 2016 was not available. It is recommended that all reports are available for inspection. The registered manager confirmed that the monthly reports are available for service users, their representatives, staff, respective HSC Trust representatives and RQIA. The reports examined were in keeping with the regulation as they reported on the conduct of the day care setting, and included the views of the service users.

The five returned service users' questionnaires indicated that everyone was either 'very satisfied' or 'satisfied' with all aspects of care provided.

Based on the findings of this care inspection there was evidence of effective leadership and governance arrangements to support and promote the delivery of quality care services in this MindWise day care service.

Areas for improvement

One area for improvement were identified during the inspection and related to the availability of all monthly monitoring reports for inspection.

Number of requirements	0	Number of recommendations	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jimmy Hollywood, registered manager, and Yana Kordova, community mental health worker, 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 provider meets legislative requirements based on The Day Care Setting Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to day.care@rqia.org.uk for assessment 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

Recommendations

Recommendation 1

Ref: Standard 4.4

Stated: First time

To be completed by:
28 February 2017

The registered provider should confirm that the assessments have been amended to accurately reflect the needs of the service users.

Response by registered provider detailing the actions taken:

Each service user has met, on an individual basis, with the registered manager, with their statutory key worker present. At these meetings any concerns relating to the change to the new service provision is discussed and their individual needs are established with input and support from the key workers. A copy of the notes from each of these meetings is retained in their file. At each step of the change to the new provision service users, carers, Trust and MindWise staff have been involved through a series of meetings and discussion groups, as well as the one to one meetings. We have also engaged additional support for the service users, through the independent advocate for the SHSCT area, to ensure service users have access to their support and advice as needed. The Trust have advised that the statutory key worker is responsible for the assessment of need so if there are any risks or gaps in service provision for the client, the key worker will record and monitor this and highlight it to their team leader and senior managers.

Recommendation 2

Ref: Standard 17.10

Stated: First time

To be completed by:
28 February 2017

The registered provider should ensure that all monthly monitoring reports are available for inspection at all times.

Response by registered provider detailing the actions taken:

Immediately on receipt of each monitoring report, the Registered Manager will ensure that a copy of the document is printed and placed into the Newry Service monitoring report folder for immediate inspection.

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews