



The Regulation and
Quality Improvement
Authority

Inspector: Dermott Knox
Inspection ID: IN024181

Mindwise
RQIA ID: 10792
Ballybot House
28 Cornmarket
Newry
BT35 8BG
Tel: 02830261093

Email: jimmy.hollywood@mindwisenv.org

**Unannounced Care Inspection
of
Mindwise (10792)**

25 February 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 25 February 2016 from 10.30 to 15.00. Overall on the day of the inspection the day care setting was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007 and The Day Care Settings Minimum Standards 2012.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

The details of the QIP within this report were discussed with the registered manager, Mr James Hollywood, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mindwise/Edward George Alexander Gorringe	Registered Manager: James Hollywood
Person in Charge of the Day Care Setting at the Time of Inspection: Mr Allister Heslop, Project Worker until approximately 13.30, when the registered manager arrived.	Date Manager Registered: 26 March 2010
Number of Service Users Accommodated on Day of Inspection: 12	Number of Registered Places: 20

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support.

Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the day care setting.

4. Methods/Process

Prior to inspection the following records were analysed:

- Record of notifications of events
- Record of complaints
- Quality Improvement Plan from the previous care inspection on 14 August 2014
- The statement of purpose

During the inspection the inspector met with:

- Six service users in a group setting
- Three service users individually
- The project worker in charge of the centre on that day
- The registered manager in the afternoon and at the conclusion of the inspection
- Two volunteer workers

The following records were examined during the inspection:

- File records for three service users, including care plans and review reports
- Progress notes for three service users
- Monthly monitoring reports for three months in 2015
- Record of notifications of events
- Record of complaints
- Minutes of three recent service users' meetings (December 2015, January 2016 and February 2016)
- Minutes of one recent staff meeting (January 2016)
- Training records for the manager and two staff
- Supervision and appraisal records for two staff
- A sample of two written policy and procedures documents

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an announced estates inspection dated 20 April 2015. The completed QIP was returned and approved by the estates inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection Dated 14 August 2014

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 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.	Met
	Action taken as confirmed during the inspection: Three staff files were examined and, where appropriate, the file contained a signed capability and competence acknowledgement.	
Requirement 2 Ref: Regulation 14 (4)	The registered provider/manager should confirm:	Not Met
	(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 have not been foreseen by a risk assessment.	
	(b) The protocol should include a description of behaviour sequences and settings which may require intervention.	
Action taken as confirmed during the inspection: The manager confirmed that Mindwise does not support the use of physical interventions with service users and that no such protocol exists within the Mindwise organisation.		
Requirement 3 Ref: Regulation 14 (5)	The registered manager must ensure that from the date of inspection any incident of restraint is notified to the RQIA.	Met
	Action taken as confirmed during the inspection: There have not been any incidents of restraint.	
Requirement 4 Ref: 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.	Met
	Action taken as confirmed during the inspection: Mindwise informed RQIA that the Legionella inspection of the premises took place on 17 September 2014 and that a risk assessment was made available to them.	

Previous Inspection Recommendations		Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard 7.4</p>	<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> <p>Action taken as confirmed during the inspection: The manager confirmed that the risk assessment had been reviewed and maintained.</p> <p>The service user in question has been discharged from the Trust's service and no longer attends the Mindwise day centre in Newry.</p>	Met
<p>Recommendation 2</p> <p>Ref: Standard 19.1</p>	<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 is established to ascertain if there are patterns or trends emerging.</p> <p>Action taken as confirmed during the inspection: Records of incidents are now managed electronically and the manager confirmed they were available for inspection if required. They were not examined on this occasion. Incidents are regularly audited by a senior manager in the Mindwise HQ where patterns or trends are identified. Any matters arising are addressed with the registered manager and may be included in the monitoring action plan.</p>	Met
<p>Recommendation 3</p> <p>Ref: Standard 25.1</p>	<p>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.</p> <p>Action taken as confirmed during the inspection: The identified carpet had been cleaned twice since the previous inspection and a new section inserted at the doorway. It appeared clean and fresh.</p>	Met

5.3 Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support.

Mindwise Day Centre Newry does not have any service users who have assessed needs for continence promotion and care. Service users' care plans addressed a wide range of issues of mental health, physical wellbeing, life skills, safeguarding and motivation. In a sample of service users' records it was noted that assessment and care planning information was satisfactory with regard to the areas of need for which each person had been referred.

Service users who joined in discussions with the inspector expressed positive feelings about the centre and the service provided. Three people spoke of their reliance on the centre for a structure to their day and their confidence in the support provided. They also referred to their high regard for the relationships between members of the group. Four service users returned completed questionnaires, each of which indicated a positive level of satisfaction with all aspects of the service.

Facilities for service users were found to be clean and well maintained. A staff member confirmed that appropriate training for her work was provided and that an induction programme was in place for new staff. Service users confirmed that they had ready access to the facilities that they needed and that staff were competent in providing support in all aspects of the day care service. The care provided was judged to be safe.

Is Care Effective?

The needs of service users were clearly identified in written assessments and the support plans provided clarity on the actions to be implemented by staff in order to help each service user to meet the stated objectives. Service users reported that their needs were met effectively within the centre through the help and support that was provided by the manager and staff.

There were good records of staff training, indicating that all mandatory training had been provided, or was scheduled to be provided by the end of March 2016. Progress notes for service users and reports for regular reviews were of a consistent good quality, providing evidence of a professional approach by the staff team to the work of the centre. The year prior to this inspection was marked by a number of protracted periods of staff shortage in the centre, one outcome of which was an absence of formal, recorded staff meetings. This was acknowledged by the manager who provided evidence of frequent briefing meetings with staff which related to day to day information, recorded in a communications book. A recommendation, citing the relevant minimum standard for day care settings, is included in the Quality Improvement Plan of this report.

Overall, there was evidence of effective care being provided in response to the identified needs of service users.

Is Care Compassionate?

Throughout the day of the inspection staff and service user interactions were observed and were judged to be supportive and compassionate. Three service users engaged in individual discussions with the inspector and confirmed that they felt positive about their attendance at the centre and the support that staff provide. Records relating to service users were written in

a respectful, caring and professional manner and it was noted that staff were very alert to matters of confidentiality when discussing service users' issues.

Overall there was evidence of compassionate care being delivered in the practice setting, including the attention to privacy and dignity of each person.

Areas for Improvement

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.

Number of Requirements:	0	Number of Recommendations:	1
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5.4 Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the day care setting.

Is Care Safe?

Mindwise Newry operates in one large, bright and well-equipped room, although there are other parts of the building available for use, such as a kitchen, an office and toilets. The centre was staffed by one project worker and one volunteer, although a second permanent staff member had been scheduled to work but was absent due to illness. The project worker, who was in charge of the centre throughout the morning, had followed the organisation's procedures for "Lone Working" and the centre was operating with a fairly relaxed and positive atmosphere amongst the service users. It was good to note that a well-structured, formal induction for the volunteer was being carried out.

Three service users, who spoke individually with the inspector, confirmed that they felt safe and well supported in the centre. There was a feeling of relaxed, caring relationships within the centre and service users spoke in praise of the quality of the service, their positive relationships and the high value that they placed on the support that the centre provided. Several service users confirmed that they felt safe when travelling to and attending the centre. The records of complaints and of incidents showed that these events had been managed in accordance with Mindwise procedures.

The centre was judged to be providing safe care.

Is Care Effective?

Mindwise has written policies on assessment, care planning and review which address the identification of the service users' needs and the procedures to be followed to ensure that these are met. Key needs of service users were well represented in their support plans, and the effectiveness of work in this area was evident in the records of specific outcomes. The "Pathways Tool Kit" requires the recording of support plan outcomes and this provides commendable clarity and motivation for service users and for staff. There was good evidence of service users being involved in discussions about events and activities and three people, separately, commented on the service being important for them, in terms of supporting their health and wellbeing and providing positive motivation.

A new initiative (SUPER) has been introduced by Mindwise with the aim of improving service user involvement and participation, although this was evidently in its very early stages. The manager expressed enthusiasm to gain further information on implementing this.

Progress records for each service user showed that relevant matters had been addressed appropriately by staff and that entries had been in keeping with the written policy and accepted good practice.

Monitoring visits and reports were being completed regularly and a sample of records was examined by the monitoring officer on each visit. The monitoring officer usually met with a number of service users and with staff to ascertain their satisfaction with service outcomes and the operation of the centre.

The evidence examined during this inspection indicated that effective care was being provided.

Is Care Compassionate?

In the course of the inspection, informal and positive discussions were held with most of the service users, who were engaged in a variety of activities, all in the same large room. Three service users held individual discussions with the inspector and were unanimous in their praise of the quality of care and support that the centre provides. Written records provided evidence of caring and considered approaches by staff to their work. There was good evidence of compassionate care being delivered in the practice setting, including the sensitive attention to privacy and dignity of each person.

5.5 Additional Areas Examined

5.5.1 Questionnaires Completed by Service Users

Four completed questionnaires were returned by service users following the inspection, all of which provided positive feedback on the quality of care and support provided, the feelings of being safe and secure in the setting, the degree to which service users were involved in decision making, and their satisfaction with staffing levels and staff competence.

5.5.2 Questionnaires Completed by Staff

One staff member provided views on the service provided and on the overall satisfaction with 16 aspects of the work, as requested in the staff questionnaires administered at the inspection. These views were entirely positive.

Number of Requirements:	0	Number of Recommendations:	0
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6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr James Hollywood, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of

the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (Northern Ireland) 2007.

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to day.care@rqia.org.uk and assessed by the inspector.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 23.8</p> <p>Stated: First time</p> <p>To be Completed by: 31 March 2016</p>	<p>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.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: Newry Staff Meetings have been scheduled to take place on the following dates:</p> <p>Thursday 12th May 2016 Thursday 11th August 2016 Thursday 10th November 2016 Thursday 9th February 2017</p> <p>Minutes of these meetings will be taken as directed above. Future staff meetings will be scheduled to take place on a quarterly basis.</p>

Registered Manager Completing QIP	Jimmy Hollywood	Date Completed	23.3.16
Registered Person Approving QIP	Edward Gorringe	Date Approved	5.4.16
RQIA Inspector Assessing Response	Dermott Knox	Date Approved	07.04.16

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

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.