



The **Regulation** and  
**Quality Improvement**  
Authority

## **Primary Announced Care Inspection**

<b>Name of Establishment:</b>	<b>MindWise Belfast</b>
<b>Establishment ID No:</b>	<b>11130</b>
<b>Date of Inspection:</b>	<b>13 October 2014</b>
<b>Inspector's Name:</b>	<b>Dermott Knox</b>
<b>Inspection No:</b>	<b>17716</b>

**The Regulation And Quality Improvement Authority**  
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<b>Name of centre:</b>	MindWise, Belfast
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<b>Registered organisation/ Registered provider:</b>	Mr Edward George Alexander Gorringe
<b>Registered manager:</b>	Ms Sandra McFadden
<b>Person in Charge of the centre at the time of inspection:</b>	Ms Sandra Mcfadden
<b>Categories of care:</b>	MAX, DCS-MP(E), DCS-MP, DCS-MAX
<b>Number of registered places:</b>	20 per session, morning or afternoon.
<b>Number of service users accommodated on day of inspection:</b>	A.M.- 16 P.M.- 12
<b>Date and type of previous inspection:</b>	31 May 2013 3 June 2013 Primary Announced Inspection
<b>Date and time of inspection:</b>	13 October 2014 10:00am–4:30pm
<b>Name of inspector:</b>	Dermott Knox

## 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	5
Staff	3
Relatives	0
Visiting Professionals	1 (Student)

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	2	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:

<b>Guidance - Compliance Statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	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
<b>3 - Moving towards compliance</b>	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
<b>4 - Substantially Compliant</b>	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
<b>5 - Compliant</b>	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 is a mental health charity working to help people affected by severe mental illness to recover a better quality of life. The organisation was formerly known as Rethink and in 2010 underwent changes to become an independent charity. MindWise has several day care facilities throughout Northern Ireland.

MindWise provides a wide range of services that includes advocacy, community support, employment and training, housing and day care services. The organisation's aim is to make a practical and positive difference by providing hope and empowerment through effective services and support to those who experience severe mental illness.

The Belfast Centre is in a third floor suite of recently re-furbished rooms situated close to the city centre. The centre operates from 10.00am to 4.30pm Monday to Friday and can provide care for a maximum of twenty persons per half-day session. Referrals and allocation of days are arranged through the Trust with placements offered following an assessment of need.

## **Summary of Inspection**

This announced inspection of MindWise Day Centre was undertaken on 13 October 2014 between the hours of 10.00am and 4.30pm. Either the registered manager or the area manager was available throughout the inspection period.

There was evidence to show that compliance had been achieved with the three requirements and three recommendations made at the previous inspection, in 2013. The focus of the current inspection was compliance with one standard and two themes chosen from the Day Care Settings Minimum Standards 2012 and The Day Care Settings Regulations (N I) 2007. Prior to the inspection the provider submitted a self-assessment of the centre's performance in respect of these. During the inspection the following evidence sources were used:

- Discussion with service users
- Discussions with managers, staff members and a social work student on placement
- Observation of practice
- Examination of a sample of service users' file records including evidence of behaviour management and support assessments, complaints record, staff training record, staff records including supervision and appraisal, incident and accidents records, evidence of service user consultation, monthly monitoring records; statement of purpose; service users' guide and policies & procedures
- A tour of the premises

Two completed staff questionnaires were returned in the inspection process. Responses in the questionnaires and comments from staff on the day confirmed that satisfactory arrangements were in place with regard to supervision, staff training and management arrangements. Satisfaction was also reported with regard to responses to service users' behaviour, confidentiality and recording. Service users talked about the benefits of attending the centre and it was evident that they were at ease in that environment. Overall, they were well satisfied with the service and confirmed that they would speak with the registered manager or staff members if they had any concerns.

There are two requirements and one recommendation arising from this inspection.

The inspector is grateful to service users and staff who were welcoming and helpful throughout the inspection process.

**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.**

The organisation had well-written policies and procedures for the management of records, recording and reporting, data protection, access to records and confidentiality and these were available for staff reference. Records were securely stored and confidential information was used and communicated in a professional manner. A recommendation is made regarding the format of incident reports, so that full details will be visible in the paper copies.

Three members of staff shared their views about working in the centre, the recording and reporting arrangements, supervision and the quality of service provided and the comments were entirely positive. There was evidence to show that service users were well involved in the care planning and review processes and a wide range of records in a sample of four peoples' files had been signed by the service user to indicate his or her involvement and agreement with the content. Progress notes for each person were written regularly, generally by a staff member, and these presented a clear record of the person's engagement in their planned activities and of the outcomes of their involvement.

The centre was judged to be substantially compliant with this standard.

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

MindWise has a written 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. Written copies of the policies and guidance were available to the staff team for reference and it was evident staff were familiar with the documents. There was evidence of the use of good communication skills, relationship building and calming and diffusing techniques and staff members confirmed the importance of developing a good understanding of their service users' needs and preferences.

The working atmosphere within the centre provided evidence of the constructive methods in use to empower service users in building greater control of their own functioning. Service users spoke of how attendance at the centre assisted them to develop confidence and provided an important structure to their day. They also spoke of gaining skills in a range of daily living skills.

On the day of the inspection a group of service users attended the launch of a short film, featuring three of their group, each illustrating a personal story of mental illness and their road to recovery. It was clear from the positive feedback that their involvement had been very empowering.

Discussions with staff confirmed a high level of awareness of restrictive practices and a knowledge of the procedures and protocols to follow. Staff presented as being committed to using the least restrictive approaches to their work with service users. There have been no reports of restraint in this centre. Observations of interactions during the inspection confirmed

that service users responded positively to members of the staff team and it was evident that good levels of trust had developed between them.

The centre was judged to be operating in compliance with the criteria in this theme.

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

Records showed that the registered manager is registered with NISCC and has the necessary experience to take charge of the centre. In the current, prolonged absence of the registered manager, an acting manager has been appointed and there is also a designated part-time day care worker who is qualified and competent to assume responsibility for the centre. Staff working in the centre had acquired a range of vocational qualifications commensurate with their roles and responsibilities and mandatory training was up to date.

The organisation had systems in place for supervision and performance appraisal and staff confirmed that they felt supported by the management team. Some staffs' supervision had fallen behind schedule and the acting manager was actively addressing this matter.

MindWise has standardised monitoring arrangements in place for day centres that include monthly monitoring visits. The monitoring reports relating to the previous five months were examined and were found to address all of the matters specified in regulations. In addition, the organisation's annual quality review report for the service was in progress and included service users' views in regard to the service provision.

The organisational structure was clearly set out in the statement of purpose which had been amended to include details of the recently appointed registered persons. Staff confirmed their awareness of reporting arrangements within the organisation should notifiable events arise.

The centre was judged to be compliant with two of the three criteria in this theme and substantially compliant with the third.



## Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	29	<p><b><u>Notification of Adverse Incidents</u></b></p> <p>The registered manager must retrospectively forward the identified notification of adverse incident which occurred in early May 2013 to the RQIA incidents team (standard 13.6, 13.7 and 13.8 refers).</p>	This notification had been received by RQIA on 6 June 2013.	Compliant
2	26)(4)(d)(iii)	<p><b><u>Fire Escape Route</u></b></p> <p>In the event of a fire, the registered manager is advised to ensure the evacuation route at the base of the outdoor fire escape is kept clear at all times (additional information section refers).</p>	MindWise informed RQIA that daily checks were being carried out on this evacuation route. The day centre has since relocated to new premises and evacuation routes were clear.	Compliant
3	15	<p><b><u>Service Users' Annual Review</u></b></p> <p>The registered manager must ensure:</p> <ul style="list-style-type: none"> <li>(a) An annual review meeting takes place regarding each service user's day care placement;</li> <li>(b) A written review report is prepared by staff in consultation with the service user and provided for the review meeting (standard 15.4);</li> <li>(c) Review reports must address all the relevant areas in standard 15.5.</li> </ul> <p>(standard 15 refers).</p>	Review records examined during this inspection confirmed that this requirement has been implemented.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	1.2	<p><b><u>Service Users' Guide</u></b></p> <p>It is recommended the registered manager further reviews the service users' guide so it includes:</p> <ul style="list-style-type: none"> <li>(a) qualitative general feedback from current service users about the quality of service and facilities;</li> <li>(b) fire safety evacuation procedures;</li> <li>(c) an annual quality assurance questionnaire is completed by service users (follow up on previous issues refers).</li> </ul>	<p>The service users' guide had been revised to include the recommended information. There have since been further revisions to take account of other changes in the service.</p>	Compliant
2	17.10	<p><b><u>Monthly Monitoring Reports</u></b></p> <p>It is recommended the monthly monitoring reports are shared with staff and included as a standing item on the staff agenda (regulation 28 refers).</p>	<p>Monthly monitoring reports were available to staff and were regularly discussed at staff meetings.</p>	Compliant
3	8.4 and 8.5	<p><b><u>Service Users' Annual Quality Assurance Questionnaires</u></b></p> <p>It is recommended the registered manager ensures the next service user's annual quality assurance questionnaire includes:</p> <ul style="list-style-type: none"> <li>(a) a question regarding their satisfaction with sessions/activities/programmes/outings offered;</li> </ul>	<p>The quality survey for 2014 has been completed by service users and the manager is beginning the process of compiling an action plan to take account of the views expressed.</p>	Compliant

		<p>(b) how they are treated by management and staff;</p> <p>(c) the core values of care;</p> <p>(d) the action taken regarding the suggestions made as a result of the 2012 service users annual quality assurance questionnaire (follow up on previous issues section).</p>		
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<b>Standard 7 - Individual service user records and reporting arrangements:</b>	
<b>Records are kept on each service user's situation, actions taken by staff and reports made to others.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
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.	
<b>Provider's Self-Assessment:</b>	
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. MindWise provides Report Writing and Confidentiality for staff.	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
MindWise has a well-written policy in place addressing records/data management and this combined with the related staff training underpins the staffs' understanding and commitment to maintaining confidentiality with regard to personal information on service users. Managers and staff were observed taking suitable precautions, throughout the inspection period, to ensure confidentiality was maintained.	Compliant
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
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.	
<b>Provider's Self-Assessment:</b>	
Service users may request access to their file as per the Data Protection Policy 2013 and the Confidentiality and Information Sharing Policy . Service users are provided with copies of support plans and reviews if desired. A log of information requests and outcomes is held in the service. Information provided is anonymised for the protection of other services users, staff and volunteers.	Compliant

<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>Two service users confirmed that they were well involved in the drawing up of their support plans and could access these on request. All four of the support plans examined at this inspection had been signed by the service user. There were good, detailed preparation reports for annual reviews, which had been prepared by the keyworker and the service user together.</p>	Compliant
<p><b>Criterion Assessed:</b></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"> <li>• Assessments of need (Standards 2 &amp; 4); care plans (Standard 5) and care reviews (Standard 15);</li> <li>• All personal care and support provided;</li> <li>• Changes in the service user's needs or behaviour and any action taken by staff;</li> <li>• Changes in objectives, expected outcomes and associated timeframes where relevant;</li> <li>• Changes in the service user's usual programme;</li> <li>• Unusual or changed circumstances that affect the service user and any action taken by staff;</li> <li>• Contact with the service user's representative about matters or concerns regarding the health and well-being of the service user;</li> <li>• Contact between the staff and primary health and social care services regarding the service user;</li> <li>• Records of medicines;</li> <li>• Incidents, accidents, or near misses occurring and action taken; and</li> <li>• The information, documents and other records set out in Appendix 1.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b>	
<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. Within the service our filing system is currently being reviewed by an admin volunteer, this is to help us ensure our files are completed in line with policy and kept up to date.</p>	Moving towards complian

<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
There was evidence of work in progress to achieve full compliance with this criterion. Based on the content and arrangement of the records examined, the centre is judged to be substantially compliant at present.	Substantially compliant
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
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.	
<b>Provider's Self-Assessment:</b>	
Service user notes reflect attendance and events.	Substantially compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
Progress notes for service users were being kept regularly and appeared to meet the frequency required. Attendance by some service users can be irregular, but staff demonstrated a confident understanding of each person's needs in this regard and endeavoured to maintain contact with those who did not attend as agreed.	Compliant
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
7.6 There is guidance for staff on matters that need to be reported or referrals made to: <ul style="list-style-type: none"> <li>• The registered manager;</li> <li>• The service user's representative;</li> <li>• The referral agent; and</li> <li>• Other relevant health or social care professionals.</li> </ul>	
<b>Provider's Self-Assessment:</b>	
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 to ensure information is reported to the correct people.	Compliant

<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
The provider's self-assessment was verified through examination of records of incidents and accidents and from discussions with staff members.	Compliant
<b>Criterion Assessed:</b> 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.	
<b>Provider's Self-Assessment:</b>	
Support plans are signed by staff and the registered manager as well as the service user themselves. Records and notes are signed and dated by staff and where the service users has been involved they also sign and date the notes. The Registered manager reviews paperwork to ensure records are up to date.	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
Overall, there was a good standard of record keeping throughout the various functions of the centre. Service users had been well involved in the support planning and review processes and this was evidenced by the signatures on the relevant documents. The manager and staff understood the importance of records being clear, up to date, signed and dated and were rigorous in their compliance with this criterion.	Compliant

<b>PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Substantially compliant

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Substantially compliant

<b>Theme 1: The use of restrictive practice within the context of protecting service user’s human rights</b>	
<b>Theme of “overall human rights” assessment to include:</b>	
<b>Regulation 14 (4) which states:</b>	<b>COMPLIANCE LEVEL</b>
<b>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.</b>	
<b>Provider’s Self-Assessment:</b>	
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
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
The provider’s self-assessment with regard to restrictive practices was verified from the MindWise policy document. Observation of staffs’ interactions with service users on the day of the inspection provided evidence of constructive and cooperative working relationships in operation. Service users confirmed that they were comfortable in speaking to staff members about their feelings and their wellbeing and that they were always treated respectfully.	Compliant
<b>Regulation 14 (5) which states:</b>	<b>COMPLIANCE LEVEL</b>
<b>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.</b>	
<b>Provider’s Self-Assessment:</b>	
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.	Compliant



<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>There was no evidence in the centre to indicate that restraint had ever been used by staff. On any occasion when it was thought that a service user’s behaviour had been unacceptable, a meeting had been arranged to discuss the issues with the service user, keyworker, manager and community worker, where appropriate. In the records of one such example, the service user had been invited to bring a representative to the meeting in order to provide support for him.</p>	<p>Compliant</p>

<b>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	<p>Compliant</p>

<b>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	<p>Compliant</p>

<p align="center"><b>Theme 2 – Management and Control of Operations</b></p>	<p align="center"><b>COMPLIANCE LEVEL</b></p>
<p><b>Management systems and arrangements are in place that support and promote the delivery of quality care services.</b></p> <p><b>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</b></p>	
<p><b>Regulation 20 (1) which states:</b></p> <p><b>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 -</b></p> <p><b>(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;</b></p> <p><b>Standard 17.1 which states:</b></p> <p><b>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</b></p>	
<p><b>Provider’s Self Assessment:</b></p>	
<p>Management arrangements and the structure in operation defines accountability, roles and responsibilities. All staff are suitably qualified, trained and skilled to be in charge in the absence of the manager. Safe Guarding Adults file is kept in the service with required information about staff members and contact details of the registered manager and the vulnerable adults officer. 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>	<p align="center">Compliant</p>
<p><b>Inspection Findings:</b></p>	<p align="center"><b>COMPLIANCE LEVEL</b></p>
<p>The provider’s self-assessment was verified through examination of the statement of purpose, selected service users’ records, staff induction, supervision, training and competency assessment records. In the temporary absence of the registered manager, an acting manager had been brought in from another part of the organisation. All staff on duty during the inspection presented as being competent and confident in their roles.</p>	<p align="center">Compliant</p>

<p><b>Regulation 20 (2) which states:</b></p> <ul style="list-style-type: none"> <li><b>The registered person shall ensure that persons working in the day care setting are appropriately supervised</b></li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment:</b></p>	
<p>The registered manager provides regular formal and informal supervision for staff and volunteers. Annual appraisals identify personal development and individual training needs. 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>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>In the period leading up to, and including the absence of the registered manager, formal, individual supervision for staff had not been provided as frequently as the minimum standards require. While there was evidence to indicate that staff were fulfilling their roles competently and that appropriate and varied opportunities for service users were provided, the registered person must ensure that staff are supervised in accordance with the regulations and the minimum standards. The acting manager was actively addressing this matter.</p>	<p>Substantially compliant</p>
<p><b>Regulation 21 (3) (b) which states:</b></p> <ul style="list-style-type: none"> <li><b>(3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless –</b></li> <li><b>(b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work</b></li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment:</b></p>	
<p>Qualifications and experience considered during the recruitment process. 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. Staff and the registered manager discuss and identify training required for the coming year as part of the annual appraisal process.</p>	<p>Compliant</p>

<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>Staff records provided evidence of current staff members holding appropriate qualifications for their respective roles and responsibilities. Similarly, staff members were well experienced, either in their current roles, or in a relevant job. Training records were satisfactory (accepting the Area Manager’s explanation that the required information on the qualifications of trainers is maintained at MindWise head office). Course content information was available in the day centre’s records.</p>	<p>Compliant</p>

<b>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	<p>Compliant</p>

<b>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	<p>Substantially compliant</p>

## **Additional Areas Examined**

### **Premises**

The premises will be subject to an estates inspection by RQIA in coming months and this will examine in detail the compliance of the premises and its facilities and safety factors.

Several service users expressed the view that the premises are bright, spacious and have all of the facilities necessary for the range of activities in which they participate.

In addition to the main, large communal room, in which there is comfortable seating, a table, a TV, music centre and a pool table, there is an art room, a kitchen, an office and toilets. All rooms have large windows, with city views. Access to the third floor facility is either by lift or by stairs. The premises were clean and well decorated.

### **Complaints**

The area manager outlined the matters that had been addressed in responding to one complaint in which the complainant continued to be dissatisfied with the organisation's attempts to resolve the concerns raised. Detailed records of this complaint were kept confidentially.

Reference to this complaint and to the location of the records should be entered in the centre's record of complaints.

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Ms Sandra McFadden, Registered Manager, 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:

**Dermott Knox**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



## Quality Improvement Plan

### Primary Announced Care Inspection

**MindWise Belfast**

**13 October 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 Ms Sandra McFadden, Registered Manager and Ms Gwynn Witherow, Area Manager, either during or after 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	Regulation 19(2), Schedule 5(9)	The registered person shall ensure that the complaint discussed with the area manager is referenced in the record of complaints.	One	The complaint is referenced in the bound Complaint Book however this was not evidenced to the inspector. All staff have access to this recording book. A further log has been made in the incident file. The complainant has received data as requested in the freedom of information request. The complaint is completed to the extent of all MindWise policies and now lies with other bodies as may be decided by the individual.	28 November 2014
2	Regulation 20(2)	The registered person shall ensure that staff have recorded individual, formal supervision sessions no less than every three months.	One	Staff supervision is booked in advance by the registered manager. However due to sickness absence, annual leave and part-time work these dates were extended. A record of supervision is held in staff files. Staff have received supervision.	14 November 2014

**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**



<b>sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.</b>					
<b>No.</b>	<b>Minimum Standard Reference</b>	<b>Recommendations</b>	<b>Number Of Times Stated</b>	<b>Details of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
1	Standard 7.7	It is recommended that the format of incident reports should be revised to ensure that the full account of the incident is included and is legible in the paper copy.	One	This was presented to the management committee and signed off. It will be uploaded on the staff website and staff informed.	31 December 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:**

<b>Name of Registered Manager Completing Qip</b>	Karen Crothers
<b>Name of Responsible Person / Identified Responsible Person Approving Qip</b>	Edward Gorringe

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	D Knox	12/01/15
Further information requested from provider	No		