

Unannounced Care Inspection Report 22 November 2018



MindWise Belfast Resource Centre

Type of Service: Day Care Service

**Address: 3rd Floor Fisherwick Building, 9 Upper Queen Street,
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Tel No: 02890248006

Inspector: Suzanne Cunningham

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Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a Day Care Setting that offers up to 20 places for adults who have mental ill health. The day care setting is situated in the centre of Belfast and provides care and support for service users Monday to Friday.

3.0 Service details

Organisation/Registered Provider: MindWise Responsible Individual(s): Mr Edward George Alexander Gorringe	Registered Manager: Karen Crothers
Person in charge at the time of inspection: Andrea Holden	Date manager registered: 20 July 2009
Number of registered places: 20	

4.0 Inspection summary

An unannounced inspection took place on 22 November 2011 from 12.45 to 17.00.

This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff records; staff practice; management arrangements; the home's environment; some aspects of individual service user's information; creating opportunities for listening to and taking account of the views of service users; communication between staff; planning daily care; monitoring; and maintaining good working relationships.

Areas requiring improvement were identified in relation to staff training; the fire risk assessment; the individual service user agreement; improving the frequency of service user's review meetings; and individual staff supervision.

Service users were asked if there was anything RQIA needed to know about Mindwise and they said: "I'm happy enough"; "there is a very nice group of staff that help me in my recovery"; "everything is going well"; "everything is running smoothly. Happy enough"; "I think the system is running very well thanks to Karen (registered manager)".

The findings of this report will provide the establishment with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
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Total number of areas for improvement	0	5
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Details of the Quality Improvement Plan (QIP) were discussed with Andrea Holden, in charge in the absence of the manager, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 22 January 2018

No further actions were required to be taken following the most recent inspection on 22 January 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the registration details of the day centre
- information and correspondence received by RQIA since the last inspection
- incident notifications which highlighted that one incident had been notified to RQIA since the last care inspection
- unannounced care inspection report and quality improvement plan from 22 January 2018

During the inspection the inspector met with the person in charge, and one member of care staff. The inspector greeted and made introductions to all of the services users in the group setting. More detailed discussions were had with two service users.

The following records were examined during the inspection:

- Staff roster information for October and November 2018.
- Two individual staff personnel records.
- The day centre's incidents and accidents recorded since the last inspection.
- Fire safety precautions.
- Four service users' care records.
- A sample of service users' daily records.
- A sample of minutes of service users' meetings from June to October 2018.
- The day centre's complaints/compliments record from April 2017 to November 2018.
- A sample of minutes of staff meeting's from February to November 2018.
- A sample of monthly quality monitoring reports from September, October and November 2018.
- The current Statement of Purpose.

At the request of the inspector, the manager was asked to display a poster within the day centre. The poster invited staff and visiting professionals to provide their views electronically to RQIA regarding the quality of service provision; two responses were received.

Ten service user and/or relatives' questionnaires were provided for distribution; eight questionnaires were returned to RQIA within the timeframe for inclusion in this report.

The inspector requested that the manager place a 'Have we missed you' card in a prominent position in the day centre to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received.

An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to be displayed in the day care setting.

The inspector would like to thank the manager, service users, relatives and staff for their involvement and contribution to the inspection process.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 22 January 2018

The most recent inspection of the establishment was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 22 January 2018

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The inspection of the staff rota for October and November 2018 showed there were there was on average two to three care staff on duty daily including the manager at all times. The person who was in charge during the inspection was observed supporting staff to meet service users' needs and meeting service users' needs when necessary.

The manager or person in charge was not identified on the staff rota. The registered manager had been seconded to a new job within the organisation and the person covering her position was advised the person who is in charge should be recorded, she updated the rota accordingly.

Absence of the person in charge was covered by staff on duty. The staff had signed a record which confirmed they had the skills, knowledge and were willing to act up in the manager's absence. The Community Mental Health Worker (day care staff) was completing the QCF level 3 qualification which was an appropriate qualification for care and support staff in this setting.

The registered manager had maintained individual staff / volunteer files and two were inspected. They contained evidence that organisational recruitment procedures had been complied with and staff received an induction to the setting and their role.

The inspector observed the day care delivered in this setting on the day of the inspection; this concluded service users came to the setting for individual support, to attend specific groups and take part in social activities. The staff explained service users' used the setting in accordance with their preferences and needs. Staffing numbers were right on the day of the inspection to facilitate activities and support service users to make the most of the day centre environment.

The training records were inspected and they showed individual staff had attended some training however a complete record providing evidence the staff had received mandatory training within recommended timescales was not available. Training was delivered through social care on line which is an online training package; the content of the training was not available for inspection to show this training was consistent with Northern Ireland policy. The person in charge was reminded training should ensure staff are informed and prepared to work safely and effectively with the service user group. On this occasion this could not be evidenced therefore an improvement is made for the record of staff training to be improved. This is stated in the Quality Improvement Plan (QIP) for this inspection.

RQIA records revealed one incident had been reported to RQIA since the last inspection. The review of the settings incidents and accidents confirmed this incident had been responded to on the day to ensure the service user was safe and had been reviewed in relation to safeguarding procedures.

The walk around the environment found the setting's furniture and general environment presented as safe, clean & tidy. Furniture used by service users presented as fit for purpose for service users to relax in and undertake a range of activities. The service users could move around the setting freely and no areas presented as overcrowded during the inspection. Since the last inspection the kitchen/group area had been decorated and service users commented they enjoy using the area.

The last fire risk assessment was carried out in March 2017; the suggested date for review was February 2018. There was no evidence that this document had been subsequently reviewed. This is stated as an area for improvement in the QIP for this inspection. The last fire drill was undertaken in September 2018 and this did not identify any areas for improvement.

The inspector spoke with staff regarding safe care. They said they knew to speak to the manager or monitoring officer if safeguarding concerns arose. Overall they said they felt care was very safe and this was because they provided consistent care and support, they treat all service users fairly and equally, staff protect service users information and are knowledgeable regarding confidentiality. Staff described they empower service users to develop their confidence and independence.

On the day of the inspection two service users spoke in detail about the day centre and said it was a safe place for them to receive support from. They said the staff are magnificent; in particular the registered manager was described as “wonderful”. They said service users respect each other’s space in the setting, the environment is safe and comfortable and staff give them support, compassion, time, support and help them to improve how they feel. Overall they felt the staff had gone above and beyond what they would expect of staff. An example of this was they stayed after hours to decorate the kitchen to make it better for the service users.

Eight service users and/or relatives returned questionnaires to RQIA. The responses showed that five service users were very satisfied and three were satisfied that the care provided to service users was safe.

Two professionals returned questionnaires to RQIA. The responses showed that they were very satisfied that the care provided was safe.

Areas of good practice

There were examples of good practice found during this inspection in relation to staff records; staff practice; management arrangements; and the home’s environment.

Areas for improvement

Three areas for improvement were identified in relation to staff training; safeguarding procedures; and the fire risk assessment.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Four service user’s care files were inspected, including individual assessments and care plans. This found there was no service user agreement stored on each individual file. This document should confirm the service is suitable and appropriate to meet the service user’s needs, and sets out the care, services and facilities that will be provided. An improvement was made to ensure all service users have an agreement in place that is signed by the service user and the manager or staff. This is stated in QIP for this inspection

The assessment and care plan information was inspected for each service user. Advice was given to help staff further develop the content of these documents. The review of the service users’ care plans were not current i.e. formally reviewed in the last 12 months. Discussion with staff and service users did not reveal any concerns that care or support delivered was not meeting needs and discussion revealed it was likely this had been completed informally. However evidence was not in place to show plans had been reviewed at least annually to ensure care needs were current, that any changes were agreed with the service user and if appropriate, the referrer. In conclusion the inspection could not verify the support provided was the right care and support for each individual therefore an improvement is made in this regard and this is stated in the QIP for this inspection.

The inspection confirmed records were stored safely and securely in line with data protection and staff reported they could access the records when they needed to.

Discussion with a group of service users revealed the staff talked to each of them about the care and support they needed, one service user said “it can be quite liberating to have time to talk”. Staff were described by service users as observant and they felt the service contributed to their own wellness, in contrast to the alternative of being at home where they said they wouldn’t move. Overall they described the setting was a place they could safely communicate with others, get emotional and peer support and going to the centre motivated them to get out.

Discussion with the staff revealed they meet the needs of a diverse group of service users who each have individual needs and may attend the setting for a range of reasons. They described the setting is used to facilitate groups and activities that promote social skills, independence, motivate service users to be involved, and avoid service users becoming dependent. Staff discussed they are not all in at the same time each week therefore they use written communication to ensure each staff member is up dated when a service user’s needs change. In their opinion this was working well and ensured support was consistent.

Eight service users and/or relatives returned questionnaires to RQIA. The responses showed that six were very satisfied and two were satisfied that the care provided was effective.

Two professionals returned questionnaires to RQIA. The responses showed that they were very satisfied that the care provided was effective. They wrote the following: “Very impressed with the work ethic of the members of staff. They always work hard to ensure their service users are happy”; “mindwise is an excellent service, providing valuable care in a climate of limited funding and political support”.

Areas of good practice

There were examples of good practice found during the inspection in relation some aspects of service user’s information; communication between staff and planning daily care.

Areas for improvement

Two areas for improvement were identified in relation to the individual service user agreement and improving the frequency of service user’s review meetings.

	Regulations	Standards
Total number of areas for improvement	0	2

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The inspection of this setting included observation of service users taking part in activities and using the social spaces. Service users’ needs were varied and staff were observed offering support and when approached by service user’s met needs in a caring and respectful way.

The inspection found staff enabled and supported service users to take part and engage with opportunities available, they promoted independence when possible for example making refreshments, organising games of pool, and going to the shops.

Discussion with service users confirmed that they felt their views and opinions had been taken into account in matters affecting them. Service user's spoken to describe the setting as "a very good support network"; "lifeline"; helped their overall "wellbeing". They said staff were very good at providing one to one support and they made sure the group worked well together.

The systems in place that had promoted effective communication between service users and staff were service user meetings that were held monthly, the annual survey, and day to day communications. These interventions ensured everyone had an opportunity to give their views regarding activities, outings, special events, complaints, compliments, health and safety, student placements, and their data. Guest speakers were also invited in to talk to service users at the service user's request.

A service user survey was being completed at the time of the inspection and service users confirmed they were being offered an opportunity to give their views.

Staff spoken to described service users were involved in service users meetings including setting the agenda, however they were also aware service users may want to influence their care at other times and there was an open door for service users to seek staff at any time. Staff described they empower service users to make decisions about what they want and staffs role was to help them work out how to achieve it. This approach was promoting service users independence and ensured they were fully involved in developing their own confidence, achievements and potentially improving outcomes.

Service users were asked if care was compassionate and they said it was. Eight service users and/or relatives returned questionnaires to RQIA. All responses showed that they were very satisfied that the care provided was compassionate.

Two professionals returned questionnaires to RQIA. The responses showed that they were very satisfied that the care provided was compassionate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to creating opportunities for listening to and taking account of the views of service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The registration certificate was up to date and displayed appropriately.

The Statement of Purpose for the day care service was reviewed post inspection. The document described the nature and range of services provided and addressed the matters required by Regulation 4(1) of The Day Care Setting Regulations (NI) 2007.

Staff supervision records were requested and they were not available for inspection. All staff should meet with their supervisor at least once every three months for an individual supervision meeting that assures staff are working safely and effectively in the setting, and opportunity for staff development is identified and met. An improvement was made in this regard and this is stated in the QIP for this inspection.

The staff meetings record was inspected and this showed they had been held, the minutes and attendance was recorded and actions were identified to address any areas for improvement. The manager was reminded they should aim to hold staff meetings at least quarterly.

Five complaints had been recorded and these had been responded to locally, within stated timescales and resolved. Discussion with the staff confirmed they were aware of how they should respond to a complaint or area of dissatisfaction. Discussion with a small group of service users confirmed they would speak to the staff or the manager if they were dissatisfied or were concerned about their day care experience and were confident this would be resolved.

The provider monthly monitoring visits had been undertaken to monitor, audit and review the effectiveness and quality of care delivered to service users. The reports showed the visits had been undertaken monthly by a manager who was not directly responsible for the setting. The reports detailed service users and staff views, and showed a range of records, had been monitored. An action plan was in place to address areas for improvement that had been identified and progress was monitored at the next visit to ensure improvements were implemented and anticipated outcomes met. An annual report had also been written that reviewed progress in relation to required matters such as compliance with standards and improvements in the care and support provided.

The service users were asked their opinion about the management of the setting and staff, they said the staff knew what they were doing and they had no complaints. They said the staff were good at what they do, they protect service user's privacy and there was a mutual trust between service users and staff.

The discussion with the staff revealed they felt well supported by the manager and the person in charge at the time of the inspection. The described support was always available and the team worked well together.

Eight service users and/or relatives returned questionnaires to RQIA. Seven responses showed that they were very satisfied and one satisfied that the care provided was well led.

Two professionals returned questionnaires to RQIA. The responses showed that they were very satisfied that the care provided was well led.

Areas of good practice

There were examples of good practice found in relation to communication between staff, monitoring and maintaining good working relationships.

Areas for improvement

One area for improvement was identified in relation to individual staff supervision.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Andrea Holden, person in charge at the time of the inspection, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012

<p>Area for improvement 1</p> <p>Ref: Standard 21.8</p> <p>Stated: First time</p> <p>To be completed by: 17 January 2018</p>	<p>The registered person shall improve the staff training records. A complete record should be available for inspection that shows the staff have received mandatory training within recommended timescales; the content of the training that evidences training is consistent with Northern Ireland policy and the qualifications of the trainer.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All staff receive mandatory training within 6 months of commencing employment. An audit system is in place as part of their probationary review and this is signed off against MindWise training matrix and schedule. The training matrix and schedule are provided at the beginning of each year and staff are booked for training in advance to ensure their training is renewed as per the matrix. Evidence of all staff training is available on Cascade and a print out is held in the RQIA folder 2018/2019 section 14. Evidence of trainers qualifications is held at Head office and a folder containing all training handouts is kept in the service office. All training is evaluated by those attending and the Learning and Development Dept review the content of the training and the outcomes of the evaluations</p>
<p>Area for improvement 2</p> <p>Ref: Standard 28.1</p> <p>Stated: First time</p> <p>To be completed by: 17 January 2018</p>	<p>The registered person shall ensure a review of the settings fire risk assessment is carried out that was due for renewal in February 2018.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The fire risk assessment was renewed in March 2018. Evidence of updated fire risk assessment and completion of actions required are in RQIA folder 2018/2019 folder section 16. Certificate of Conformity is displayed on the wall in the centre. The fire risk assessment will be completed again in March 2019 by Fire Safety Solutions NI.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 3</p> <p>Stated: First time</p> <p>To be completed by: 17 January 2018</p>	<p>The registered person shall ensure each service user's individual file contains an agreement that confirms the service is suitable and appropriate to meet the service user's needs, and sets out the care, services and facilities that will be provided. This must be signed by the service user and the manager or staff.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: MindWise have recently updated the Client Pathway Toolkit. Staff are in the process of updating the Client Agreements which includes</p>

	<p>Rights and Responsibilities and what the service user can expect from the service. An initial meeting is held with the individual when they are referred to ensure the service is suitable to meet their needs and as part of their induction a client needs and risk assessment is completed with the client and this clearly shows how the service will support their identified needs. This is signed by the client and the staff member. From this a support plan(s) will be completed with the client setting out their goals and the support they need to achieve these and again these are signed by the client and the staff member.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 15</p> <p>Stated: First time</p> <p>To be completed by: 17 January 2018</p>	<p>The registered person shall improve the frequency of the service users review to ensure the individual plan is reviewed at least annually to ensure care needs are current, and any changes are agreed with the service user, and if appropriate the referrer.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The registered manager has a plan in place to ensure that all clients have an annual review which includes a review of their support plans and needs and risk assessments. Reviews have been planned to commence again in January 2019 and where possible, statutory keyworkers are invited to attend the meeting to ensure that the service continues to meet the needs of the clients.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 22</p> <p>Stated: First time</p> <p>To be completed by: 17 January 2018</p>	<p>The registered person shall improve the staff supervision records which should evidence staff meet with their supervisor at least once every three months for an individual supervision meeting. The agenda should assure staff are working safely and effectively in the setting, and opportunities for staff development is identified and met.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Evidence of staff supervision is kept in the RQIA folder 2018/2019 section 12. Supervision is completed in accordance to MindWise standards, policies and procedures with four supervisions planned for each year. Dates are given at least 2 weeks in advance and a contract is agreed and signed by both employee and line manager. MindWise provides the opportunity for team supervisions as well as individual supervision. Annual appraisals are completed in March and interim appraisals are completed in September. The staff member's Goals and Objectives are set out for the year at their appraisal and are reviewed at each supervision. The supervision template includes any concerns about safe and effective working and staff development.</p>



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