



The **Regulation** and
Quality Improvement
Authority

MindWise, Belfast
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Unannounced Care Inspection
of
MindWise, Belfast

24 April 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An unannounced care inspection took place on 24 April 2015 from 10.30 to 12.30 with a further two office based hours reviewing non confidential documentation and a telephone discussion with one staff member.

Overall on the day of the inspection the Day Care Service 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, 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	04

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

2. Service Details

Registered Organisation/Registered Person: Mr Edward George Alexander Gorringe	Registered Manager: Ms Karen Crothers
Person in Charge of the Day Care Setting at the Time of Inspection: Ms Catherine Chambers, Community Mental Health Worker	Date Manager Registered: 18 March 2015
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

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

Prior to the inspection and part of the process, the following records were examined:

One - notifiable events submitted since the previous care inspection

Two - the registration status of the service

Three - written and verbal communication received since the previous care inspection

Four - the returned quality improvement plans (QIP) from inspections undertaken in the previous inspection year

Five - the previous care inspection report

Six – pre-inspection assessment audit

During the inspection, I observed care delivery/care practices and undertook a partial review of the general environment of the day service. During the inspection process the inspector met with six service users and one staff.

The following records were examined during the inspection:

- One - Complaints and compliments
- Two - Accidents and untoward incidents
- Three - Statement of Purpose
- Four - Service user's guide
- Five - Service user minutes of meetings
- Six - Two service user care files
- Seven - Service user annual quality assurance questionnaire report
- Eight - Selected MindWise policies and procedures
- Nine - Staff training

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an announced care inspection dated 13 October 2014. The completed QIP was returned and approved by the care inspector who did the inspection.

Two requirements and one recommendation had been made. The areas to be addressed were:

- (a) complaints record,
- (b) formal staff supervision
- (c) incident reports

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: 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.	Met
	Action taken as confirmed during the inspection: The inspector confirmed the identified complaint is recorded in the service's record of complaints.	
Requirement 2 Ref: Regulation 20(2)	The registered person shall ensure that staff have recorded individual, formal supervision sessions no less than every three months.	Met
	Action taken as confirmed during the inspection: Discussions with the registered manager and two staff confirmed formal supervision is now occurring every three months.	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: 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.	Met
	Action taken as confirmed during the inspection: The completed quality improvement plan stated this was presented to the MindWise management committee and signed off. The revised format has been uploaded onto the staff website and all staff informed.	

5.3 Standard 5 Care plan: **Each service user has an individual and up to date comprehensive care plan.**

Is Care Safe? (Quality of Life)

The MindWise service user care plans are called support plans. The inspector reviewed two service user's care files and found that individualised assessments and support plans of care were in place.

Discussions with six service users, staff, general observations and a review of care records concluded safe care is delivered in the MindWise, Belfast day service. There are a number of service users who have serious enduring mental illnesses and as such their mental health can fluctuate. This results in periods where service user's can present to be at risk to themselves and others. When these dips occur, they need staff to be observant, available and to respond in a sensitive, caring and non-judgemental way. Discussions with service users conclude this to be the case. Several said the manager and staff know them well and make themselves available when they feel they are in crisis, or need support or someone to listen. Several stated the centre is a lifeline to them. They added there have been occasions where they feel they would have been admitted to hospital for assessment and treatment only for the timely intervention of staff.

Is Care Effective? (Quality of Management)

The day service has policies and procedures pertaining to assessment, care planning and review. There are also associated guidance and information available for staff. The policies and procedures about standard 5 are:

- Client1 Pathway Policy and Procedure (Appendix 1: Client Pathway Tool Kit) For Housing, Day Care and Community based services

The service's statement of purpose was reviewed by the manager in September 2014. Service user's care plans within MindWise are called 'support plans.' These are reviewed by staff with service user's on a six monthly basis or sooner if changes are needed. The MindWise Outcomes Framework forms the basis of all support plans. The

statement of purpose details an overview of the information that should be included in a service user's support plan.

The inspector's review of two service user's care plans showed these to be person centred, comprehensive and reflective of the individual's needs. The level of support needed was recorded.

In relation to standard 5, since the last inspection staff have received training in:

- Complaints
- Risk Assessment
- Support Planning (care planning)
- Mental Health Awareness
- Report Writing and Confidentiality
- Vulnerable Adult and Child Protection
- Report Writing and Confidentiality

Is Care Compassionate? (Quality of Care)

Discreet observations of care practices found that service users were treated with sensitivity, friendliness, care and respect. Service users are encouraged to make their own decisions, be independent and are discreetly supported by staff when this is needed. Staff presented as knowledgeable, experienced and compassionate. Discussions with staff reflected a person centred approach is used with service users', this is underpinned by strong core values. Discussions with service users concluded the quality of their lives has improved as a result of attendance in the MindWise Belfast day service.

The overall assessment of this standard shows the quality of care to be compassionate, safe and effective.

Areas for Improvement

Review of care notes in two identified service user's care files show gaps in recording. Discussion with the manager conclude the service user had been absent from the service and recognises the care notes should have stated this. On occasions care notes had not been completed at least on every five attendances as per minimum standard 7.5. A recommendation is made about this.

Number of Requirements	0	Number 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? (Quality of Life)

Discussions with six service users, one staff and receipt of six completed service user's questionnaires reflect staff incorporate seeking service user's views and opinions on a daily basis in all of their interactions and care practices.

Review of the service's complaints record show that any area/s of dissatisfaction, concern or complaints are taken seriously, listened and responded to; investigated thoroughly and the

outcome/s of the investigation discussed with the complainant. Discussions with service users, staff and management reflect how service users are involved in the running of the service. Examples were given about how staff and management have responded to their suggestions, views and opinions.

Is Care Effective (Quality of Management)

The policies and procedures about standard 8 are:

- Involving People: Consultation and Information Sharing Policy
- Communication with Families
- Involving People: Consultation and Information Sharing Policy

Two of the policies were dated April and December 2011. Standard 18.5 states policies and procedures are to be reviewed systematically on at least a three yearly basis. A recommendation is made about this.

This day service is registered with RQIA as MindWise, their annual quality assurance evaluation report states the 'Annsgate' service. The statement of purpose refers to 'MindWise Resource Service' and the 'Annsgate Resource Service.' The service users guide states it is 'MindWise Belfast Resource Centre.' This is confusing and inconsistent. A recommendation is made in the quality improvement plan for the registered persons to ensure the name of the service is consistent on all documentation.

The service's statement of purpose states service user involvement is a key element in MindWise's approach to all of its services. A MindWise Service Advisory Group (SAG) is held on a quarterly basis for the service within the Belfast. The SAG consists of all agencies which have an interest in the development of the service and includes service user representatives. The role of this group is to oversee the project, identify ideas and initiatives for development and to monitor progress in these areas.

Service users are represented on the Board of Trustees offering guidance, advice and expert knowledge. Service users also have the opportunity to sit on the MindWise focus groups which involves consultation and development of all MindWise projects.

There are monthly service users meetings held and service users are encouraged and supported to facilitate and run these meetings. A review of the minutes of three meetings showed these to be service user led, qualitative and informative. The records reflected service user's agendas, summaries of the topics discussed with areas identified for action and the outcome/s of same.

The service's statement of purpose states service users are involved in staff recruitment and as internal quality auditors. This is to be commended.

Annual quality assurance service user questionnaires are distributed in the MindWise service. The most recent one was undertaken in January 2014. The evaluation report was examined, this was comprehensive and includes all of the questions asked along with their responses displayed on bar charts. There was no date recorded on the evaluation report or if any action/s were needed.

The manager confirmed the content of the evaluation report was shared with services users on 26 June 2014 and recorded in the minutes of the service user meeting. There were actions

identified by the organisation. The manager informed the inspector these have been followed up and reviewed. The next annual quality assurance questionnaires are due to be distributed to service users in June 2015. A recommendation is made in the quality improvement plan for the 2015 service users' annual quality assurance evaluation report:

- to be dated,
- include the actions taken as a result of the 2014 service users quality assurance evaluation report
- include the action to be taken (with timescales) from the outcomes of the 2015 service users quality assurance evaluation report. If no action is needed the report should state this.

The service's records of compliments were examined during this inspection, one entry made on 16 March 2015 stated:

"This is a centre of excellence. The staff and volunteers are all magic. You learn something new here everyday."

Discussions with six service users conclude they are aware of the MindWise complaints process. They stated they would have no difficulty raising any areas of dissatisfaction, concern or complaint with staff or the manager. The service's complaints record was examined and meets minimum standard 14.

Staff have received training in Equality and Diversity since the last inspection.

Is Care Compassionate? (Quality of Care)

Discreet observations of care practices found that service users' were treated with respect and care.

The service's records of compliments were examined during this inspection, one entry made on 20 March 2015 stated:

"MindWise is a great centre for people with mental illness. The staff are very friendly, caring and understanding. If you have a have a problem, you can go to the staff who listen and help you solve your problems and get you help with the mental health team."

Refer to sections 5.5.1 and 5.5.5 for qualitative comments made by service users about the MindWise day service.

Discussions with six service users conclude they are treated very well and with respect by the manager, staff and volunteers. They all stated the manager and staff go above the call of duty to ensure everyone is treated fairly and with respect. It can be concluded the quality of care provision in the MindWise Belfast service is compassionate.

No issues or concerns about the quality of care provision were raised with the inspector.

The overall assessment of this standard shows the quality of care to be compassionate, safe and effective.

Areas for Improvement

There were three areas for improvement identified with this standard. These three recommendations regard:

- (a) The 2015 service users' annual quality assurance evaluation report. It:
- must be dated
 - contain an overview of any action to be taken as a result of service user's responses. These should specify who is responsible and contain timescales.
 - The report must also include the actions taken as a result of the 2014 quality assurance evaluation report
 - Include the action to be taken (with timescales) from the outcomes of the 2015 quality assurance evaluation report. If no action is needed the report should state this.
- (b) With regards to uniformity and to prevent confusion, the registered person/s are advised to have one name for the service and to ensure all documentation reflects this.
- (c) Standard 18.5 states policies and procedures are to be reviewed systematically on at least a 3 yearly basis. The identified policies and procedures must be reviewed.

Number of Requirements	0	Number Recommendations:	3
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5.5 Additional Areas Examined

5.5.1 Service Users' Views

The inspector met with six service users during this inspection. The service user's chose to meet with the inspector as a group in the communal kitchen area. They all expressed their satisfaction with the quality of the day service and their relationship with staff.

Some of the comments made included statements such as;

- *"I'd be lost without coming here. This place has done so much for me, my self-esteem and confidence have improved. I've friends here. It's a great place."*
- *"I enjoy coming here, the staff and manager are brilliant, they are here for us. They listen and support us. They encourage us to make our own decisions."*
- *"I've made a lot of friends here, I felt I had none before I came here and I had no support networks. People understand me here. I've learned a lot."*
- *"I get a lot from coming here, it's a relaxed place and there is no pressure to do things or participate in sessions. I feel my condition has improved from the support I've received especially from the staff. I hope there are no more cuts to the service."*
- *"I come here to meet my friends and have learned skills from going to the classes and groups. I enjoy the outings and get a lot of support."*
- *"This place is excellent, I'd be sitting at home staring at four walls or be in hospital if it wasn't for here. People understand me here and there's always a good atmosphere. It's relaxing."*

Two service users informed the inspector there are sometimes occasions when the toilet is engaged and they have been told by staff they cannot use the accessible/visitors toilet. This was discussed with staff and the manager's line manager who was visiting the centre during the inspection. Both clarified this accessible/visitors toilet can and is being used by

service users when the other toilets are engaged. Two service users said the windows in the toilets have been locked and do not open. This was discussed with management and the windows are now partially opened to allow for ventilation. An estates inspection is to take place on 27 April 2015. The care inspector shared this information with the estates inspector by telephone on 24 April 2015.

5.5.2 Staff Views

The inspector had discussions with two community mental health workers as part of this inspection process. Staff spoke positively about their roles and duties, staff morale, teamwork and managerial support. Staff informed the inspector they felt a good quality of day service is provided to service users.

No concerns were expressed.

5.5.3 General Environment

The inspector undertook a tour of the main central space used by service users, the toilet/bathroom areas and the communal kitchen. The environment was clean and tidy, with good housekeeping arrangements in place. There was a range of service user information displayed on walls or notice boards regarding the programmes and activities on offer. The general décor and furnishings were fit for purpose.

The service is due an estates inspection on 27 April 2015.

5.5.4 Accident/Incident Reports

The inspector's review of these reports from the previous inspection, found these to be appropriately managed and reported.

5.5.5 Questionnaires

As part of the inspection process questionnaires were issued to staff and service users.

Questionnaire's issued to	Number issued	Number returned
Staff	8	3
Service Users	8	6

All comments on the returned questionnaires were positive. Some comments received are detailed below:

Service Users

- *"I am relaxed when I come in – the centre lets me get out and not be down in the dumps."*
- *"100% there is always two staff on shift."*
- *"The staff are very friendly and go beyond their care for the service users. The staff are like angels to all of us."*
- *"The support I get from staff is excellent and I think the staff are so caring and helpful. They are angels on earth."*

- *“The staff are excellent. The staffing levels are appropriate at all times. I feel very secure at MindWise.”*
- *“The staff in the centre are very understanding.”*
- *“I personally think that there could be more staff.”*
- *“The staff are very helpful and understanding.”*
- *“I am very satisfied with the staff. They respond to my needs and there is enough staff here to support my needs.”*
- *I would like to thank all the staff for the arthritis course I attended and for helping me apply for the course.”*
- *“Staff are helpful.”*
- *“I don’t talk enough, the staff know this and make time to talk in private.”*
- *“Sometimes I feel intimidated by other people. Staff are supportive and help me understand.”*

Staff

- *“I believe it would be beneficial to have more focused training on challenging behaviours such as TCI.”*
- *“At times the community mental health team are difficult to get in contact with and there are challenges around time and resource management. Meetings and reviews etc can be cancelled or changed due to other commitments. This has an obvious impact on our service users.”*
- *“At times resources and staffing make it difficult to make time to speak with service users outside of appointments made within the week. This is feedback from members too.”*

Others

- *“I feel service users deserve more time from their multi-disciplinary professionals to ensure all their needs are continuously being met. Also for them to be more involved with assessments carried out in the service.”*
- *“During my time in the service, I have been impressed by how much service user involvement there is encouraged within the centre.”*

Areas for Improvement

There were four areas for improvement identified within this report. These are specified in the quality improvement plan.

Number of Requirements	0	Number Recommendations:	4
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6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Karen Crothers, 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 will be completed by the registered manager to 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 by the registered manager. Once fully completed, the QIP will be returned to day.care@rqia.org.uk and assessed by the inspector.

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 within this report do not absolve the registered person/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 person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

Quality Improvement Plan

Quality Improvement Plan	
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> <p>To be Completed by: 31 March 2016</p>	<p>The registered persons must ensure the service users' annual quality assurance evaluation report:</p> <ul style="list-style-type: none"> • is dated, • includes the actions taken as a result of the previous quality assurance evaluation report • includes the action to be taken (with timescales) from the outcomes of the next collated quality assurance evaluation report; includes any actions. If no action is needed the report should state this. <p>Response by Registered Manager Detailing the Actions Taken: The registered manager has discussed the recommendation with the area manager and service improvement manager. The annual quality assurance evaluation will reflect recommendations.</p>
<p>Recommendation 2</p> <p>Ref: Standard 7.5</p> <p>Stated: First time</p> <p>To Be Completed by: Immediate and Ongoing</p>	<p>The registered manager should ensure service user's care notes are completed in line with minimum standard 7.5. Where no recordable events occur, there is an entry at least every five attendances for each service user.</p> <p>Response by Registered Manager Detailing the Actions Taken: The registered manager has briefed the staff team and an improvement plan is in action.</p>
<p>Recommendation 3</p> <p>Ref: Standard 1</p> <p>Stated: First time</p> <p>To Be Completed by: 25 July 2015</p>	<p>The registered persons must ensure with regards to clarity and to prevent confusion, the name of the service is consistently recorded on all documentation.</p> <p>Response by Registered Manager Detailing the Actions Taken: The registered manager has included the recommendation in her action plan and will complete within timescale.</p>
<p>Recommendation 4</p> <p>Ref: Standard 18.5</p> <p>Stated: First time</p> <p>To Be Completed by: 25 July 2015</p>	<p>The registered persons must ensure policies and procedures are reviewed systematically on at least a three yearly basis. The identified policies and procedures must be reviewed.</p> <p>Response by Registered Manager Detailing the Actions Taken: The registered manager has discussed the recommendation with the service improvement manager and those policies identified will be reviewed within the timescale.</p>

Registered Manager Completing QIP	Karen Crothers	Date Completed	09/06/2015
Registered Person Approving QIP	Edward Gorringe	Date Approved	15/6/15
RQIA Inspector Assessing Response	Louise McCabe	Date Approved	30/06/15

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