

Unannounced Care Inspection Report

22 January 2018



MindWise Belfast Resource Centre

Type of Service: Day Care Setting

**Address: 3rd Floor Fisherwick Building, 9 Upper Queen Street,
Belfast, BT1 6FB**

Tel No: 02890248006

Inspector: Dermott Knox

www.rqia.org.uk

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 with 20 places for adults who have mental ill health. It is situated in central Belfast and provides services from Monday to Friday for people who can travel independently from within the greater Belfast area.

3.0 Service details

Organisation/Registered Provider: MindWise Responsible Individual(s): Mr. Edward George Alexander Gorringer	Registered Manager: Miss Karen Crothers
Person in charge at the time of inspection: Miss Karen Crothers	Date manager registered: 20 July 2009
Number of registered places: 20 - DCS-MP, DCS-MP(E)	

4.0 Inspection summary

An unannounced inspection took place on 22 January 2018 from 10.15 to 17.20.

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 sought evidence to determine if the day care setting was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to planning, organisation, training, direct support work with service users, safeguarding, compassionate care, promoting independence, liaison with community based services and staff supervision.

No areas requiring improvement were identified at this inspection.

Service users said:

- “I come here five days a week. If it was open I’d come seven. I don’t think I could cope without this place.”
- “I really like the company here. I can be myself and feel ok. Don’t get me wrong, the staff here are good, but it’s the friendships I come for.”
- “There’s always someone I can talk to and they understand what I’m saying.”

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Karen Crothers, registered manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection dated 23 January 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 23 January 2017.

5.0 How we inspect

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

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- Record of notifications of significant events
- Record of complaints
- Quality Improvement Plan from the previous inspection on 23 January 2017
- The RQIA log of contacts with, or regarding MindWise Belfast Resource Centre

During the inspection the inspector met with:

- five service users in a group setting
- three service users individually
- one member of care staff in individual discussion
- one student on placement in individual discussion
- the registered manager at the commencement and conclusion of the inspection

Questionnaires were left with the manager to be distributed to service users and their relatives. Seven completed questionnaires were returned to RQIA by 06 February 2018, six from service users and one from a staff member.

The following records were examined during the inspection:

- File records for four service users, including assessments, care plans and reviews
- Progress records for four service users.
- Monitoring reports for the months of April, October, November and December 2017
- Records of four staff meetings held in 2017.
- Minutes of members/service users' meetings for August, September and October 2017 and for January 2018.
- Record of incidents and accidents.
- Record of complaints.
- Selected training records for staff, including staffs' qualifications.
- Records of staff supervision.

- Record of the Annual Quality Review for the year ending March 2017.
- The Statement of Purpose.
- Fire safety records, including records of a Fire Safety Assessment dated 01 March 2017.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 23 January 2017

The most recent inspection of the day care service was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 23 January 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 17(1) Stated: First time	The registered provider must ensure the annual quality report of MindWise Belfast Resource Centre is reviewed so it qualitatively reflects information on all of the relevant matters specified in Schedule 3.	Met
	Action taken as confirmed during the inspection: A copy of The Annual Review of Quality of Care Report dated 15 May 2017 was available for inspection and had been forwarded to RQIA at the time of its completion. The report was clear and comprehensive.	

Area for improvement 2 Ref: Regulation 19(1)(a) Stated: First time	<p>The registered provider must ensure service user’s care files contain a recent photograph of the service user. If the service user wishes not have a photograph in their care file, this must be stated.</p> <p>Action taken as confirmed during the inspection: Four care files were examined and each one contained a photograph of the service user. The manager confirmed that some other service users had signified their objection to having a photograph included.</p>	Met
Area for improvement 3 Ref: Regulation 29 Stated: First time	<p>The registered provider must give notice to the Regulation and Quality Improvement Authority without delay of the occurrence of all specified matters in Regulation 29.</p> <p>The identified notification of incident forms must be retrospectively reported to RQIA.</p> <p>Action taken as confirmed during the inspection: Notifications had been received retrospectively for the incidents identified at the last inspection. One incident has been reported since that inspection and this was in keeping with Regulation 29.</p>	Met
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 4.4 Stated: First time	<p>The registered provider should ensure:</p> <p>(a) The two identified service users assessments are reviewed and updated so they fully and accurately reflect their needs.</p> <p>(b) All service user’s assessments are current and have been reviewed in the previous year. Where changes are made to assessments, these should be re-signed by all relevant parties and dated.</p> <p>Action taken as confirmed during the inspection: The evidence in four service users’ files confirmed that practice is compliant with Standard 4.4.</p>	Met

Area for improvement 2 Ref: Standard 5.6 Stated: First time	<p>The registered provider should ensure the two identified service user's care plans are reviewed and updated so they fully and accurately reflect their current needs. Where changes are made to the care plan, the service user, member of staff making the changes and the registered manager sign and date the revised care plan. Where the service user chooses not to sign any document, this should be recorded and the basis of their agreement to participate noted.</p> <p>Action taken as confirmed during the inspection: All four care plans, examined at this inspection, were found to be up to date and signed appropriately and the manager confirmed that all others were now compliant.</p>	Met
Area for improvement 3 Ref: Standard 7.5 Stated: Second time	<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>Action taken as confirmed during the inspection: Care/progress notes for service users were found to be completed in accordance with the minimum standard. The manager has introduced a system to check monthly that this frequency of recording is maintained.</p>	
Area for improvement 4 Ref: Standard 15 Stated: First time	<p>The registered provider should ensure:</p> <ul style="list-style-type: none"> (a) An initial 4 week review takes place for all new service user's (Minimum Standard 15.3). (b) Service user's should have an annual review of their day care placement (Minimum Standard 15.3). (c) Annual review reports should reflect all of the relevant matters in Minimum Standard 15.5. <p>Action taken as confirmed during the inspection: One file contained records of a service user who had commenced attending in 2017 and records of the initial review were present. Two files held records of recent annual reviews and</p>	Met

	two had a February 2018 review scheduled.	
Area for improvement 5 Ref: Standard 17 Stated: First time	<p>The registered provider should ensure systematic audits of service user's care files is undertaken in order to ensure compliance with Minimum Standards 4, 5, 7 and 15. The registered manager and designated person undertaking the monthly monitoring visits of the day care setting should ensure evidence of these audits are retained and made available for inspection purposes.</p>	Met
	<p>Action taken as confirmed during the inspection: The manager provided a record of audits of service users' files and explained that this was checked regularly by the monitoring officer.</p>	
Area for improvement 6 Ref: Standard 27.3 Stated: First time	<p>The registered provider should ensure in the interests of infection prevention and control that the waste bins in both the male and female toilets contain bin liners.</p>	Met
	<p>Action taken as confirmed during the inspection: Compliance with this recommendation was confirmed.</p>	
Area for improvement 7 Ref: Standard 28.1 Stated: First/ time	<p>The registered provider should ensure that a review of the current fire risk assessment is undertaken by a competent person in a timely manner, and that any significant findings highlighted in this review are fully implemented within the stipulated timescales.</p>	Met
	<p>Action taken as confirmed during the inspection: The centre now has a contract with 'Fire Safety Solutions', who carry out annual Fire Safety Conformity tests and issue a Certificate of Conformity each year. The current certificate is dated 01 March 2017. Fire safety Solutions personnel complete any necessary upgrades to ensure conformity is maintained.</p>	

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.

MindWise Belfast Resource Centre premises were found to be well maintained and in good decorative order, with no obvious hazards for service users or staff. Following unlawful intrusions in late 2016 to the building in which the premises are situated, new security devices were fitted to the main entrance doors. No further break-ins have occurred. Services are provided in the centre in one spacious room and in a small side-room that is used mainly for art activities. The large room has several seating areas and a pool table which is well used. The centre has no private outdoor space. Staff do not administer medicines to service users and no medicines are stored in the premises.

The manager, one staff member and a student on placement, who met with the inspector, confirmed that they have confidence in the practice of all members of the staff team in their work with service users. All three expressed strong commitment to their work with service users and confirmed that the work is enjoyable, rewarding and sometimes challenging. Staff described the range of interests and activities that they supported service users to develop. There was both written and oral evidence that staff have been trained appropriately for their roles and responsibilities.

Safeguarding procedures were understood by staff, who confirmed that practice in the centre was of a high quality and that they were trained to respond professionally in all situations. Safeguarding training had been provided for all staff and was identified in the training records examined; most recently for two staff on 05 December 2017 and for one staff on 28 November 2017. The manager explained that training records are kept electronically and collated centrally for all MindWise facilities and services. Printouts for three staff were provided. There were systems in place to ensure that risks to service users were assessed regularly and managed appropriately and this included inputs by community based professionals. Since the previous care inspection one notification of an incident had been received by RQIA from MindWise Belfast Resource Centre. This concerned a self-reported event by a service user in his/her own home and the staff team's response to this was appropriate.

Fire alarm systems checks were carried out and recorded on a weekly basis and fire exits were seen to be unobstructed. Fire safety training for staff was included in the training records with the most recent refresher course dated 01 November 2017. Risk assessments with regard to health or other areas specific to the individual, were present where relevant and each one had been signed as agreed by the service user. Records of a service user's induction to the centre were detailed, helping to minimize the risks that might arise from a lack of understanding of how the service operates and what the expectations are of the individual's involvement. The monitoring officer carries out regular audits of a range of the centre's operations and data is presented monthly in monitoring reports.

Service users' rights and feelings, and the methods available to them of raising a concern or making a complaint were set out in the service user guide and aided by specific discussion in the member's meetings which are held most months and which promote involvement and feedback from service users. The complaints form for service users to complete has a positive written invitation for any potential complainant:

"Do you have a complaint? Help us put it right."

One complaint had been received in the period since the previous care inspection and this had been resolved to the full satisfaction of the complainant.

Staff presented as being well informed of the needs of each service user and of methods of helping to meet those needs safely. Observation of the delivery of care, throughout the period of the inspection, provided evidence that service users' needs were being met safely by the staff on duty.

The evidence presented supports the conclusion that the manager and staff are providing safe care in MindWise Belfast Resource Centre.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to risk assessment, risk management, fire safety, the physical environment, premises security, data protection, staff training, staff supervision, adult safeguarding and service user involvement.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

The centre's Statement of Purpose and the Service User's Guide provide the information required by regulations and minimum standards. A MindWise Internal Quality and Practice Audit, completed in June 2017, noted that there is an "excellent Member Guide (that) explains what the service can and cannot do." This audit assessed the service against seven principles and awarded the maximum score in each of the seven areas.

Eight service users provided information, verbally, in the course of the inspection. The feedback was positive in almost all respects, including the effectiveness of the care provided, although one person said he was unhappy about the times when the service was not open and available. Five service users confirmed that the service had contributed very positively to their lives, through attending the centre, making friends with others who attend and participating in planned activities. In the centre's quality survey, completed in January 2018 and being collated just prior to this inspection, ten of the eleven respondents stated that they were benefitting from the MindWise service. Nine people identified the most important aspects of the service as:

- “Time to talk”; “Emotional support”; “Feeling safe” and “Staff support”, while seven people listed: “Feeling understood”; “Advice/information”; “Social Events”; “Improving physical health”; “Building links in the community” and “Peer Support”.

In response to the question, “Do you have the opportunity to participate in the decision making at your service?” nine people answered “Yes” and one, “Not Sure”. Although there were eleven recorded respondents, most questions had been answered by just ten people. Nine out of ten respondents stated that they didn’t access the MindWise website. A recommendation was then included in the Quality Review Report that staff should promote the website with service users and ensure that the home page on the services’ computers is the MindWise website page.

Four service users’ files were examined during this inspection and each was found to contain detailed referral and assessment information on the individual and on his or her functioning, along with a written agreement on the terms of the individual’s attendance. The service uses a ‘Client Pathway Tool Kit’, introduced in 2017, which contains recording and guidance templates for each stage of the individual’s involvement with the service. One recently introduced service user had completed a clear ‘Induction Programme’ as part of this scheme. The associated records were comprehensive and well-detailed. Care plans identified service users’ needs, setting out the objectives for each person’s care and the actions required of the staff in order to meet the objectives. One file related to a service user who had reached the point of moving on from the service and a clear ‘Transition Plan’ was in place.

Each of the files examined contained risk assessments appropriate to the individual service user, making the risk and vulnerability levels clear for staff involved in the work with that person. Written records were kept of each service user’s involvement and progress at the centre, with entries made in keeping with the frequency stipulated by the minimum standards. Records of annual reviews for each person demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed. Dates and signatures were present in all of the key records examined and attention to detail generally was of a high standard.

Evidence from discussions with service users, from written records and from observations of interactions between service users and staff, confirmed that service users viewed the centre as a supportive and important place in their recovery programmes. The manager and staff work purposefully to involve service users in a variety of experiences, including helping people to build positive relationships and communication links within their own communities, where this is possible.

Overall, the evidence indicates that the care provided is effective in pursuing the objectives of each service user’s care plan and in promoting service users’ wellbeing and fulfilment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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.

On the day of this inspection, the atmosphere in MindWise Belfast Resource Centre was relaxed and welcoming and service users greeted one another and the staff members who were present. Observations of interactions throughout the day provided evidence of service users relating positively to staff and to each other and all were engaged by staff with respect and encouragement. For most of the time service users appeared to decide for themselves what they would do, for example several people played pool, while others talked and had tea or coffee in the kitchen, or sat in the main activity room, reading or chatting. Three service users met individually with the inspector and described a range of their experiences in using the centre and ways in which it benefitted them. They confirmed that staff consult them regularly, encouraging them to take a full part in developing their plans, both in day care and in recovery and continuing activities and relationships. These views were supported by five other service users in group discussions. Staff demonstrated an understanding of each service user's needs as identified within the individual's referral records, assessments and care/support plans.

Systems in place to ensure that the views and opinions of service users were sought and taken into account included members' meetings, usually every month, an annual quality survey of service users, reported in the Annual Quality of Care Review, the complaints system and, staffs' daily discussions with service users in groups or individually. All eight service users confirmed that staff members were readily available to discuss any concerns they might have. They also verified that they were treated with respect and given good support. All six of those who completed an RQIA satisfaction questionnaire, indicated that they were 'Satisfied' (2), or 'Very Satisfied' (4), in response to the question, "Do you feel that staff treat you with compassion?"

Discussions with service users and staff members and examination of service users' records, provided evidence of a strong focus on involving and empowering people to contribute to decisions about the ways in which they are supported. Preparation for each person's annual review included a meeting with the key worker to discuss the service user's feelings and wishes regarding the value of attending the centre and the existing care/support plan.

During each monthly monitoring visit the views of a sample of service users were sought and their views were reflected in good detail in all four of the monthly monitoring reports that were reviewed. Monitoring reports also contained comments on audits of records for service users and on their levels of involvement in the service. Each person's progress notes reflected their relationships and interactions with the service and identified matters for further discussion with regard to the person's wellbeing. Staff members' comments and actions, along with the views expressed by service users, confirmed that compassionate care was being provided consistently in MindWise Belfast Resource Centre.

Areas of good practice

Examples of good practice found throughout the inspection included, the culture and ethos of the day care setting, listening to and valuing service users, facilitating service users' involvement in care planning and review, and maintaining records of progress. From observations throughout the inspection, there were examples of friendly and respectful interactions between staff and 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 manager has been in her post in MindWise Belfast Resource Centre for more than ten years. She introduced service users, staff and a student on placement and described the general operations of the centre, including the most recent staff appointments and the staffing arrangements throughout the week. Arrangements for this inspection were carried out efficiently and without disruption to provision for service users. Service users, staff and a student all contributed positive views on the competence and reliability of all members of the staff team.

Staff who met with the inspector were well informed on all aspects of the centre's operations and proved very able in contributing evidence for the focus this inspection. It was good to see that all care staff held relevant qualifications and that staff were being supported in their professional development through a range of training opportunities. Training records confirmed that staff had received mandatory training and training specific to the needs of service users in this setting. Additional training topics during 2017 included, 'Professional Boundaries'; 'Support Planning'; 'The Wellness Recovery Action Plan (WRAP)'; 'Mental health Awareness'; and 'Risk Management'.

Formal supervision was being provided regularly for all staff and was taking place more frequently than the minimum standard requirement and the view was expressed that supervision was a positive and supportive process. Staff felt they were well supported following any incidents that they found challenging in their work. There was evidence from discussions with staff to confirm that ideas for improvement are encouraged. One staff member returned a completed questionnaire to RQIA, following the inspection visit. This respondent indicated that he/she is very satisfied with the safety of the service provided, positively satisfied with the effectiveness and the compassion of the service and satisfied with the leadership of the service.

Discussions with staff and examination of records confirmed that staff meetings were held at least quarterly and that the staff team was well involved in discussing issues related to the operations of the centre. An agenda was prepared well in advance of each staff meeting, with all staff members having the opportunity to contribute items to this. The time given to staff meetings throughout 2017 was approximately two hours on each occasion and the full and detailed minutes of these meetings provide an excellent record of the involvement of all staff in the discussion and decision making process. Staff reported that the manager updated information regularly. There was evidence from staff meetings minutes, monitoring reports, audits and from discussions with staff, to confirm that working relationships within the team are positive and supportive and that team morale is good. The centre's most recent annual quality

survey, completed by the end of November 2017, shows that service users rated the service very positively.

Four monthly monitoring reports were examined and were found to address all of the matters required by regulation. Each report contained well-detailed feedback from discussions with service users and with a staff member. A sample of service user records was checked during each visit and a check completed of an aspect of the centre's compliance with a selected standard or area of performance. Any resulting necessary improvements were set out in an action plan. This approach to monthly monitoring aligns well with the centre's commitment to the provision of a high quality service. Discussions with the manager, eight service users, a staff member and a psychology student on placement, provided evidence that effective leadership and management arrangements are in place in MindWise Belfast Resource Centre.

Overall, the evidence available at this inspection confirmed that MindWise Belfast Day Care Service is well led.

Areas of good practice

Examples of good practice found throughout the inspection included, planning, leadership, staff training, supervision, building good working relationships, delegation, information sharing, governance arrangements including monthly monitoring, management of complaints, management of incidents and accidents and risk management.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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