



The **Regulation** and
Quality Improvement
Authority

Primary Unannounced Care Inspection

Name of Establishment: MindWise, Lurgan
Establishment ID No: 11133
Date of Inspection: 30 September 2014
Inspector's Name: Maire Marley
Inspection No: 20655

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

Name of centre:	MindWise, Lurgan
Address:	132 Union Street Lurgan BT66 8EF
Telephone number:	(028) 3832 9492
E mail address:	joice.mathew@mindwisenv.org
Registered organisation/ Registered provider:	Mr Edward George Alexander Gorringe
Registered manager:	Mr Joice Mathew
Person in Charge of the centre at the time of inspection:	Mr Joice Mathew
Categories of care:	MAX, DCS-MAX, DCS-MP(E), DCS-MP
Number of registered places:	20
Number of service users accommodated on day of inspection:	17
Date and type of previous inspection:	5 July 2013 Primary Announced Inspection
Date and time of inspection:	30 September 2014 13:45 - 16:30
Name of inspector:	Maire Marley

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	17
Staff	1
Relatives	0
Visiting Professionals	0

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	1

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:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	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
3 - Moving towards compliance	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
4 - Substantially Compliant	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
5 - Compliant	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 voluntary charitable organisation transforming lives and developing New Visions for Mental Health by challenging stigma and discrimination and providing quality services and support.

MindWise Lurgan provides flexible day services, programmes of care and support for individuals affected by severe mental illness/mental health difficulties, their families, dependants and carers.

The flexible day care and the resource service is open from 10:00 to 14:00, five days per week (Monday - Friday) excluding bank holidays. It is operated from an extended three storey terraced property, situated in an area which is convenient to the town centre.

Summary of Inspection

This announced primary care inspection of MindWise Day Centre Lurgan was undertaken by Maire Marley on 30 September 2014 between the hours of 1:45pm and 16:30pm. The Registered Manager, Mr Joice Mathew was available throughout the inspection.

The three requirements and four recommendations made as a result of the previous inspection undertaken in July 2013 were examined. Observations and discussion demonstrated that the centre had in the main responded positively to the requested improvements. Two recommendations were not fully compliant and are restated in this report. Details of the action taken can be viewed in the section following this summary.

The focus of the inspection was to assess the centre's compliance with the one standard and two themes chosen from the Day Care Settings Minimum Standards 2012 and The Day Care Settings Regulations (Northern Ireland) 2007. During the inspection the inspector used the following evidence sources;

- Discussion with staff
- Discussion with service users
- Observation of practice
- File audit
- Tour of the premises

Prior to the inspection the provider submitted a self-assessment of the one standard and two themes inspected. The registered provider's responses were examined and were not altered in any way by the RQIA.

The inspector spoke with the registered manager, area manager and one staff member regarding the standards inspected, team working, the involvement of Trust professionals, management support, supervision and the overall quality of the service. Everyone commented positively about the quality of care provided and the support of the management team.

One questionnaire was returned in time for inclusion in this report. The responses in the questionnaire and comments from staff consulted on the day reported satisfactory arrangements were in place with regard to supervision, staff training, staffing and management arrangements. Satisfaction was also reported in regard to responding to service users' behaviour; confidentiality and recording. Staff commented positively in regard to the quality of care provided and expressed "a very good service and one that everyone enjoys".

During the inspection, the inspector was introduced to all of the service users who were in the day care centre. The inspector spoke directly and in private with seventeen service users to gather evidence for the standard inspected and the two themes. Service users related the benefits of attending the centre and it was evident that they were at ease in their environment. Service users were content with the service and related if they had any concerns or issues they would speak with the staff members. Several service users reported they attended the centre for several years and were keen to show the inspector their garden project and other activities of interest.

During the inspection staff were observed interacting with service users in a respectful manner.

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 written policies and procedures pertaining to the management of records, recording and reporting, data protection, access to records and confidentiality. The policies and procedures were available for staff reference and were deemed satisfactory.

During the inspection the inspector noted that care records were securely stored and office desks were free of confidential information. It was recommended that the office space is free from clutter.

The inspector spoke with a member of staff regarding the standards inspected, their views about working in the centre and the quality of service provided. Positive comments were made in regard to the maintenance of records and the recording and reporting arrangements in this day care setting. During discussion with, and in the returned questionnaire staff competently answered questions in regard to confidentiality, access to records and the storage of records.

There was evidence that staff record as and when required, and service users expressed that they are fully involved in their recovery plans.

Written guidance was available for staff on matters that need to be reported to the relevant health or social care professionals.

Observations of practice, discussion with staff and service users along with the review of four service users' individual files provided evidence that the centre is performing well regarding storage of service user's information, recording procedures and reporting information on to professionals involved in the service users' care.

Based on the evidence reviewed the inspector assessed the centre as compliant in this standard.

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

MindWise has a 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.

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, relationship building and calming techniques and the registered manager confirmed the importance of developing a good understanding of their service users' needs and preferences.

The working atmosphere within the centre provided further evidence of the relaxed and encouraging methods in use to empower and facilitate service users in recovering greater control of their own short and longer term functioning. Service users consulted spoke of how attendance at the centre assisted them with developing confidence and provided structure to their day. It was evident that service users enjoyed attending and had a pride in their service.

Evidence available from discussions with service users, staff and a review of the written records, verified that in the event of any additional restrictive practices staff were fully aware of the procedures and protocols to follow.

The staff member consulted presented as committed to responding to behaviour in the least restrictive manner and demonstrated knowledge of service users assessed needs. There have been no reports of restraint in this centre. It was evident in discussion with management and staff that they recognised the importance of approaching service users in a sensitive, supportive manner and were aware of individual signs that would indicate a service user was not feeling their "usual self".

Observations of group interactions during the inspection confirmed that service users responded positively to members of the staff team and it was evident a good rapport had developed between staff, service users and their families.

Based on the evidence reviewed the inspector agreed with the provider's self-assessment and has assessed the centre as compliant 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 a trained social worker and has the necessary experience to take charge of the centre. In the absence of the registered manager, there is a designated support worker identified to assume responsibility for the centre. MindWise use the security system 'Guardian 24' in lone-working situations. There was evidence that competency and capability assessments had been completed for staff left in charge of the centre in the absence of the registered manager. Staff working in the centre had acquired a range of vocational qualifications commensurate with their roles and responsibilities.

The inspector was provided with evidence that the registered manager is registered with NISCC. The organisation had systems in place for supervision and performance appraisal and staff expressed that they felt supported by the management team. Requested records required by regulations were in place. A review of staff training revealed that mandatory training was up to date.

There was evidence of the monitoring arrangements that included monthly unannounced monitoring visits. The monitoring reports relating to the previous four months were examined and found to be comprehensive and addressed all of the matters specified in regulations. In addition, the organisation's annual quality review report for the service was available and found to include service users' views in regard to the service provision.

The organisational structure was clearly set out in the statement of purpose. Staff confirmed their awareness of reporting arrangements within the organisation should any notifiable event arise.

The inspector concludes the arrangements in place for the registered manager to manage this day care setting and delegate tasks to the support care workers are suitable.

Based on the evidence reviewed the inspector has assessed the centre as substantially compliant in this theme.

Additional Areas Examined

During the inspection the inspector examined the complaints record, files pertaining to four service users, and validated the registered manager's pre inspection questionnaire and reviewed the environment.

The inspector undertook a tour of the premises. It is recommended that mops are maintained and stored in accordance with infection control and prevention guidance.

As a result of this inspection one requirement and a recommendation has been made, two recommendations have been restated from the previous inspection. Details can be found in the Quality Improvement Plan attached to this report.

Matters identified during this inspection were discussed with the area manager and registered manager, assurances were given these would be addressed within an agreed timescale as highlighted in the appended Quality Improvement Plan.

The inspector wishes to acknowledge the work undertaken by the registered manager and staff in preparation for this inspection and their open and constructive approach throughout the inspection process. Gratitude is also extended to the service users who welcomed and engaged with the inspector and the volunteer who participated in the inspection process.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	17 (1) (a)	<p><u>MindWise Lurgan's Annual Quality Review Report</u></p> <p>The designated person undertaking the monthly monitoring visits of MindWise Lurgan must ensure:</p> <ul style="list-style-type: none"> (a) The monthly monitoring reports qualitatively reflect comments regarding the recording of accidents, incidents and complaints; (b) Systems are put in place to obtain the views and opinions of service user's representatives and these are included in the report (regulation 28 and criterion 17.10 refers). 	<p>The monthly monitoring reports had been revised and reported on the accidents, incidents and complaints that had occurred in the centre.</p> <p>In the interest of promoting service users' independence, it was agreed that service user's representatives did not need to be contacted for their views. Mindwise currently seek the views of service users during their monthly visits.</p>	Compliant
2	26(2)	<p><u>Environment</u></p> <p>The registered person must ensure:</p> <ul style="list-style-type: none"> (a) Appropriate closed storage is sought for all mops etc in line with Control of Substances Hazardous to Health (COSHH); (b) Built in storage is in place in the identified 'quiet' room for Christmas decorations and activity equipment; (c) The identified areas are redecorated / refurbished and the flooring replaced. in the lower ground floor area (additional information section refers). 	<p>On the day of this inspection mops were appropriately stored.</p> <p>Storage facilities had been provided for Christmas decorations and activity equipment. No issues were identified during this inspection.</p> <p>There was evidence that the identified areas had been repainted and a new carpet fitted.</p>	Compliant

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
3	17	<p><u>Service Users' Review</u></p> <p>The registered persons must ensure:</p> <ul style="list-style-type: none"> (a) MindWise's policy and procedure on review is amended to fully reflect minimum standard 15; (b) Each service user's placement is reviewed in accordance with standard 15.3; (c) Each service user has an annual review of their placement in accordance with standard 15.4 (d) A review preparation report is completed by staff with service users that meet all of the relevant areas in standard 15.5 (standard 15 refers). 	<p>The policy and procedure had been updated as requested and there was evidence that service users' circumstances are reviewed annually.</p> <p>There was evidence that a review report is completed by staff however this element is restated in this report as the information contained in the reports viewed did not fully reflect the service users' circumstances.</p>	<p>Compliant</p> <p>Moving towards compliance</p>

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	25.1	<p><u>Infection Prevention and Control</u></p> <p>The registered persons must ensure:</p> <ul style="list-style-type: none"> (a) All bins have plastic liners (b) Replace grubby light pull cords in WCs and cover with a wipeable material for ease of cleaning (c) The shower base and discoloured grouting is replaced in the identified shower (additional information section refers). 	<p>On the day of this inspection there was evidence that all areas detailed had been actioned as requested.</p>	<p>Compliant</p>
2	25.1	<p><u>Internal Environment</u></p> <p>The registered persons must ensure all areas identified for redecoration/refurbishment and the flooring is replace are completed (additional information section refers).</p>	<p>There was evidence that the centre had been painted. The area manager outlined that the carpet had been replaced and explained that it had been donated.</p>	<p>Compliant</p>
3	25.5	<p><u>Rear Garden</u></p> <p>The registered manager must ensure the rear garden is cleared of weeds (additional information section refers).</p>	<p>There was evidence that service users are involved in the maintenance of the garden. On the day of inspection it was evident that most of the weeds had been cleared. However the organisation must ensure that areas not developed by the service users are kept free from weeds. This recommendation is restated.</p>	<p>Moving towards compliance</p>

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
4	17.10	<p><u>Monthly Monitoring of MindWise Lurgan</u></p> <p>When undertaking monthly monitoring visits, the designated person must ensure:</p> <ul style="list-style-type: none"> (a) Systems are put in place for to contact service user's representatives to obtain their views and opinions of the quality of the service; (b) Qualitative comments are recorded regarding an analysis of the recording of accidents, incidents and complaints (regulation 28 and criterion 17.10 refer). 	<p>The inspector agreed that representatives did not need to be contacted as the designated person obtained the service users views on the service provided.</p> <p>The monthly reports commented on the analysis of accidents, incidents and complaints.</p>	Compliant

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.	
Criterion Assessed:	COMPLIANCE LEVEL
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.	
Provider's Self-Assessment:	
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. All service user's personal and confidential information is stored in a locked filing cabinet.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
MindWise had policies in place in regard to confidentiality that were available to the staff team. Discussion with management and staff confirmed that they have adequate knowledge about the duty of confidentiality and their role and responsibility in regard to the management of service users' personal information. Records requested on the day were stored securely. The registered person must ensure the office is free from clutter.	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
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.	
Provider's Self-Assessment:	
Service users may request access to their file as per the Data Protection Policy 2013 and the Confidentiality and Information Sharing Policy . The right to request access to their file is included in the service user guide. Requests for access are recorded in the service but to date none have been received. Service users are provided with copies of support plans and reviews if desired,	Compliant

<p>Inspection Findings:</p> <p>The inspector reviewed a sample of four individual service user records and the findings indicated that the records are maintained in compliance with Regulation 19 Schedule 4. The information contained in the provider’s self-assessment was validated during the review of records and during discussion with service users and staff. The registered manager confirmed there had never been a formal request for a service user to access their care records.</p> <p>The staff member consulted was knowledgeable in regard to consent and service user’s right to access their records and expressed that service users are fully involved and agree their care/support plans. There were examples in care plans of service users having signed the record to indicate their involvement and agreement with the content and during discussion service users related that staff regularly discussed their care/support plan with them.</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>
<p>Criterion Assessed:</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"> • Assessments of need (Standards 2 & 4); care plans (Standard 5) and care reviews (Standard 15); • All personal care and support provided; • Changes in the service user’s needs or behaviour and any action taken by staff; • Changes in objectives, expected outcomes and associated timeframes where relevant; • Changes in the service user’s usual programme; • Unusual or changed circumstances that affect the service user and any action taken by staff; • Contact with the service user’s representative about matters or concerns regarding the health and well-being of the service user; • Contact between the staff and primary health and social care services regarding the service user; • Records of medicines; • Incidents, accidents, or near misses occurring and action taken; and • The information, documents and other records set out in Appendix 1. 	<p>COMPLIANCE LEVEL</p>

Provider's Self-Assessment:	
<p>Client's Initial assessment and care plan completed within one week of clients initial visit. Initially reviewed after six weeks, then annually unless circumstances change or the client requests a review. The service only provides support to service users.. All support is discussed in initial assessment, carried forward to the support plan and reviewed and monitored. Changes in the service user behaviour would be discussed with their key worker. If the behaviour warranted, we would complete an incident report which would be forwarded to the relevant agencies. Changes in objectives, expected outcomes and associated timeframes are recorded in the clients support plans and reviews. If there are any changes in the service user's usual program, this would be noted in the diary, their daily notes and their key worker would be informed. These procedures would also be followed should any unusual or change of circumstance that affect the service user occur and any action taken by staff would also be recorded. Contact with the service user's representative should there be any concerns would be immediate and recorded in the diary and daily notes. Records of medicines are included in the referral form but MindWise staff are not involved in the management or administration of medication. MindWise follows an incident and accident reporting management policy and procedure. We have incident and accident reporting forms which are held in the service. Once filled in they are forwarded to appropriate agencies and our head office and a ten day review is undertaken as standard procedure.</p>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>On the day of this inspection, the registered manager reported that the Client Pathway Toolkit was being introduced in the centre in accordance with MindWise procedures; these files when fully implemented will contain the criterion identified above. The registered manager reported that the documentation would be introduced for existing service users as their annual reviews are held. The inspector reviewed a total of four service user files. Contact with service user's representatives and professionals along with any visits to service users are recorded in individual service users' files. A daily record is completed for each member at least every five days of attendance and includes any contacts, changes in behaviour, activities participated and any incidents or accidents. The registered manager and staff confirmed there were no medicines administered in the centre. The files examined provided evidence that a review of the member's circumstances was undertaken annually. It was noted that review reports did not fully reflect the service users circumstances and advice was provided by the inspector in regard to Standard 15.5. A recommendation from the previous report is restated in this report. All review reports must be signed and dated by the staff member completing the report and the registered manager.</p>	Substantially compliant

<p>Criterion Assessed: 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.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment:	
When no recordable events occur, our daily notes for each service user would reflect this.	Compliant
Inspection Findings:	
Records viewed were up to date and it was noted that staff record changes in the service user's needs or behaviour and detail the action taken by staff.	Compliant
<p>Criterion Assessed: 7.6 There is guidance for staff on matters that need to be reported or referrals made to:</p> <ul style="list-style-type: none"> • The registered manager; • The service user's representative; • The referral agent; and • Other relevant health or social care professionals. 	COMPLIANCE LEVEL
Provider's Self-Assessment:	
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 and ensure information is reported to the correct people.	Compliant

Inspection Findings:	COMPLIANCE LEVEL
The management team and a staff member consulted were fully familiar with issues that required to be reported to safe-guarding teams, representatives and other primary health care teams. The inspector viewed the policies and procedures pertaining to communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices. In discussion with a staff member it was evident that she was clear in regard to matters that required to be reported.	Compliant
Criterion Assessed: 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.	
Provider’s Self-Assessment:	
All records are legible, accurate, up-to-date, signed and dated by the person making the entry and where service users have been involved they also sign the records. These are periodically reviewed and signed off by the registered manager. Support plans are signed by staff and the registered manager as well as the service user themselves.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
There was written evidence of the involvement by service users in agreeing and signing their records. There was evidence that the registered manager carried out regular checks on care files to ensure that they were accurate and up to date.	Compliant

PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

Theme 1: The use of restrictive practice within the context of protecting service user’s human rights	
Theme of “overall human rights” assessment to include:	
<p>Regulation 14 (4) which states:</p> <p>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.</p>	COMPLIANCE LEVEL
Provider’s Self-Assessment:	
<p>MMindWise 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.</p>	Compliant
Inspection Findings:	
<p>The findings of the inspector confirmed the information detailed in the provider’s self-assessment. The organisation had a suite of policies that included a restraint policy, guidance for responding to challenging behaviour, Deprivation of Liberty Safeguards and guidance on restraint and seclusion. These documents were found to be relevant and comprehensive. There has been no report of restraint from this centre.</p>	Compliant

<p>Regulation 14 (5) which states:</p> <p>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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p> <p>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. All incidents involving intimidation or violence should be fully recorded and discussed in a debriefing meeting as soon as possible after the incident, the next available formal supervision session and the service user’s review meeting.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>The examination of four care records and discussion with management, a staff member and seventeen service users revealed there was no evidence to indicate there were any restrictive practices within MindWise Lurgan. The evidence examined indicated a person centred approach was adopted.</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>

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

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

<p style="text-align: center;">Theme 2 – Management and Control of Operations</p> <p>Management systems and arrangements are in place that support and promote the delivery of quality care services.</p> <p>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</p>	COMPLIANCE LEVEL
<p>Regulation 20 (1) which states:</p> <p>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 -</p> <p style="padding-left: 40px;">(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;</p> <p>Standard 17.1 which states:</p> <p>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</p>	
<p>Provider’s Self Assessment:</p>	
<p>At all times, there are fully qualified and competent staff working in the resource centre. Staff attend regular mandatory training and receive regular supervision. All staff have completed a competency and capability assessment. There is a defined management structure for the Lurgan Resource centre. The staff job description clearly identifies lines of accountability, specific roles and details responsibilities for areas of activities. These are regularly reviewed.</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>The management structure is clearly set out in the centre’s statement of purpose. The provider’s self-assessment was verified through examination of the arrangements for staffing the centre, the training records, and selected other records, and discussion with staff and service users. Examination of the staffing rota, provided evidence that adequate staffing numbers were maintained in the day care setting. The management team and staff consulted reported that the staffing levels are sufficient to meet the needs of the service users in the day centre.</p>	Compliant

<p>Discussion with staff demonstrated that they were fully familiar with their role and responsibilities regarding the management arrangements of the day care setting. Staff expressed that they were supported in their roles through regular supervision, appraisal and staff meetings.</p> <p>Service users who spoke with the inspector were aware of the management structure and were able to identify who they would approach if they had any concerns.</p> <p>A designated officer undertakes the unannounced monthly monitoring visits to the centre on behalf of the registered provider. The organisation undertakes an annual review of their service and produces a quality review report of the findings. The annual report for the period April 2013 - March 2014 was available for inspection.</p>	
<p>Regulation 20 (2) which states:</p> <ul style="list-style-type: none"> • The registered person shall ensure that persons working in the day care setting are appropriately supervised 	COMPLIANCE LEVEL
<p>Provider's Self-Assessment:</p>	
<p>MindWise has a supervision and appraisal policy. Staff receive supervision every 4 to 6 weeks and an annual appraisal. Annual appraisals identify personal development and training needs of individuals. 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>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>The inspector examined the professional registration, qualifications, experience and evidence of competence of the registered manager and this revealed the manager is registered with NISCC and has evidence of continual professional development. In his absence there is a project worker who will act up on his behalf and assume the day to day responsibility of the centre. This inspection revealed that a competency and capability assessment had been completed for the staff member who assumed responsibility for the day care setting in the registered manager's absence. Discussion centred on the registration of support workers and management reported that they hoped to have all staff registered in the near future.</p>	Compliant

<p>Regulation 21 (3) (b) which states:</p> <ul style="list-style-type: none"> • (3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless – • (b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p> <p>The qualifications, training, experience and skills required for the job are detailed in the job description. Once employed staff undertake a detailed induction and training program. The training is continuously updated and ongoing. Staff also have an opportunity to source external career development training. In the annual appraisal, we review staff’s knowledge, skills framework (KSF)</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>Mindwise use the NHS Leadership Framework as part of the self-assessment and appraisal system for the management of staff. There was good evidence of supervision records in place for the registered manager and staff team. Records examined confirmed that staff receive a range of training suitable to their position and mandatory training was noted to be up to date. The registered manager is also responsible for the MindWise centre in Banbridge, along with a supported housing project. Staff expressed that the management team were very approachable and supportive and were available via telephone when not in the centre.</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>

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

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

Additional Areas Examined

Complaints

The information on the annual complaints return submitted by the registered provider prior to the inspection was examined and indicated that the centre had received one complaint for the year 2013. The complaint record reviewed on the day revealed that a complaint had been received on the 1 August 2014, the issue was ongoing however there was evidence that staff are actively working with the service user to resolve the issue locally. The registered manager and staff were fully aware of the complaints procedure and the action to take should a service user express dis-satisfaction with any aspect of the service.

Registered Manager Questionnaire

The registered manager submitted the completed questionnaire prior to the inspection. A review of the information found the questionnaire had been fully completed and no issues were identified. The information returned was confirmed during the inspection of records, discussion with management, staff and service users.

Statement of Purpose

A review of the statement of purpose submitted for this inspection found that the information contained in the document was compliant with The Day Care Regulations (Northern Ireland) 2007 Schedule 1.

Environment

An inspection of the day centre was undertaken. All areas were found to clean and fresh smelling. In the interests of infection prevention and control, mop heads should be machine washable and should be stored in accordance with infection control guidance. Suitable arrangements should be in place to ensure that areas in the garden not developed by the service users are kept free from weeds.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr Joice Mathew, 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:

Maire Marley
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Primary Announced Care Inspection

MindWise, Lurgan

30 September 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 Mr Joice Mathew registered 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	14 (1) (c) 26 (2)	<p><u>Infection control and prevention</u></p> <p>The registered manager must ensure that mop heads are machine washable and stored in accordance with infection control guidance.</p>	One	Mops have been replaced with machine washable ones. Brackets to store the mop will be purchased and placed in the shed in order to follow infection control procedures.	Immediately and ongoing.

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 sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details of Action Taken By Registered Person(S)	Timescale
1	15.5	<p><u>Service Users' Review</u></p> <p>(a) The registered manager must ensure that the review report completed by staff meets all of the relevant areas in standard 15.5.</p> <p>(b) Review reports should be signed and dated by the staff member completing the report and by the registered manager.</p>	<p>Two</p> <p>One</p>	<p>The registered manager will regularly review and sign off the review reports. Staff will also be aware of the standard 15.5 and implement it.</p> <p>The registered manager will regularly review and sign off the review report. Staff will also sign and date when completing the review reports</p>	No later than 30 December 2014
2	25.5	<p><u>Rear Garden</u></p> <p>The organisation must ensure that areas not developed by the service users are kept free from weeds.</p>	Two	Service users will continue to regularly maintain the garden. A volunteer from another service will also help out to maintain the garden.	No later than 30 December 2014
3	7.1	The registered person must ensure the office is free from clutter.	One	The previous area manager is in the process of clearing out her office. Once this is complete staff and service will maintain this and will make sure it remains clutter free.	No later than 30 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:

Name of Registered Manager Completing QIP	Joice Mathew
Name of Responsible Person / Identified Responsible Person Approving QIP	Edward Gorringe

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	M. Marley	9/1/15
Further information requested from provider			