



The **Regulation** and
Quality Improvement
Authority

Primary Announced Care Inspection

Name of Establishment:	MindWise Portadown
Establishment ID No:	11134
Date of Inspection:	30 September 2014
Inspector's Name:	Maire Marley
Inspection No:	20437

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, Portadown
Address:	Portadown Resource Centre 36 Carleton Street Portadown BT62 3EP
Telephone number:	(028) 3833 4434
E mail address:	jimmy.hollywood@mindwisenv.org
Registered organisation/ Registered provider:	Mr Edward George Alexander Gorringe
Registered manager:	Mr James Holywood
Person in Charge of the centre at the time of inspection:	Mr James Holywood
Categories of care:	DCS-MAX, MAX, DCS-MP(E), DCS-MP
Number of registered places:	20
Number of service users accommodated on day of inspection:	18
Date and type of previous inspection:	5 December 2013 Primary Unannounced Care Inspection
Date and time of inspection:	30 September 2014 09:00 – 13:00
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	9
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, Portadown provides flexible day care services, which includes programmes of care and support for individuals affected by severe mental illness/mental health difficulties as well as support for individuals, families, dependants and carers.

The service is provided on a weekly basis from 10.00 - 14:00, Monday to Friday (excluding bank holidays).

It is operated from a terraced property on a main street in Portadown. The accommodation consists of the following:

Ground Floor:

- a reception area
- toilet
- lounge area
- kitchen and dining facilities
- large rear paved yard with seating

First floor:

- a toilet
- games / recreational room
- a quiet room and an office.

A lunch time meal is prepared for service users three days a week. Service Users are involved as far as possible in the provision of the meal.

Summary of Inspection

This announced primary care inspection of MindWise Day Centre Portadown was undertaken by Maire Marley on 30 September 2014 between the hours of 09:00am and 1:00pm. The Registered Manager, Mr James Hollywood was available throughout the inspection.

A poster was displayed at the entrance to the centre to inform service users, representatives and professionals of the date and time for this inspection.

The two requirements and eight recommendations made as a result of the previous inspection undertaken in December 2013 were examined. In the main there was evidence to demonstrate that the centre had responded positively to the requested improvements however one requirement is restated and one requirement was substantially compliant. 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, one staff member and a volunteer regarding the standards inspected, team working, the involvement of Trust professionals, management support, supervision and the overall quality of the service.

One questionnaire was returned in time for inclusion in this report. The responses in the questionnaire and comments from a staff member consulted on the day reported satisfactory arrangements were in place with regard to supervision, staff training, and staffing and management arrangements. The staff member reported that "the centre had come through a tough time but things were getting better". A volunteer who also attends as a service user expressed there were ongoing issues between service users but spoke highly of the staff team and expressed "this centre has been the saving of me; I really enjoy being made to feel useful and needed".

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 fourteen service users to gather evidence for the standard inspected and the two themes. Service users related the benefits of attending the centre however wanted to discuss an issue that was subject to an on-going complaint investigation. Those service users who wanted to discuss the complaint with the inspector were advised the complaint was on-going and therefore could not be discussed. The complaint related to an incident during a summer outing and it was noted the organisation had responded appropriately and were investigating the issues identified by the complainant. The inspector spoke with the service user who had made the complaint and it was confirmed that they were satisfied with the management of the complaint and the action taken to date. Management are requested to update the RQIA on the outcome of the investigation. It was evident that the issue had created tension within the centre and several service users reported they no longer enjoyed attending the centre due to the atmosphere. Management are requested to address the situation and ensure that the day care setting is conducted so as to promote and make proper provision for the care and welfare of service users. The role and function of volunteers was discussed. The organisation encourage service users to become volunteers within the centre however management must review these procedures to ensure the current arrangements are satisfactory.

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.

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. Staff expressed that records were well maintained and organised and they were satisfied in regard to the recording and reporting arrangements in the centre.

The inspector was concerned that the office had been moved downstairs into the general lounge area and it was evident that it was difficult to maintain confidentiality. Service users

informed the inspector of different conversations they had overheard. Management must review these arrangements with immediate effect. During the inspection the inspector noted that care records were securely stored.

A requirement was made in regard to an identified service user's risk assessment. The registered manager should confirm that the risk assessment has been reviewed and suitable arrangements are in place to meet the service user's identified needs.

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 substantially 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.

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.

Staff 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.

Based on the evidence reviewed the inspector 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 has suitable qualifications and experience to manage the centre. The registered manager has recently returned from an extended period of leave and a staff member was designated to be in charge of the centre. There was evidence that a competency and capability assessment had been completed for the staff member.

It was concerning to note that during the manager extended leave there were gaps in the monthly monitoring reports. The inspector concluded the arrangements in place in the absence of the registered manager were not suitable to manage this day care setting. It is acknowledged that since the area manager took up post in June 2014 monthly visits have been undertaken the requirement made during the previous inspection in regard to Regulation 28 (4) is restated.

Records examined provided evidence that the registered manager and a staff member are registered with NISCC. The organisation had systems in place for supervision and performance appraisal and a staff member expressed that they felt supported by the management team. It was noted supervision was not provided in the absences of the manager. A review of staff training revealed that mandatory training was up to date.

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

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. Areas viewed were found to be clean and organised.

As a result of this inspection five requirements and one recommendation has been made. Two requirements are 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	13 (1) (a)	The registered person shall ensure that the day care setting is conducted so as to promote and make proper provision for the care and welfare of service users.	The evidence examined did not assure the inspector that this day centre is conducted so as to promote and make proper provision for the care and welfare of service users. This requirement is restated in this report.	Not compliant
2	28(4) 28(5)	It is a requirement that monthly monitoring reports are consistently completed. The number of service users spoken to as part of this exercise and their individual comments should be recorded. Reference should be made of the outcome of RQIA inspections and evidence in the reports of how any requirements and recommendations are being progressed.	There was evidence prior to June 2014 that monthly monitoring visit reports were not consistently completed. Therefore this element of the requirement is restated. The inspector acknowledged that since the area manager took up post in June 2014 monthly visits have been undertaken and the report of these visits were satisfactory.	Substantially Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	15.2	<p>The community professional involved in the service users' care should attend any reviews held.</p> <p>Training on the review process should be completed by all staff members.</p>	<p>The registered manager reported that the community professional involved in service users' care are now invited to attend any reviews held. There was evidence that staff had received the requested training.</p>	Compliant
2	15.4	<p>A written report should be prepared by staff in consultation with the service user.</p>	<p>Care records examined provided evidence that staff are preparing written reports for review.</p>	Compliant
3	15.5	<p>Review report should address all matters as stated in the standard.</p>	<p>The inspector examined a report of a recent review and found it to contain the elements outlined in 15.5.</p>	Compliant
4	15.6	<p>Following the review, the service user's care plan should be revised if necessary to reflect outcomes of the review, actions required and those responsible for these actions, and by when. When this happens, the service user is provided with a copy of the revised plan.</p>	<p>Management confirmed arrangements were in place following a review to update service user's care plan. Service users spoken with during the inspection confirmed that staff offered them a copy of their care-plan as and when required.</p>	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
5	13.4	A competency and capability assessment should be carried out on the person who is responsible for running the centre in the absence of the manager.	There was evidence that a competency and capability assessment had been completed for the person who is responsible for running the centre in the absence of the manager.	Compliant
6	14.4	The complaints procedure should outline the role and function of the RQIA in dealing with regulated services and the contact details for the RQIA.	The record examined on the day included the relevant information in regard to the RQIA.	Compliant
7	18.8	The registered manager should ensure that the managing aggression policy and procedure includes the requirement to notify the Authority in accordance with Regulation 29 (1) (2) and for staff to record the incident.	The revised policy included the requirement to notify the RQIA in the event of a challenging behaviour incident. The recording of information was included.	Compliant
8	13.1	The policy should state that a referral will be made to the Independent Safeguarding Authority regarding a staff member found to have abused a vulnerable adult.	The protection of vulnerable adults included the relevant information.	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: 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.	COMPLIANCE LEVEL
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.	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 inspector was concerned that the office had been moved downstairs into the general lounge area and it was evident that it was difficult to maintain confidentiality as service users informed the inspector of different conversations they had overheard. Management agreed to review these arrangements with immediate effect.	Moving towards compliance
Criterion Assessed: 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.	COMPLIANCE LEVEL
Provider's Self-Assessment:	
Service users may request access to their file as per the Data Protection Policy 2013. Service users are provided with copies of support plans and reviews if desired. A log of information requests and outcomes are held in the Service User's file.	Compliant

<p>Inspection Findings:</p> <p>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. None of the service users who spoke with the inspector had ever requested a copy of their support plan, however expressed that staff would inform them if there were any changes. The registered manager confirmed there had been no formal requests for care records.</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>
<p>Provider’s Self-Assessment:</p> <p>The MindWise Client Pathway Toolkit 2014 : This recently implemented toolkit is the updated framework previously in operation and is being used for new service user referrals to the service. As and when existing service user’s reviews are due, the new paperwork will be used. The new Risk Management Policy and Procedure (April 2014) and Incident Management Procedure are in practice in all aspects of support and service delivery.</p>	<p>Moving towards compliance</p>

<p>Inspection Findings:</p> <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 administrated in the centre. The files examined provided evidence that a review of the member’s circumstances was undertaken annually.</p>	<p>COMPLIANCE LEVEL</p> <p>Moving towards compliance</p>
<p>Criterion Assessed:</p> <p>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>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p> <p>Service user notes reflect attendance and events and these are recorded on a weekly /two weekly basis for service users who attend regularly.</p>	<p>Substantially compliant</p>

Inspection Findings:	COMPLIANCE LEVEL
Records must be maintained in accordance with the elements of this criterion. Not all records viewed had an entry for every five attendances.	Substantially compliant
Criterion Assessed: 7.6 There is guidance for staff on matters that need to be reported or referrals made to: <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 safeguarding 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

<p>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.</p>	
<p>Provider's Self-Assessment:</p>	
<p>Support plans are signed by staff, attending SHSCT Keyworkers and the registered manager. Records and notes are signed and dated by staff and where the service user has been involved they also sign and date the notes. The Registered manager reviews paperwork to ensure records are up to date.</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>The care records reviewed were compliant with the elements of this criterion.</p>	Compliant

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

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

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>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.</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. The area manager showed the inspector a revised statement that the organisation was adding to their policy on restrictive practice. This will provide further guidance for staff in the event that they have to intervene to secure the safety of a service user. 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.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>The examination of four care records and discussion with management, a staff member and fourteen service users provided evidence there was no restrictive practices within MindWise Portadown.</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>
---	---

Theme 2 – Management and Control of Operations	COMPLIANCE LEVEL
<p>Management systems and arrangements are in place that support and promote the delivery of quality care services. Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</p>	
<p>Regulation 20 (1) which states: 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 - (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: 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>Management arrangements and the structure in operation defines accountability, roles and responsibilities. Both staff members are suitably qualified, trained and skilled to be in charge in the absence of the manager. Qualifications and experience are considered during the recruitment process. Mandatory training is provided in line with the organisational training matrix and each member of staff completes an induction workbook. An Induction competency checklist form is completed for each new member of staff.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>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. The management structure is clearly set out in the centre’s statement of purpose. 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. 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. However management are requested to review their staffing levels to ensure they can meet the needs of all of the service users accommodated in the centre. Discussion was held in regard to a risk assessment pertaining to an identified service user. The record indicated the days the service user could attend the centre was dependent on two staff being available in the centre. It is the inspector’s view that when a service</p>	<p>Moving towards compliance</p>

<p>user has been assessed as requiring day care and the centre has agreed to provide that service then the agreed service must be provided. It was noted that staff were informing the service user that if two staff were not available they could not attend. The registered manager should confirm that the risk assessment is reviewed with immediate effect and suitable arrangements are in place to meet the service user’s identified needs. A multi -disciplinary review should be held and the risks identified should be agreed along with strategies to manage the identified risks. Prior to admission the registered manager must review the prospective service user’s assessment of need and ascertain if the centre can meet the identified needs. A requirement is made in this regard. Discussion with a staff member demonstrated that they were fully familiar with their role and responsibilities regarding the management arrangements of the day care setting. The staff member consulted expressed that they were supported in their roles through regular supervision, appraisal and staff meetings.</p> <p>It was concerning to note that during the manager extended leave there were gaps in the monthly monitoring visits reports. The inspector concluded the arrangements in place in the absence of the registered manager were not suitable to manage this day care setting. This was evident in the management of complaint, the increased numbers of volunteers. Whilst it is acknowledged that since the area manager took up post in June 2014 monthly visits have been undertaken the requirement made during the previous inspection in regard to Regulation 28 is restated.</p> <p>The inspector examined the professional registration, qualifications, experience and evidence of competence of the registered manager and this revealed the registered manager has the appropriate qualifications and experience. There was evidence that the registered manager and a staff member is registered with NISCC and there was evidence of continual professional development.</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>The registered manager provides regular formal and informal supervision to the service staff team. 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>	Substantially compliant

Inspection Findings:	COMPLIANCE LEVEL
<p>The organisation had systems in place for supervision and performance appraisal and a staff member consulted expressed the management team were very supportive. It was noted supervision was not provided in the absences of the manager. The organisation must ensure suitable arrangements are in place to support and monitor staff in the absences of the registered manager. A review of staff training revealed that mandatory training was up to date.</p>	Substantially 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 	COMPLIANCE LEVEL
Provider’s Self-Assessment:	
<p>Qualifications and experience are considered during the recruitment process in terms of how they best meet the needs of the service. Mandatory training is provided in line with the organisational training matrix and must be completed in order to complete induction. The learning and development policy advises staff and line managers of access to effective learning and development opportunities that meet their needs and those of the organisation.</p>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>The inspector examined records that confirmed the registered manager has suitable qualifications and experience to manage the day centre. The registered manager has recently returned from an extended period of leave and a staff member was designated to be in charge of the centre. There was evidence that a competency and capability assessment had been completed for the staff member. However it was concerning to note the arrangements to monitor the staff member’s competencies during the extended absences were not robust. A number of service users had been assigned as volunteers without any clear tasks and this had caused friction between services users and other members acting as volunteers. The role of service users becoming volunteers is an important aspect of their recovery however these procedures need to be reviewed. The registered person shall ensure that the day care setting is conducted so as to promote and make proper provision for the care and welfare of all service users. Mandatory training was found to be up to date.</p>	Substantially compliant

PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

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 two complaints for the year 2013. The complaints were resolved locally and to the satisfaction of the complainants.

Records viewed on the day were up to date and it was noted that one complaint had been made following a recent summer outing. The complaint related to a staff member and it was noted the organisation had responded appropriately and were investigating the issues identified during the complaint. The inspector spoke with the service user who had made the complaint and they confirmed that they were satisfied with the management of the complaint and the action taken. The investigation is on-going and management are requested to update the RQIA on the outcome of the investigation. Several service users requested to speak with the inspector to discuss the complaint however were advised the complaint was on-going and therefore could not be discussed. It was evident that the issue had created tension with the centre and several service users reported they no longer enjoyed attending the centre due to the atmosphere. Management are requested to ensure that the day care setting is conducted so as to promote and make proper provision for the care and welfare of all the service users.

Registered Manager Questionnaire

The registered manager submitted the 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 found that the information contained in the document was in keeping with the regulations. Management are requested to review the statement of purpose and ensure the centre only accommodates those service users who meet the admission criteria.

Service Users Views

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 fourteen service users to gather evidence for the standard inspected and the two themes. Service users related the benefits of attending the centre however it was evident there were issues between service users/volunteers that needed to be addressed. The organisation encourages service users with particular skills to become volunteers within their day centre. Mindwise view these volunteer arrangements as an important part of the recovery process. However over the past few months several new volunteers had been recruited without clear tasks and this was creating tension. Service users expressed that a few service users were destroying the centre and related they were now reluctant to attend. Clear procedures must be in place for this volunteering role and staff must ensure it does not impact on the day to day running of the day centre.

Environment

An inspection of the day centre was undertaken. All areas were found to be clean and fresh smelling. The inspector was concerned that the office had been moved downstairs into the general lounge area and it was evident that it was difficult to maintain confidentiality. Service users informed the inspector of different conversations they had overheard. Management must review these arrangements with immediate effect.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr James Hollywood, 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, Portadown

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 (registered manager/ person receiving feedback) 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	13 (1) (a)	The registered person shall ensure that the day care setting is conducted so as to promote and make proper provision for the care and welfare of service users.	Two	Reg. Manager has again reviewed the M/W "Day Care Resources - Staff to Service User Ratio" document and ascertained that staff levels are within the recommendations of this policy document. Reg. Manager will continue to promote recovery by ensuring monthly service user meetings take place; that individual client reviews for service users will take place annually and that staff receive their supervision sessions on a regular scheduled basis.	Immediately and ongoing
2	8 (a)	The registered manager must detail the arrangements made in regard to the office that promotes and ensures all information in regard to service users is confidential.	One	Office desk returned to 1 st Floor as requested on 31/10/14. All staff instructed that any phone calls and / or 1:1 meetings MUST take place in private at all times to ensure client confidentiality.	Immediately and ongoing

3	20 (1)	The responsible person/registered manager must review the staffing arrangements and detail the outcome of the review in the returned QIP.	One	<p>As previously stated in Item 1, Reg. Manager has again reviewed the M/W "Day Care Resources - Staff to Service User Ratio" document and ascertained that staff levels are within the recommendations of this policy document. This document is currently undergoing it's annual review and after the recent SHSCT Contracts meeting with M/W where staffing was discussed, a "M/W proposal document" is currently being developed.</p> <p>Also, Registered Manager along with Area Manager have reviewed the weekly Rota. It now includes provision that Reg. Manager to be working "On Site" Min. 2 x week and Area Manager 2 x month to support existing staff on duty in the service.</p>	Immediate and no later than December 2014
---	--------	---	-----	---	---

4	15 (a) (b) (c) (e)	<p>The registered manager should confirm;</p> <ul style="list-style-type: none"> a) the identified risk assessment has been reviewed and suitable arrangements are in place to meet the service user's assessed needs. b) a multi -disciplinary review has been held and the risks identified agreed along with strategies to manage the identified risks. c) the registered manager considers each assessment for perspective service users to ensure the centre can meet the identified needs. 	One	<p>Risk Assessment reviewed again with client and Trust Keyworker. It includes provision of set days for this individual complex needs client to visit the service. This will be arranged when client returns to the service. Meantime, regular in-house update discussions take place between service staff and the Trust Keyworker.</p> <p>The registered manager shall ensure the needs of the referrals accepted for the service can be met through the service provided and reviewed regularly via client reviews. Organisationally we aim to meet the needs of those at risk of or experiencing mental health needs, inclusive of Personality Disorder. Where learning and development gaps are identified, reviewed and required we will aim to resource these appropriately.</p>	Immediate and no later than December 2014
5	20 (2)	The responsible individual must ensure suitable arrangements are in place to supervise staff in the absence of the registered manager.	One	<p>Reg. Manager has now raised this serious issue both with Area Manager and also in the M/W Management Meeting on 1/10/14.</p> <p>Reg. Manager has been informed that from now on, a</p>	On-going from the date of inspection

				Contingency Plan will be implemented to ensure that "on site staff" will be supervised in the absence of the Reg. Manager.	
6	13 (b)	The responsible person/registered manager must confirm clear procedures are in place for the role of volunteering role and ensure it does not impact on the day to day running of the day centre.	One	<p>Reg. Manager along with M/W Volunteer Co-ordinator met Service Volunteers on 16/10/14. All received again their clear "Volunteer Roles" and reminded again of their individual and collective "rights and responsibilities" / acceptable behaviour when volunteering within the service.</p> <p>Reg. Manager has held service user meetings on both 6/10/14 and 5/11/14 to re-iterate everyones responsibility when visiting the service as a service user. These s.u. meetings will take place on a monthly basis.</p>	No later than December 2014
7	28 (4)	It is a requirement that monthly monitoring reports are consistently completed.	Two	Area Manager visits the service, mostly unannounced, to complete these monthly reports. July, Aug, Sept, Oct and Nov reports are available and a hardcopy is kept in a folder on site.	Ongoing from date of inspection

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	7.5	The registered manager should ensure the care records contain an entry for every five attendances for each service user.	One	<p>Staff are ensuring this takes place by updating relevant client records on a weekly basis.</p> <p>Reg. Manager is monitoring regularly to ensure this is taking place by monitoring individual client attendance records and reviewing client recorded notes.</p>	No later than December 31 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	Jimmy Hollywood
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	18/12/14
Further information requested from provider			