



The Regulation and
Quality Improvement
Authority

Inspector: Dermott Knox
Inspection ID: IN024131

Mindwise
RQIA ID: 11134
Portadown Resource Centre
36 Carleton Street
Portadown
BT62 3EP
Tel: 02838334434
Email: jimmy.hollywood@mindwisenv.org

**Unannounced Care Inspection
of
Mindwise**

4 February 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 4 February 2016 from 10.30 to 15.30. Overall on the day of the inspection the day care setting was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007 and The Day Care Settings Minimum Standards 2012.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total Number of Requirements and Recommendations Made at this Inspection	2	2

The details of the QIP within this report were discussed with the manager, Mr James Hollywood, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mindwise/ Edward George Alexander Gorringe	Registered Manager: Mr James Hollywood
Person in Charge of the Day Care Setting at the Time of Inspection: Mr James Hollywood	Date Manager Registered: 5 October 2012
Number of Service Users Accommodated on Day of Inspection: 8	Number of Registered Places: 20

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support.

Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the day care setting.

4. Methods/Process

Prior to inspection the following records were analysed:

- Record of notifications of events
- Record of complaints
- Quality Improvement Plan from the previous inspection on 26 May 2015

During the inspection the inspector met with:

- Two service users individually and two others in group settings
- The registered manager
- One care staff

The following records were examined during the inspection:

- File records for three service users, including care plans and review reports
- Progress notes for three service users
- Monthly monitoring reports for the last three months in 2015
- Record of complaints, containing three entries since the previous inspection
- The statement of purpose
- Minutes of two service user meetings
- Minutes of two staff meetings
- Staff training records
- Staff supervision records
- Annual appraisal records for one care staff
- A competence and capability assessment for one care staff
- A sample of two written policy and procedures documents

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an unannounced care inspection dated 26 May 2015. The completed QIP was returned and approved by the care inspector.

Areas to follow up are set out below at 5.2 in the completed Quality Improvement Plan.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 16 (2) (b)	The registered manager must ensure a multi-disciplinary review has been organised to identify and update relevant risks and ensure there is a clear management plan in place to manage known risks.	Met
	Action taken as confirmed during the inspection: The manager demonstrated the operation of the risk records and management system which is kept on computer and stated that this was reviewed at least quarterly. Records were well detailed and up to date.	
Requirement 2 Ref: Regulation 20 (1) (a)	Management should ensure that suitably experienced staff is in charge of their day care settings in the absences of the registered manager.	Met
	Action taken as confirmed during the inspection: A record was examined of the competence assessment of a staff member who would be left in charge in the manager's absence. This provided the manager's recognition of the staff's competence and the staff member's acceptance of the responsibility.	
Requirement 3 Ref: Regulation 20 (1) (c) (i)	The registered manager must ensure that staff who are required to undertake management duties and on occasions work alone receive guidance and support that corresponds to their role and responsibilities.	Met
	Action taken as confirmed during the inspection: The manager confirmed that staff had been prepared for lone working and that there were protocols in place to check on any lone worker's safety. The Guardian 24 system is in place to support lone workers.	

Requirement 4 Ref: Regulation 13 (3)	The registered manager must consult with service users to ensure that activities provided are meaningful and service user led.	Met
	Action taken as confirmed during the inspection: Service users have been consulted regularly in scheduled meetings. A comprehensive activities plan has been introduced and this has built-in flexibility to take account of the variable numbers of service users attending the centre.	
Requirement 5 Ref: Regulation 26 (2) (d)	The registered manager must implement appropriate arrangements to ensure all parts of the day care setting are kept clean.	Met
	Action taken as confirmed during the inspection: There was a cleaning rota in place in order to structure the maintenance the centre. Daily cleaning schedules must be signed by staff when completed. The manager stated that a deep clean of the main communal areas had been completed in the week prior to this inspection.	
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 17.6	The statement of purpose should be revised to update changes in the staff team.	Partially Met
	Action taken as confirmed during the inspection: Work on the revision of the statement of purpose was in progress. The manager undertook to have agreed amendments in place in the near future and a further recommendation has been made in this regard.	

Number of Requirements:	0	Number of Recommendations:	1
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5.3 Standard 5: Care Plan - Where appropriate service users receive individual personal care and support

Mindwise Portadown Centre does not have any service users who have assessed needs for continence promotion and care. Service users' care plans addressed a wide range of issues of mental health, physical wellbeing, life-skills, safeguarding and motivation. In a sample of service users' records it was noted that assessment and care planning information was satisfactory with regard to the areas of need for which each person had been referred.

In discussions, service users conveyed their feelings of value for the centre and the service provided, although some misgivings were expressed about the levels of safety and security for

some in recent months. Two people spoke of their increased confidence now in the support provided and in the relationships between members of the groups who attend.

Facilities for service users were found to be clean and reasonably well maintained. A staff member confirmed that appropriate training for the work was provided and that an induction programme was in place for new staff. Service users confirmed that they had ready access to the facilities that they needed and that staff were competent in providing support in all aspects of the day care service. The care provided was judged to be safe.

Is Care Effective?

The needs of service users were clearly identified in written assessments and the care/support planning information provided clarity on the necessary actions by staff. Service users reported that care needs were met effectively within the centre. Appropriate staff training had been provided during 2015, including Safeguarding Vulnerable Adults, First Aid, Mental Health Awareness and Report Writing. Service users who met with the inspector expressed positive views on the help and support that they gained from the service.

Overall, there was satisfactory evidence of the effectiveness of care in response to the needs identified.

Is Care Compassionate?

Throughout the day of the inspection staff and service user interactions were observed and were judged to be professional, supportive and compassionate. Two service users engaged in individual discussions with the inspector and both confirmed that they felt positive about their attendance at the centre and the support that staff provides. Overall there was evidence of compassionate care being delivered in the practice setting, including the attention to privacy and dignity of each person.

Areas for Improvement

No areas for improvement were identified with regard to this standard.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the day care setting

Is Care Safe?

Discussions during the inspection confirmed that members generally felt safe and secure in the setting. There had been one incident during 2015 when a member was threatened by a non-member who entered the premises without permission. This incident had been investigated and representatives of the PSNI visited the centre to advise members on their personal safety. Systems were in place to ensure that risks to service users were assessed continually and managed appropriately. Two of the members' files examined during the inspection contained detailed risk management plans.

There was written and oral evidence to show that formal opportunities were being provided consistently for members to discuss a variety of matters with staff. Members' meetings were

held each month and the minutes of these were satisfactory. A members' meeting was scheduled and held on the day of this inspection. The inspector was invited by the manager to attend, but declined.

Is Care Effective?

Service users spoke positively about the staff and the manager in the centre, typical comments being:

- "We enjoy the company here and the activities."
- "The staff are helpful and always make time for you."
- "I'm very happy coming here. If it wasn't for here I'd probably be in hospital."

Records of reviews of members' care plans indicated that they and the referring agents were generally satisfied with the service provided. Staff presented as knowledgeable of the needs of service users and of methods of working with them. A number of the service users' reviews were overdue and the registered persons must ensure that these are scheduled and held at the earliest possible time and in compliance with regulations.

Monthly monitoring visits were carried out by the area manager and the reports of these visits were well detailed and addressed all of the matters required. It was evident that the area manager had spent considerable periods of time in the centre, particularly during the absence of the manager and was involved in both a members' meeting and a staff meeting. There had also been one change in the staffing complement of the centre in November 2015. Consistent staffing is clearly an important contributory factor in the effective operation of a care facility and there was evidence to indicate that this was improving.

Is Care Compassionate?

Throughout the day of the inspection the staff and service user interactions that were observed provided good evidence of caring and supportive relationships in operation. Two service users engaged in discussions with the inspector and provided evidence of compassionate and effective care being delivered within the day care setting. It was also clear from some of the creative decorating, artwork, photography and gardening activities that service users value the centre and the service and are committed to making significant contributions to it.

Number of Requirements:	1	Number of Recommendations:	0
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5.5 Additional Areas Examined

5.5.1 The Premises

Most of the communal areas of the premises had been deep cleaned in the week before this inspection and the standard of maintenance and décor was mostly good. Appearances were somewhat spoiled by the water staining on a number of ceiling tiles. The registered person must ensure that the premises are kept in a good state of repair and decoration.

5.5.2 Records

A number of records in service users' files omitted a date or a staff member's signature.

The registered manager should ensure that written records, specifically those for support plans and reviews are up to date, signed and dated by the person making the entry.

Number of Requirements:	1	Number of Recommendations:	1
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6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Jimmy Hollywood, Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to day.care@rqia.org.uk and assessed by the inspector.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 16(2)(b)</p> <p>Stated: First time</p> <p>To be Completed by: 31 March 2016</p>	<p>A number of the service users' reviews were overdue and the registered manager should ensure that these are scheduled and held at the earliest possible time and in compliance with regulations.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>A schedule of all review dates has been created and a number of outstanding reviews have already taken place. All remaining service users who have overdue reviews have been contacted and dates have been agreed for their review meeting.</p>
<p>Requirement 2</p> <p>Ref: Regulation 26(2)(b)</p> <p>Stated: First time</p> <p>To be Completed by: 31 March 2016</p>	<p>A number of ceiling tiles throughout the premises had unsightly water stains. The registered person must ensure that the premises are kept in a good state of repair and decoration.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>Landlord was emailed and a meeting took place on Fri 11th March 2016 on site. Landlord has acknowledged that the tiles need replacing and has ordered new replacements. However, he has an adjoining attached house which is undergoing major repairs to ensure rainwater doesn't leak into our property. He expects this work to be completed in 6 weeks after which Landlord intends to replace the tiles in our building.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 17.6</p> <p>Stated: Second time</p> <p>To be Completed by: 31 March 2016</p>	<p>Work on the revision of the statement of purpose was in progress and this should be completed by the end of March 2016 and a copy sent to RQIA (preferably electronically).</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>Revised Statement of Purpose has been completed and is attached along with this return.</p>
<p>Recommendation 2</p> <p>Ref: Standard 7.7</p> <p>Stated: First time</p> <p>To be Completed by: 31 March 2016</p>	<p>The registered manager should ensure that written records, specifically those for support plans and reviews are up to date, signed and dated by the person making the entry.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>Registered Manager has now scheduled the overdue client reviews and will ensure that the all client support plans and reviews will be signed and dated by the staff member facilitating each meeting.</p>

Registered Manager Completing QIP	Jimmy Hollywood	Date Completed	11/3/16
Registered Person Approving QIP	Edward Gorringe	Date Approved	21/3/16
RQIA Inspector Assessing Response	Dermott Knox	Date Approved	22/3/16

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

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.