

# Unannounced Care Inspection Report 17 November 2016



## MindWise

Type of service: Day Care Setting

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Inspector: Priscilla Clayton

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of MindWise took place on 17 November 2016 from 10.00 to 13.45 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the day care setting was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

There was good supporting evidence that care provided was safe within the centre. Staffing levels were reported as being satisfactory in meeting the needs of service users, mandatory staff training was provided with records retained, staff induction programmes were retained and positive feedback received from service users and staff in respect of care provided.

One requirement was restated from the previous inspection dated 04 February 2016 as the ceiling tiles have not been replaced.

### **Is care effective?**

Care records examined reflected comprehensive needs assessments, person centred support care plans, review, progress notes and evidence of multi-professional collaboration in planned care, Good modes of communication were reflected within staff and service user meetings, information displayed and positive feedback from service users and staff during discussions held and in satisfaction questionnaires returned to RQIA

No requirements or recommendations were made for improvement.

### **Is care compassionate?**

The inspection of records, observation of practice and discussions with staff and service users confirmed that service users were being treated with compassion, dignity and respect. Staff were observed listening and responding to service users, seeking their views and communicating with them in a supportive caring manner. Core values were reflected within the statement of purpose, service user guide and care records examined.

No requirements or recommendations were made for improvement.

### **Is the service well led?**

There was supporting evidence that the service was well led with effective systems and processes in place for the management of the setting. Discussions with staff, service users' regarding management arrangements confirmed that they were kept fully informed. Staff were knowledgeable in regard to their role and responsibilities and documentation inspected provided information on the arrangements in place to promote minimum standards of care and quality improvement in the setting

Two recommendations made related to completion of competency and capability assessments of persons left in charge when the manager is out of the centre and ensuring that complaints records reflect full detail of investigation.

This inspection was underpinned by The Day Care Settings Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards 2012.

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Jana Kordova, community support worker, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

### 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent care inspection undertaken on 4 February 2016.

### 2.0 Service details

<b>Registered organization / registered person:</b> MindWise / Edward George Alexander Gorringe	<b>Registered manager:</b> James Hollywood
<b>Person in charge of the service at the time of inspection:</b> Jana Kordova, mental health community support worker.	<b>Date manager registered:</b> 5 October 2012

### 3.0 Methods/processes

Prior to inspection we analysed the following records:

- Previous care inspection report/QIP dated 4 February 2016
- Correspondence

The inspector spoke with three service users and two care staff.

Fifteen satisfaction questionnaires were provided for equal distribution to service users, representatives and staff. Six questionnaires were completed and returned to RQIA within the timescale.

The following records were examined during the inspection:

- Statement of purpose
- Service user guide
- RQIA registration certificate
- Staff supervision/appraisal
- Accidents/incidents
- Complaints
- Staff training
- Three care records
- Staff duty roster
- Therapeutic activities
- Policies/procedures relating to this inspection
- Staff meetings
- Service user meetings
- Monthly monitoring visits

An inspection of the internal environment of the centre was undertaken.

#### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the last care inspection dated 4 February 2016.

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 16(2)(b) <b>Stated:</b> First time	<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><b>Action taken as confirmed during the inspection:</b>            Records of service users' reviews held provided evidence that these were now up to date.</p>	<b>Met</b>
<b>Requirement 2</b> <b>Ref:</b> Regulation 26(2)(b) <b>Stated:</b> First time	<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><b>Action taken as confirmed during the inspection:</b>            Ceiling tiles had not been replaced as required. A supply of replacement tiles had been delivered to the centre with the intention to commence work within the near future.</p>	<b>Not Met</b>

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 17.6 <b>Stated:</b> Second time	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).	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the centre's statement of purpose evidenced that review was undertaken.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 7.7 <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of care records evidenced that care support plans were current, signed and dated.	

#### 4.2 Is care safe?

Discussion with the care support worker in charge confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Day Care Setting Regulations (Northern Ireland) 2007 and that all new staff recruitment records were held off site at MindWise head office. The manager confirmed that all necessary checks were completed prior to any new staff member commencing service. Written verification of compliance with Regulation 26 of The Day Care Setting (Northern Ireland) 2007 and Minimum Day Care Settings (2012) Standard 20 was forwarded from the registered manager to RQIA following the inspection.

The centre had a policy and procedure on selection and recruitment of staff dated May 2016. This policy was considered to be comprehensive with reference made to Access NI clearance before employment commences.

The support worker in charge of the centre explained that the current staffing levels, as shown within the staff duty roster, were satisfactory in meeting the assessed needs of service users, taking into account the size and layout of the premises, fire safety requirements and the statement of purpose for the setting.

Induction programmes for new staff appointed were in place. The support worker in charge confirmed that an induction programme can take up to six months with regular support and supervision provided by the mentor. Mandatory training was included in the programme. Review of the programme for one staff member showed these were signed off by the staff member and mentor.

Discussion with staff and a review of records confirmed that mandatory training, supervision (monthly) and annual appraisal was provided. This was also confirmed by staff during discussions and in one completed staff questionnaire returned to RQIA following the inspection.

Records of mandatory training reviewed evidenced that staff training was provided and included a record of staff in attendance. Additional professional development training had also been provided.

Discussion with the support worker in charge and staff alongside examination of records confirmed that no accident/incidents or safeguarding issues or allegations had been reported since the previous inspection.

Discussion with the care support worker in charge confirmed that they were aware of the new Department of Health (DOH) regional policy entitled Adult Safeguarding Prevention and Protection in Partnership (2015) and that MindWise was reviewing their policy and procedure in keeping with the new policy. The inclusion of the identified “champion” for safeguarding within the organisation is to be included. Staff who spoke with the inspector demonstrated knowledge and understanding of adult safeguarding principles and were aware of their obligations in relation to reporting any concerns about poor practice and whistleblowing. Staff up-date training in safeguarding of vulnerable adults took place on 27 October 2016. The centre’s whistle blowing policy, dated November 2014, was readily available to staff.

The acting manager and staff confirmed that restraint was not used in the setting. There was no visible evidence of restraint in use.

A review of the policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS). Staff training records evidenced that training in challenging behaviour took place on 1 November 2016.

The internal environment was observed to be clean, tidy, organised, fresh smelling and appropriately heated. One requirement was restated from the previous inspection as the replacement of stained ceiling tiles had not been replaced. Tiles had been delivered to the centre with work planned to commence within the near future.

Fire doors were closed and fire exits free from obstruction. Records of training showed that fire safety was provided on 15 April 2016. The fire risk assessment and associated fire equipment checks will be examined by RQIA estates inspector during the announced forthcoming inspection in January 2017.

Service users who met with the inspector stated that the care provided was really good and they enjoyed meeting up with friends and appreciated the support provided by staff. One concern raised by service users related to the forthcoming planned closure of the centre. They expressed great disappointment and did not know if they would receive the support they required within the relocated “hub” in Banbridge. Concern was also expressed in regard to the associated travel difficulties as no planned transport by MindWise would be provided.

The support worker in charge advised that meetings and ongoing discussions with service users was taking place to ensure they were kept fully informed about the forthcoming closure plan and how support would be available.

Analysis of responses from five service users in questionnaires returned to RQIA following the inspection rated the care provided as “very good”. No issues or concerns were recorded within the “Is care safe?” domain.

One of the five staff questionnaires provided for distribution was completed and returned to RQIA within the timescale. The domain of “Is care safe?” was rated by the respondent as “very good”. Comment made by the respondent in respect of this domain included:

- “Bank staff does not receive supervision in accordance with policy and procedure”.
- “The manager is on hand and I can contact him regarding any concerns and discuss any needs.”

### Areas for improvement

One requirement made at the previous care inspection was restated for a second. This related to replacement of water stained ceiling tiles.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	0
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### 4.3 Is care effective?

The setting’s statement of purpose and service user guide was in place. The statement of purpose, dated February 2016, had been reviewed and revised to include new management arrangements. A copy was submitted to RQIA following the previous care inspection.

A review of three care support records confirmed that these were being maintained in line with regulation and standards. The support worker confirmed that each service user had an individual care record file containing all the required documents. Three care records examined contained up to date assessment of needs, life history, risk assessments, individualised support plans, review and daily/regular statements of health and well-being of the service user. Care records also reflected the multi-professional input into the service users’ health and social care needs, and were found to be updated regularly to reflect the changing needs of the service user. Records of review reports examined showed that service users participated in review meetings.

Care records were stored safely and securely in line with data protection.

There was evidence of good modes of communication and information sharing between service users, staff and other stakeholders. These included for example, monthly service user and three monthly staff meetings, care reviews, user friendly information displayed including “how to complain” and daily planned activities.

The care support worker explained that monthly monitoring visits made on behalf of the registered provider were undertaken and recorded each month. Monitoring reports were noted to be in compliance with Regulation 28 of the Day Care Setting Regulations (2007). Hard copies of reports were readily available to RQIA, service users or representatives and SHSCT personnel.

The inspector met with service users in small group format. Service users confirmed they were very happy coming to the setting, liked the activities and appreciated the friendships made and support from staff. However, as stated within Section 4.2 of this report, service users explained they were very concerned, annoyed and disappointed with the proposed plans to close the day centre.

Analysis of responses from five service users and one staff in the questionnaires returned to RQIA following the inspection confirmed the care was effective and rated as “very good”.

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.4 Is care compassionate?

The care support worker in charge and staff confirmed that there was a culture/ethos within the setting that supported the values of dignity and respect; independence; rights; equality and diversity; choice and consent of service users. This was reflected within the statement of purpose, service user guide, care records and minutes of service user meetings.

There were a range of policies and procedures in place which supported the delivery of compassionate care.

Discussions with service users, confirmed that consent was sought in relation to their care and treatment. Observation of staff practice and interactions with service users demonstrated that they were treated with dignity and respect. Staff confirmed their awareness of promoting service user rights, independence and dignity.

Staff confirmed that service users were always listened to, valued and communicated with in an appropriate manner. Discussion with staff, service users, care records and observation confirmed that service users' needs were recognised. Requests from service users were responded to in a prompt and courteous manner by staff.

Five service user satisfaction questionnaires were completed and returned to RQIA following the inspection. Responses were all rated as "very good" in the "Is care compassionate?" domain.

One completed staff questionnaire was returned to RQIA within the timescale. The respondent rated the "Is care compassionate?" domain as "very good". Recorded comments made by the respondent included:

- "Improvements were not made in line with the views of service users".
- "Concern that the ceiling tiles were not replaced".
- "Service users are very upset that the centre is closing and they were being pushed out and their views not being heard".
- "The trust is telling service users what to do and they are not listening to what they actually want to do".

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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#### 4.5 Is the service well led?

James Hollywood, the registered manager, was out of the centre on duty in another centre where he is also registered manager. Jana Kordova, community mental health support worker, was in charge. Examination of the staff duty roster evidenced staff on duty each day and the manager's time spent in the centre.

Discussion with the support worker in charge identified that she had a very good understanding of her role and responsibilities in the daily management of the centre and The Day Care Setting Regulations (Northern Ireland) 2007 and Day Care Settings Minimum Standards (2012).

Discussion took place on the planned closure of the centre during March 2017. The type of service to be provided was unclear and discussions with service users and the commissioning trust were being held. The support worker in charge was advised to inform the registered that RQIA registration must be notified when the exact date of closure was known.

The centre's certificate of registration with RQIA was displayed in a prominent position.

There was a clear organisational structure within the centre and staff demonstrated awareness of their roles, responsibility and accountability. This information was outlined in the centre's statement of purpose and service user guide.

The care support worker and staff confirmed that the centre operated in accordance with the regulatory framework and that the health and social care needs of service users were met in accordance with the settings statement of purpose.

One recommendation made related to ensuring that competency and capability assessments are undertaken for any person left in charge of the centre when the manager is not present.

Staff meetings were being held on a three monthly basis with minutes recorded. Monthly staff meetings examined showed staff in attendance and range of topics discussed.

Individual staff supervisions were held monthly and annual appraisal provided with notes recorded and retained in the centre.

A wide range of policies and procedures were available to staff. These were being held electronically and in hard copy format. Staff confirmed they had direct access to policies and procedures.

Examination of complaints records showed that no complaints were received since the previous care inspection held on 4 February 2016. Complaints received during the period 1 April 2015 to 31 March 2016 were discussed with the support worker and records reviewed. Two of the three complainants were fully satisfied with no response received from the third complainant. One recommendation made related to ensuring that full details are recorded including investigation conducted. Review and revision of the template to record complaints is recommended. Information on "how to complain" was reflected within the statement of purpose and service user guide, and within complaints leaflets observed in the centre.

The care support worker in charge confirmed no accidents or incidents had occurred since the previous inspection. This was confirmed in records examined.

Audits undertaken were reflected within monthly monitoring reports; service user satisfaction; care records; accident/incident and complaints.

Five service user satisfaction questionnaires were completed and returned to RQIA following the inspection. Four respondents rated the “Is the service well led?” domain as “very good”. One respondent rated this domain as “could do better” and recorded: “This is not related to staff but the way MindWise is running at the moment”.

One completed staff questionnaire was returned to RQIA within the timescale. This respondent rated the “Is the service well led?” domain as “very good”. One comment made included: “Improvements were not made in line with the views of service users”.

### Areas for improvement

Two areas were identified for improvement. Firstly, review and revision of the complaints records is necessary to ensure that full details of investigation are recorded. Secondly, the undertaking of competency and capability assessments of any person in charge of the centre when the registered manager is not present.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	2
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Janna Kordova, community mental health support worker, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the day care setting. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Settings Regulations (Northern Ireland) 2007.

### 5.2 Recommendations

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

### 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

<b>Quality Improvement Plan</b>	
<b>Statutory requirements</b>	
<b>Requirement 1</b>  <b>Ref:</b> Regulation 16(2)(b)  <b>Stated:</b> Second time  <b>To be completed by:</b>  31 March 2017	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.  <b>Response by registered provider detailing the actions taken:</b> Landlord has replaced all the relevant ceiling tiles in December 2016.
<b>Recommendations</b>	
<b>Recommendation 1</b>  <b>Ref:</b> 23.3  <b>Stated:</b> First time  <b>To be completed by:</b> 28 February 2017	The registered provider should ensure that competency and capability assessments are undertaken for any person in charge of the centre when the manager is out of the premises.  <b>Response by registered provider detailing the actions taken:</b> The "Up To Date" Competency and Capability Assessment is now in the service, signed and dated by all relevant staff.
<b>Recommendation 2</b>  <b>Ref:</b> Standard 14.10  <b>Stated:</b> First time  <b>To be completed by:</b> 31 January 2017	The registered provider should ensure that full details are recorded within complaints records including full investigation conducted. Review and revision of the template to record complaints is recommended.  <b>Response by registered provider detailing the actions taken:</b> Details held in the service are for Complaints which have been resolved "in house." Where a Complaint has been escalated to Stage 1 - Stage 3, full details of any investigation are held at Head Office.

*\*Please ensure this document is completed in full and returned to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) from the authorised email address\**



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