



Mindwise
RQIA ID: 11134
Portadown Resource Centre
36 Carleton Street
Portadown
BT62 3EP

Inspector: Maire Marley
Inspection ID: IN022868

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**Unannounced Care Inspection
of
Mindwise**

26 May 2015

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 26 May 2015 from 10.30am to 3.00pm. 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, 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	5	1

The details of the QIP within this report were discussed with the Fiona McArdle as part of the inspection process. Feed- back on the findings of the inspection was provided to the registered manager and monitoring officer by telephone following the inspection. The timescales for completion commence from the date of inspection. Following the inspection a meeting was organised with the registered manager and area manager to seek assurances regarding identified improvements.

2. Service Details

Registered Organisation: Mindwise Registered Person: Edward George Alexander Gorringe	Registered Manager: Mr James Hollywood
Person in charge of the agency at the time of Inspection: Fiona McArdle	Date Manager Registered: 18 August 2012
Number of service users in receipt of a service on the day of Inspection: 9	

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 standard and theme has been met:

Theme 1; The number and ratio of management and care staff on duty at all times meet the care needs of service users.

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

Specific methods/processes used in this inspection include the following:

- discussion with person in charge of day centre
- discussion with service users
- discussion with a staff member
- review of care records
- observation during an inspection of the premises
- evaluation and feedback

Prior to inspection the following records were analysed:

- the previous care inspection report and returned Quality Improvement Plan (QIP)
- notifiable events submitted since the previous care inspection
- written and verbal communication received since the previous care inspection
- review of duty records

At the commencement of the inspection a poster was displayed informing members and representatives that an RQIA inspection was taking place and inviting service users to speak with the inspector to provide their views.

During the inspection the inspector met with eight of the service users, and two members of staff.

The following records were examined during the inspection:

- the statement of purpose
- the service user guide
- monthly monitoring reports completed from August 14- March 15
- minutes of service users meetings
- staff meetings
- staff duty rotas
- staff training records
- staff supervision history
- selected policies and procedures
- five care records
- accident and incident records
- record of complaints and investigations.

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 30 September 2014. The completed QIP was returned and approved by the inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 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.	Met
	Action taken as confirmed during the inspection: RQIA viewed the action taken by the registered manager. There was a range of improvements noted that included the following evidence: <ul style="list-style-type: none"> • monthly service users meetings, • annual reviews • induction training • mandatory training • formal supervision. • arrangements to protect service user confidentiality 	
Requirement 2 Ref: Regulation 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.	Met
	Action taken as confirmed during the inspection: The office accommodation had been reviewed and suitable arrangements were in place to ensure confidentiality of information.	

<p>Requirement 3</p> <p>Ref: Regulation 20 (1)</p>	<p>The responsible person/registered manager must review the staffing arrangements and detail the outcome of the review in the returned QIP.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that staffing levels had been reviewed as requested. The duty roster examined for a two month period confirmed that generally two staff members were present each day. On the day of this inspection the number of staff on duty was sufficient to meet the needs of the service users accommodated.</p>		
<p>Requirement 4</p> <p>Ref: Regulation 15 (a) (b) (c) (e)</p>	<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. 	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Records examined confirmed the identified risk assessment had been reviewed with the multi-disciplinary team and agreement reached. The registered manager confirmed in the returned QIP that assessments for perspective service users are considered to ensure the centre can meet their assessed needs.</p>		
<p>Requirement 5</p> <p>Ref: Regulation 20 (2)</p>	<p>The responsible individual must ensure suitable arrangements are in place to supervise staff in the absence of the registered manager.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The records viewed on the day confirmed that staff were in receipt of formal regular supervision.</p>		

<p>Requirement 6</p> <p>Ref: Regulation 13 (b)</p>	<p>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.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Volunteer procedures were made available to the inspector were up to date. Discussion held with service users confirmed that the registered manager had discussed the role and responsibility of volunteers with them. The registered manager was working to improve the role and function of volunteers recruited internally from service users.</p>		
<p>Requirement 7</p> <p>Ref: Regulation 28 (4)</p>	<p>It is a requirement that monthly monitoring reports are consistently completed.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The monthly monitoring records reviewed confirmed that monitoring visits are completed in accordance with Regulation 28.</p>		
<p>Previous Inspection Recommendations</p>		<p>Validation of Compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 7.5</p>	<p>The registered manager should ensure the care records contain an entry for every five attendances for each service user.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The records viewed on the day contained the appropriate information.</p>		

Theme 1 – The number and ratio of management and care staff on duty at all times meet the care needs of service users.

Is Care Safe? (Quality of Life)

The duty roster for the previous two months was examined and indicated that the registered manager was in the centre at least two days per week. The registered manager also holds responsibility for an additional day care centre in Newry and is team leader for a housing service in Kilkeel. On the days the registered manager is absent from the centre the roster examined confirmed that in the main two staff were deployed in the centre, it was noted on occasions there was only one staff member on duty. Staff reported this had occurred when staff were absent due to sick leave and cover was not available. The organisation has a lone working policy and operates the Guardian system; staff were fully familiar with the policy in this regard. Due to the assessed needs of the service users who attend the centre management must ensure two staff are on duty at all times.

On the day of this inspection there were two staff on duty. The person in charge told the inspector that initially they had been employed through an agency and had been recruited in March 2015 by Mindwise for a permanent post. There was evidence this member of staff had completed their induction and a competency and capability assessment had been completed by the registered manager. The second member of staff was from one of the organisation's housing projects and was replacing a staff member who was on training. This member of staff had worked in the centre on three previous occasions and did not have an in-depth knowledge of the assessed needs of the service users. These arrangements did not provide assurances that staff with sufficient management experience was deployed in the centre.

Records viewed confirmed that the organisation had systems in place to provide staff with a wide range of training and staff on duty were in receipt of mandatory training. A lack of understanding and awareness of mental health conditions was evident in discussions with staff. One staff member told the inspector that they felt overwhelmed at times and unable to handle situations. Management 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.

A number of service users who attend the day care service have serious enduring mental illnesses and their mental health can fluctuate at times. Several service users reported they would not have confidence that staff possess the skills, knowledge or experience to support them if they were either in a crisis or needed support.

There was evidence that formal supervision arrangements and appraisals were in place.

Policies and procedures to protect and safeguard service users were available and staff reported that they had received training and were able to discuss how they would respond to any incidents witnessed or reported.

Discussions with eight service users, two members of staff, and general observations concluded that improvements are required to ensure that safe care is delivered in this day care setting. Management must ensure that suitably experienced staff are in charge of their day care settings in the absences of the registered manager. A requirement is made in this regard.

Is Care Effective? (Quality of Management)

There was a range of policies and procedures relating to assessment, care planning and review along with associated guidance and information that is easily accessible to staff. On the day of inspection the staff member was familiar with the Client Pathway Policy and Procedure and could discuss the associated client toolkit used for service users who avail of the services.

Four service users' care records examined found that assessments and risk assessments were completed by staff, and there was evidence of input from the multi-disciplinary team. Records viewed were signed and dated appropriately and demonstrated service user involvement.

During the review of records there was evidence that service users on occasions can present to be at risk to themselves. When these situations develop, they need staff to be knowledgeable and to respond in a sensitive, non-judgemental manner. Discussions with service users conclude this was not always the case.

Care records relating to an identified service user were discussed with staff, it was noted that this service user had recently returned to the centre following a serious self-harm incident. There was no evidence that a review of the identified risks had taken place or that consideration had been afforded to how the known risks would be managed to minimise the risk to the service user's health and safety. In a telephone discussion with the registered manager he reported that he had contacted the relevant community keyworkers and was awaiting a reply. The need for an urgent review of the identified risks was reinforced. Issues raised, in consultation with one service user, were discussed with the staff member in charge.

The statement of purpose for this day care setting was reviewed in September 2014. However it was noted there had been staff changes following this review and the document is in need of further revision to reflect the changes.

Is Care Compassionate? (Quality of Care)

The eight service users consulted during the inspection all thought that staff were caring and treated them in a respectful manner. One service user said "I always feel at ease with staff, you can call in at any time and there is always some-one to chat to, I have never met this staff member before but I'm chatting away". Another service user said "I have no complaints I just want to keep well and coming here helps me"

Despite service users reservations about the staff expertise the service users expressed that the staff on duty do their best and were always respectful and pleasant, all service users spoke of the importance of the centre, one reported it was somewhere to get respite from the caring role, another spoke of the centre being a motivator to get them out of bed. One service user stated "it was getting better here for a while but it has gone downhill again and if there was anywhere else I would go"

Discreet observations of care practices during the day found that service users were treated in a respectful manner. It was evident there was a negative atmosphere in the centre and some service users reported this was affecting their mental health as they worried about what would be happening each day.

It was good to note there are quiet rooms should a service users need to spend time alone or speak to staff or visiting professionals. This is important to service users with one service expressing "I like that I can talk in private if I want." During the inspection it was noted staff used these rooms to speak in private to individual service users.

Areas for Improvement

A review of one service user's file highlighted the need for a multi-disciplinary review to identify and update relevant risks and ensure there was a clear management plan in place to manage known risks. A requirement was made.

Management should ensure that suitably experienced staff are in charge of their day care settings in the absences of the registered manager. A requirement is restated in this regard.

Management 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.

The statement of purpose should be revised to update changes in the staff team. A recommendation is made.

Number of Requirements:	3	Number of Recommendations:	1
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5.3 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? (Quality of Life)

There was evidence that as an organisation, Mindwise promotes service user involvement and empowerment. A range of effective policies and procedures were available. Examples include Recovery strategy and action plan, Involving People: Consultation and Information Sharing Policy, Communication with Families, Involving People: Consultation and Information Sharing Policy. The need for policies to be reviewed every three years in accordance with the minimum standards is recommended as some policies were dated 2011.

A complaint procedure was available and appropriate records maintained of any complaints or expressions of dis-satisfaction received. The staff member in charge was fully familiar with the action to take in the event of a service user making a complaint.

Relevant policies regarding the protection of vulnerable adults from abuse and whistle blowing policies were available and there was evidence staff were in receipt of the required training.

Care records examined provided evidence that service users are encouraged to be involved in the planning of their care.

Within the centre there was evidence that staff seek the views of service users during monthly meetings which are held between the manager and service users. The agenda is recorded and the minutes of meetings examined included the initials of those who attended, summaries

of the topics discussed, areas identified for action and the outcomes of the action taken. Staff and service users reported that if service users were unable to attend the meetings staff provided them with feed-back on the meeting and the decisions reached. It was good to note that a representative from the SHSCT also attends the meetings.

Mindwise has a Service Advisory Group (SAG) in the Portadown and Craigavon area that hosts quarterly meetings. SAG consists of a range of agencies that have an interest in the development of the service and includes service user representatives. Two service users from the Portadown centre are represented on the group who meet to consider improvements and development of the overall organisation.

Information provided indicated that service users also have the opportunity to participate in having their voice heard at regional level as part of the Regional Management Committee for Northern Ireland however staff were unable to confirm if any service users from the Portadown centre attended these meetings. The organisation also supports a range of focus groups with a remit to consult and develop a variety of projects for Mindwise, all service users are encouraged to be involved.

Is Care Effective? (Quality of Management)

A range of information leaflets about the organisation was available in an upstairs lounge however service users consulted reported they had never been given the information. A review of the methods used to encourage services users to avail of this information should be undertaken.

The annual report completed for April 2014- March 2015 was reviewed and provided information on the number of service users consulted throughout the year and a synopsis of their comments. It was agreed that a copy of the annual report would be submitted to RQIA.

Several members consulted confirmed that they attended the service user's meetings, and confirmed they were encouraged to provide their views into the day to day running of the service.

There was evidence that review meetings were taking place and service users were encouraged to take part and actively contribute to the process. Records were maintained of community keyworkers visits and other forms of communication.

On the day of this inspection people who use the service had mixed views about how effective the service was in meeting their needs. Eight service users were consulted and they all spoke about how important the centre was for their well-being. However six service users reported that the centre did not provide meaningful activities and described the impact this had on their mental health. They also commented on the lack of staff experience and their ability to help them through their problems. One service user stated " staff don't seem to know their role, they lack confidence and are only interested in cleaning I would not feel comfortable talking to them about my mental health problems". Others stated "staff lack experience with mental health issues." Two service users expressed that staff were always upstairs in the office and in discussions with staff they confirmed that time was not allocated for office duties. The ongoing issues between service users featured in most conversations and had been identified in the previous inspection report. It is acknowledged that the management team are addressing

the issues however as previously stated they must ensure that the centre has suitably skilled and experienced staff to meet the assessed needs of service users who attend the centre.

It was observed that service users did not arrive until 11am or later, during the morning period some service users were observed taking part in a card game, one service user participated in a game of pool. At 12.45 pm five attenders went out for lunch and did not return until 2pm. During the afternoon, there was no evidence of planned activities and attenders left the centre at 2.30pm. A staff member reported that it was difficult to get service users involved in activities and that several activities had been tried with no success. However two service users reported that at times activities organised involved a cost and they can't always afford to pay these costs.

The centre's statement of purpose infers that the centre can meet the needs of people with severe mental illness however these people also require support to enable them to retain or achieve progress with their recovery. A review of activities must be undertaken and should actively involve all service users.

Overall there was a lack of evidence to demonstrate that the day centre is always effective in meeting the needs of the service users who attend the centre. One staff member commented that additional training was required to enable them to deal with the day to day issues that arose within the centre.

Is Care Compassionate? (Quality of Care)

Staff interaction with service users was discreetly observed at different intervals throughout the inspection period, and it was noted that staff addressed service users in a respectful caring manner. Staff and service users are on first names terms and all consulted stated this was their preferred choice. One staff member was observed interacting with a service user whom they had just met and it was obvious the interactions were caring and kind. This staff member gave the person time to respond to queries and communication was appropriate. Another staff member was observed spending time speaking to a service user in private as they required reassurance. It was evident staff delivered care in a compassionate manner.

Areas for Improvement

A review of activities must be undertaken and should actively involve all service users to ensure activities are meaningful and service user led.

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

5.4.1. Environment

The kitchen was observed to be clean and well organised. It was noted in one activity room that the carpet needed to be vacuumed and the furniture was dusty and in need of a clean. The bins in the washroom were full and had not been emptied over the long week-end. Staff reported that they are responsible for cleaning however it was evident from the times the day centre operates and the staff roster there is no time set aside for cleaning duties. Management need to review these arrangements.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Fiona McArdle person in charge 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 Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. 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.

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 agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/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 person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the agency.

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: Immediately and no later than 31 August 2015</p>	<p>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.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Area Manager and Registered Manager met Trust Team Leader and Trust Keyworker on Tues 23.6.15. As Client is in hospital at present, there is no date for a multi-team meeting. However, Trust acknowledged that all parties involved in Client's care should be invited to all meetings, including MindWise. Reg.Manager will be invited to a multi-team meeting as soon as a date have been arranged. Client's risk assessments and support plans will also be updated /reviewed following the multi disciplinary meeting.</p>
<p>Requirement 2</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p> <p>To be Completed by: Immediately and no later than 31 August 2015</p>	<p>Management should ensure that suitably experienced staff are in charge of their day care settings in the absences of the registered manager.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Reg. Manager is scheduled to be in Portadown Service 2 - 3 days per week. New opening hours come into affect Mon 6th July 2015 where Mon, Tues, Thur and Fri hours will be extended while Wednesday will be closed. Staff A (CMHW 9 hours) has 14 months Volunteering with MindWise prior to recruitment in this post; Degree in Adult Psychiatry (2007) obtained in Slovakia between 1999 - 2007; qualified as a Medical Doctor in 1999. Staff B (CMHW 22.50hrs) has 3 years experience working as a community care/ Support/ Mental Health Worker prior to entry into MindWise post; registered with NISCC; "A" Level in Health and Social Care (C,C). Both staff members exceeded the essential criteria for the post and bring a wealth of experience to their role.</p>
<p>Requirement 3</p> <p>Ref: Regulation 20 (1) (c) (i)</p> <p>Stated: First time</p> <p>To be Completed by: 31 August 2015</p>	<p>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.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Both staff receive regular support from Reg.Manager on site supported by regular visits from M/W Area Manager. Reg.Manager is always contactable in other settings he is working and also directly via.his M/W mobile phone. Reg. Manager meets staff individually for supervision sessions each month and has handovers / support sessions when on duty in the service. Lone working is reduced to a minimum whenever possible but on occasions when staff are loneworking, Reg Manager is</p>

	contactable on M/W mobile phone and offers telephone guidance and support to the loneworking staff as required. When loneworker requires immediate managerial input, advice and support, they contact the Reg. Manager directly via. Reg. Managers M/W mobile phone. Area Manager/MindWise On Call Manager is also contactable by phone should additional support be needed or in cases where the registered manager is not available such as during annual leave.		
Requirement 4 Ref: Regulation 13 (3) Stated: First time To be Completed by: 31 August 2015	The registered manager must consult with service users to ensure that activities provided are meaningful and service user led.		
	Response by Registered Person(s) Detailing the Actions Taken: Monthly meetings with service users have been taking place in service 1 st Wed of each month to which all members are invited and encouraged to attend. Staff also have weekly meetings with clients on site to plan next weeks activities together. A recent "needs analysis" was conducted within the service and all service users were invited to put forward their views on the future of the service and how it can be adapted to suit their needs and those of future service users.		
Requirement 5 Ref: 26 (2) (d) Stated: First time To be Completed by: 31 August 2015	The registered manager must implement appropriate arrangements to ensure all parts of the day care setting are kept clean.		
	Response by Registered Person(s) Detailing the Actions Taken: Staff to ensure cleaning takes place daily and signed - cleaning schedules provided. Daily cleaning schedules have been developed since the inspection and staff sign these off as the cleaning is completed to ensure service is meeting the required standard of cleanliness.		
Recommendations			
Recommendation 1 Ref: Standard 17.6 Stated: First time To be Completed by: 31 August 2015	The statement of purpose should be revised to update changes in the staff team.		
	Response by Registered Person(s) Detailing the Actions Taken: Reg. Manager has updated statement of purpose as requested.		
Registered Manager Completing QIP	Jimmy Hollywood	Date Completed	23.6.15
Registered Person Approving QIP	Edward Gorringe	Date Approved	07.07.15
RQIA Inspector Assessing Response	Maire Marley	Date Approved	24 07 2015

Please ensure the QIP 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 agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.