



The **Regulation** and  
**Quality Improvement**  
Authority

## **Primary Announced Care Inspection**

<b>Name of Establishment:</b>	<b>MindWise, Banbridge</b>
<b>Establishment ID No:</b>	<b>11150</b>
<b>Date of Inspection:</b>	<b>19 September 2014</b>
<b>Inspector's Name:</b>	<b>Maire Marley</b>
<b>Inspection No:</b>	<b>20433</b>

**The Regulation And Quality Improvement Authority**  
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<b>Name of centre:</b>	Mindwise, Banbridge
<b>Address:</b>	33 Rathfriland Street Banbridge BT32 3LA
<b>Telephone number:</b>	(028) 4066 9402
<b>E mail address:</b>	joice.mathew@mindwisenv.org
<b>Registered organisation/ Registered provider:</b>	Mr Edwards George Alexander Gorringer (Registration Pending)
<b>Registered manager:</b>	Mr Joice Mathew
<b>Person in Charge of the centre at the time of inspection:</b>	Mr Joice Mathew
<b>Categories of care:</b>	RC-PH, RC-DE, RC-SI, RC-A, RC-MAX, RC-I, MAX
<b>Number of registered places:</b>	47
<b>Number of service users accommodated on day of inspection:</b>	14
<b>Date and type of previous inspection:</b>	6 November 2013 Primary Unannounced Inspection
<b>Date and time of inspection:</b>	19 September 2014 9.45am - 2.30pm
<b>Name of inspector:</b>	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	14
Staff	2
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	1	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:

<b>Guidance - Compliance Statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	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
<b>3 - Moving towards compliance</b>	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
<b>4 - Substantially Compliant</b>	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
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## **Profile of Service**

MindWise is a mental health charity working to help people affected by severe mental illness to recover a better quality of life.

In 2010 the company underwent changes to become an independent charity in Northern Ireland (the organisation was formerly known as Rethink) and consequently completed a variation to registration with the RQIA.

MindWise provides a wide range of services that includes advocacy, carer support, community support, employment and training, housing and day care services. There are several day care facilities throughout Northern Ireland.

The organisation's aim is to make a practical and positive difference by providing hope and empowerment through effective services, information and support to all those who experience severe mental illness and mental health difficulties.

The Banbridge Centre is a mid-terrace, two story property situated close to the centre of the town. The building is leased long term from a private landlord. The centre operates from 10.00am to 2.30pm Monday to Friday and can provide care for a maximum of twenty persons per day. Referrals and allocation of days are through the Trust with placements offered following an assessment of need.

## **Summary of Inspection**

This announced primary care inspection of MindWise Day Centre was undertaken by Maire Marley on 19 September 2014 between the hours of 9.45am and 2.30pm. The Registered Manager, Mr Joice Mathew 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 four recommendations made as a result of the previous inspection undertaken in November 2014 were examined. Observations and discussion demonstrated that the centre had responded positively to the requested improvements. 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
- Examination of a sample of service user individual file records including evidence of behaviour management and support assessments, complaint record, staff training record, individual staff records, incident and accidents records, evidence of service user consultation, monthly monitoring records; statement of purpose; service users guide and policies & procedures
- 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. Everyone commented positively about the quality of care provided and the support of the management team.

There was one questionnaire returned in time for inclusion in this report. The responses in the questionnaire and comments from staff consulted on the day reported satisfactory arrangements were in place with regard to supervision, staff training, staffing and management arrangements. Satisfaction was also reported in regard to responding to service users' behaviour; confidentiality and recording. Staff commented positively in regard to the quality of care provided and expressed; "we provide a very necessary service." A volunteer consulted spoke highly of the support and care provided by the staff team and described it as "an excellent service, I could not praise the staff enough for all they do".

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 eight service user to gather evidence for the standard inspected and the two themes. Service users related the benefits of attending the centre and it was evident that they were at ease in their environment. Service users were content with the service and related if they had any concerns or issues they would speak with the registered manager or staff. Several service users raised the issue of a decrease in the hours the centre opened. The hours were reduced due to funding arrangements and accepted that RQIA were not involved in the commissioning of services. Their issues were passed to the management team.

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

**Standard 7 - Individual service user records and reporting arrangements: Records are kept on each service user's situation, actions taken by staff and reports made to others.**

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

During the inspection the inspector noted that care records were securely stored and office desks were free of confidential information.

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

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 compliant in this standard.

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

MindWise has a policy and guidelines on the use of restrictive practices, which states that physical restraint should not form part of staffs' response to any member's presenting behaviours. The policy references the European Convention on Human Rights, Article 5, the Deprivation of Liberty Safeguards – Interim Guidance and the DHSSPS Guidance on Restraint and Seclusion.

Copies of the policies and guidance were available to the staff team for reference and it was evident staff were familiar with the documents.

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

The working atmosphere within the centre provided further evidence of the relaxed and encouraging methods in use to empower and facilitate service users in recovering greater control of their own short and longer term functioning. Service users consulted spoke of how attendance at the centre assisted them with developing confidence and provided structure to their day. They also spoke of gaining skills in daily living skills such as cooking.

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. It was evident in discussion with staff that they recognised the importance of approaching service users in a sensitive, supportive manner and were aware of individual signs that would indicate a service user was not feeling their "usual self".

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



Based on the evidence reviewed the inspector agreed with the provider's self-assessment and has assessed the centre as compliant in this theme.

## **Theme 2 - Management and control of operations: Management systems and arrangements are in place that support and promote the delivery of quality care services.**

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

The inspector was provided with evidence that the registered manager is registered with NISCC. Discussion centred on the registration of support workers and management reported that they hoped to have all staff registered in the near future.

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

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

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

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

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

### **Additional Areas Examined**

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

The inspector undertook a tour of the premises. It was noted the centre was storing furniture for the organisation's shop which is next door to the centre. It is recommended that these items are stored separately from the items belonging to the centre.

As a result of this inspection two requirements and a recommendation have been made. 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**

<b>No.</b>	<b>Minimum Standard Ref.</b>	<b>Recommendations</b>	<b>Action Taken - As Confirmed During This Inspection</b>	<b>Inspector's Validation Of Compliance</b>
1	15.4	Information for review should be developed further and include all aspects of day care for each service user.	There was evidence that the review format had been developed and referenced all aspects of day care.	Compliant
2	15.5	The monthly monitoring person should ensure that reviews are audited and follow-up action confirmed.	The inspector reviewed the monthly reports and found that the report commented on the audit of reviews. Any concerns were identified and the follow up action recorded.	Compliant
3	13.4	The manager should ensure that a competency and capability assessment is completed for any staff member who is responsible for the running of the centre in the absence of the manager. This should evidence training and knowledge of the centre's policy/procedure including reporting in keeping with the commissioning trust protocol/procedure.	There was evidence that competency and capability assessments had been completed in regard to staff designated to take responsibility for the centre in the absence of the manager. The assessment included the training undertaken.	Compliant
4	17.10	The monitoring inspection should include auditing of records to ensure compliance with the standards.	There was evidence available to confirm that the monthly reports included an audit of care records.	Compliant

<b>Standard 7 - Individual service user records and reporting arrangements:</b>  <b>Records are kept on each service user's situation, actions taken by staff and reports made to others.</b>	
<b>Criterion Assessed:</b> 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.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b> The MindWise Data Protection Policy 2013 governs data management within the service. The policy applies to all employees, casual workers, agency workers, volunteers, trustees and those processing data on behalf of MindWise. All service user's personal and confidential information is stored in a locked filing cabinet.	Compliant
<b>Inspection Findings:</b> 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.	Compliant
<b>Criterion Assessed:</b> 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.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b> Service users may request access to their file as per the Data Protection Policy 2013 and the Confidentiality and Information Sharing Policy. The right to request access to their file is included in the service user guide. Requests for access are recorded in the service but to date none have been received. Service users are provided with copies of support plans and reviews if desired,	Compliant

Inspection Findings:	COMPLIANCE LEVEL
<p>The inspector reviewed a sample of four individual service user records and the findings indicated that the records are maintained in compliance with Regulation 19 Schedule 4.</p> <p>Staff working in the centre revealed they were knowledgeable regarding consent and access to records commensurate with their role and responsibilities. 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. One service user commented that staff talked him through his support plan every two-three months. None of the service users who spoke with the inspector had ever requested a copy of their support plan, some expressed that they were not that interested and felt staff would inform them if there were any changes. The registered manager confirmed there had been no formal requests for care records.</p>	Compliant

<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<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"> <li>• Assessments of need (Standards 2 &amp; 4); care plans (Standard 5) and care reviews (Standard 15);</li> <li>• All personal care and support provided;</li> <li>• Changes in the service user's needs or behaviour and any action taken by staff;</li> <li>• Changes in objectives, expected outcomes and associated timeframes where relevant;</li> <li>• Changes in the service user's usual programme;</li> <li>• Unusual or changed circumstances that affect the service user and any action taken by staff;</li> <li>• Contact with the service user's representative about matters or concerns regarding the health and well-being of the service user;</li> <li>• Contact between the staff and primary health and social care services regarding the service user;</li> <li>• Records of medicines;</li> <li>• Incidents, accidents, or near misses occurring and action taken; and</li> <li>• The information, documents and other records set out in Appendix 1.</li> </ul>	
<b>Provider's Self-Assessment:</b>	
<p>Client's Initial assessment and care plan completed within one week of clients initial visit. Initially reviewed after six weeks, then annually unless circumstances change or the client requests a review. The service only provides support to service users.. All support is discussed in initial assessment, carried forward to the support plan and reviewed and monitored. Changes in the service user behaviour would be discussed with their key worker. If the behaviour warranted, we would complete an incident report which would be forwarded to the relevant agencies. Changes in objectives, expected outcomes and associated timeframes are recorded in the clients support plans and reviews. If there are any changes in the service user's usual program, this would be noted in the diary, their daily notes and their key worker would be informed. These procedures would also be followed should any unusual or change of circumstance that affect the service user occur and any action taken by staff would also be recorded. Contact with the service user's representative should there be any concerns would be immediate and recorded in the diary and daily notes. Records of medicines are included in the referral form but MindWise staff are not involved in the management or administration of medication. MindWise follows an incident and accident reporting management policy and procedure. We have incident and accident reporting forms which are held in the service. Once filled in they are forwarded to</p>	Compliant

appropriate agencies and our head office and a ten day review is undertaken as standard procedure.	
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>On the day of this inspection, the registered manager reported that the Client Pathway Toolkit was being introduced in the centre in accordance with MindWise procedures; these files when fully implemented will contain the criterion identified above. The registered manager reported that the documentation would be introduced for existing service users as their annual reviews are held. The inspector reviewed a total of four service user files. Contact with service user's representatives and professionals along with any visits to service users are recorded in individual service users' files. A daily record is completed for each member at least every five days of attendance and includes any contacts, changes in behaviour, activities participated and any incidents or accidents. The registered manager and staff confirmed there were no medicines administered in the centre. The files examined provided evidence that a review of the member's circumstances was undertaken annually.</p> <p>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 service was dependent on two staff being available in the centre. Records indicated that the service user had been contacted and informed he/she could not attend as the centre did not have two staff. It is the inspector's view that when a service user has been assessed as requiring day care and the centre has agreed to provide that service then the agreed service must be provided. 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 requirement is made in this regard. A multi-disciplinary review should be held and the risks identified should be agreed along with strategies to manage the identified risks.</p>	Working towards compliance

<b>Criterion Assessed:</b> 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.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b>	
When no recordable events occur, our daily notes for each service user would reflect this. An entry is made at least every five attendances.	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
Records viewed were up to date and it was noted that staff record changes in the service user's needs or behaviour and detail the action taken by staff.	Compliant
<b>Criterion Assessed:</b> 7.6 There is guidance for staff on matters that need to be reported or referrals made to: <ul style="list-style-type: none"> <li>• The registered manager;</li> <li>• The service user's representative;</li> <li>• The referral agent; and</li> <li>• Other relevant health or social care professionals.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b>	
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
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
The management team and a staff member consulted were fully familiar with issues that required to be reported to safe-guarding teams, representatives and other primary health care teams. The inspector viewed the policies and procedures pertaining to communication, confidentiality, consent, management of records, monitoring of records,	Compliant



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.	
<b>Criterion Assessed:</b> 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.	
<b>Provider's Self-Assessment:</b> All records are legible, accurate, up-to-date, signed and dated by the person making the entry and where service users have been involved they also sign the records. These are periodically reviewed and signed off by the registered manager. Support plans are signed by staff and the registered manager as well as the service user themselves.	Compliant
<b>Inspection Findings:</b> There was written evidence of the involvement by service users in agreeing and signing their records. There was evidence that the registered manager carried out regular checks on care files to ensure that they were accurate and up to date.	<b>COMPLIANCE LEVEL</b> Compliant

<b>PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

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

<b>Regulation 14 (5) which states:</b>	<b>COMPLIANCE LEVEL</b>
<b>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.</b>	
<b>Provider's Self-Assessment:</b>	
MindWise Restrictive Practice Policy Statement (2014) : MindWise does not support the use of restrictive practices, unless it can be evidenced that there is a need for this and all steps are taken to minimise effect. Staff work in such a way that supports Service Users to fully access their Human Rights. There have not been any occasions when service users have been subject to restraint within the service. All incidents involving intimidation or violence should be fully recorded and discussed in a debriefing meeting as soon as possible after the incident, the next available formal supervision session and the service user's review meeting.	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
The examination of four care records and discussion with management, a staff member and fourteen service users revealed there was no evidence to indicate there were any restrictive practices within MindWise Banbridge. The evidence examined indicated a person centred approach was adopted.	Compliant

<b>PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

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.</p> <p>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:</p> <p>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</p> <p>(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;</p> <p>Standard 17.1 which states:</p> <p>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</p>	
<p><b>Provider's Self Assessment:</b></p>	
<p>At all times, there are fully qualified and competent staff working in the resource centre. Staff attend regular mandatory training and receive regular supervision. All staff have completed a competency and capability assessment. There is a defined management structure for the Banbridge Resource centre. The staff job description clearly identifies lines of accountability, specific roles and details responsibilities for areas of activities. These are regularly reviewed.</p>	Compliant
<p><b>Inspection Findings:</b></p>	COMPLIANCE LEVEL
<p>The management structure is clearly set out in the centre's statement of purpose. The provider's self-assessment was verified through examination of the arrangements for staffing the centre, the training records, and selected other records, and discussion with staff and service users. Examination of the staffing rota, provided evidence that adequate staffing numbers were maintained in the day care setting. However a requirement is made in regard to staffing levels for an identified service user as detailed in 7.4. The management team and staff consulted reported that the staffing levels are sufficient to meet the needs of the service users in the day centre.</p>	Working towards compliance

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

<b>Regulation 21 (3) (b) which states:</b> <ul style="list-style-type: none"> <li>• (3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless –</li> <li>• (b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b>	
<p>The qualifications, training, experience and skills required for the job are detailed in the job description. Once employed staff undertake a detailed induction and training program. The training is continuously updated and ongoing. Staff also have an opportunity to source external career development training. In the annual appraisal, we review staff's knowledge, skills framework (KSF)</p>	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>Mindwise use the NHS Leadership Framework as part of the self-assessment and appraisal system for the management of staff. There was good evidence of supervision records in place for the registered manager and staff team. The manager is also responsible for the MindWise centre in Lurgan, along with a supported housing project. Staff expressed that the management team were very approachable and supportive and were available via telephone when not in the centre.</p>	Compliant
<b>PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant
<b>INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	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 one complaint for the year 2013. The record indicated the complaint was resolved locally and was verified during the examination of records examined on the day. The registered manager and staff were fully aware of the complaints procedure and the action to take should a service user express dissatisfaction with any aspect of the service.

### **Registered Manager Questionnaire**

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

### **Statement of Purpose**

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

### **Environment**

An inspection of the day centre was undertaken. All areas were found to be clean and fresh smelling. The items stored for the MindWise shop situated next door should be kept separate from the day centre items.

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mr Joice Mathew, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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

Enquiries relating to this report should be addressed to:

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





## Quality Improvement Plan

### Primary Announced Care Inspection

MindWise, Banbridge

19 September 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mr Joice Mathews during 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**

<b>No.</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
1	15 (e)	The registered manager shall not provide care or services to a service user unless the day care setting is appropriate to the service user's assessed needs.	One	With the introduction of MindWise's client pathways, a new health assessment form has been included with the referral form which will allow staff to assess the services suitability for the potential new client.	Immediate and ongoing
2	20 (1) (a)	The responsible person/registered manager must ensure there is sufficient staff on duty to meet the assessed needs of the service users accommodated in the centre.	One	The identified client wishes to attend two days per week, on these days the registered manager will ensure that there will be two staff on duty. The multidisciplinary meeting organized for 14/10/14 has been rearranged for 03/11/14 as the client was unwell and unable to attend. At this meeting the Support Plan and risk assessment will be reviewed and updated to show how we will meet the clients needs. This will include the information on staffing levels on the two stated days the client will be attending.	Immediate and on-going

**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	25.5	The registered manager should ensure items for the MindWise shop are stored separately from the day centre items.	One	The Registered Manager, staff and volunteers will partition the training room into two separate areas for the day centre and the storage of items for the shop.	No later than 30 November 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:

<b>Name of Registered Manager Completing Qip</b>	Joice Mathew
<b>Name of Responsible Person / Identified Responsible Person Approving Qip</b>	Edward Gorringer

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	M Marley	27 October 2014
Further information requested from provider			