

Unannounced Care Inspection Report

12 January 2017



MindWise

Type of service: Day Care Service
Address: 33 Rathfriland Street, Banbridge BT32 3LA
Tel no: 02840669402
Inspector: Priscilla Clayton

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of MindWise took place on 12 January 2017 from 10.00 to 15.00 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 evidence to confirm that the day centre provided safe care. This was gained from service users and staff who spoke with the inspector; records examined; associated policies/procedures reviewed; accident/incident records and staff training.

One recommendation made within the “Is care safe?” domain related to ensuring the manager’s working time is recorded within the staff duty roster and an indicator is made which shows the named staff member in charge when the manager is out of the centre.

Is care effective?

Evidence of the provision of effective care was gained from discussion with staff, service users, care records, minutes of service users’ meetings, minutes of staff meetings, audits conducted, monthly monitoring reports and responses within the centre’s annual quality report.

No requirements or recommendations for improvement were made in this domain.

Is care compassionate?

There was strong evidence that the care provided was compassionate. This was gained from observation of staff interactions with service users and discussions with staff and service users. Staff explained that there was a culture/ethos within the centre which supported core values as reflected within the centre’s service user guide and statement of purpose.

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

No requirements or recommendations were made in the “Is care compassionate?” domain.

Is the service well led?

There was evidence that the service was well led. There were systems and processes in place to support and promote the delivery of a quality service. There was evidence within records examined, including: internal quality audits undertaken; staff supervision/appraisal; staff meetings; staff mandatory training and professional development and positive feedback from staff and service users.

No requirements or recommendations were made in the “Is care compassionate?” domain.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Jacqueline McCaughey, acting manager, 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 inspection on 31 July 2016

2.0 Service details

Registered organisation/registered person: MindWise/Edward George Alexander Gorringer	Registered manager: Acting manager not registered with RQIA
Person in charge of the service at the time of inspection: Vanessa Murray (community mental health worker) until 12.00 Jacqueline McCaughey, manager (acting) 12.00 to 15.00 hours	Date manager registered: Manager working in an acting capacity.

3.0 Methods/processes

Prior to inspection we analysed the following records:

- Previous care inspection report and Quality Improvement Plan. (31 July 2016)
- Previous estates inspection report and QIP (22 November 2016)
- Correspondence

During the inspection the inspector met with the manager, nine service users and two community mental health workers.

The following records were examined during the inspection:

- RQIA registration certificate
- Statement of purpose
- Service user guide
- Indemnity insurance certificate (31 March 2016)
- Selection of policies and procedures, including those in respect of adult safeguarding, whistleblowing, restrictive practice, staff recruitment and selection, and infection prevention and control
- Competency and capability assessments
- Staff training
- Staff supervision and appraisal
- Service user meetings
- Audits/satisfaction survey
- Monthly monitoring visits
- Staff duty roster
- Care records x 3
- Complaints
- Accidents/incident

Fifteen questionnaires were given to the manager for distribution to staff (five), service users (five) and service user representatives (five). Five questionnaires were completed and returned to RQIA within the timescale, three from service users, one from staff and one from a relative. All responses were positive ranging from 'very satisfied' to 'satisfied'.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 22 November 2016

The most recent inspection of the service was an announced premises inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the estates inspector at the next estates inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 31 July 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 5.2 Stated: First time	The registered manager should ensure that the management of identified risks is further developed and clearly recorded in each service user support plan.	Met

	Action taken as confirmed during the inspection: Support plans and Identified risks were discussed with the manager. Two care care support plans selected reflected the outcome of risk assessments and measures in place to minimise the risk.	
Recommendation 2 Ref: Standard 4.3 Stated: First time	The registered manager should ensure each service user's risk assessment is signed by the service user, the responsible staff member and the registered manager.	Met
	Action taken as confirmed during the inspection: Risk assessments examined within three care records were dated and signed by the service user, staff member and manager.	
Recommendation 3 Ref: Standard 18.5 Stated: First time	The registered person should ensure that identified policies are reviewed every three years in accordance with the minimum standards.	Met
	Action taken as confirmed during the inspection: Policies on confidentiality, information sharing and communication with families had been reviewed, revised and incorporated into one current policy.	

4.3 Is care safe?

Discussion with the manager confirmed that staff employed were sufficiently qualified, competent and experienced to meet the assessed needs of service users in attendance. Staff who met with the inspector demonstrated good understanding of their roles and responsibilities in meeting the needs of service users and daily management of the centre.

Staff working in the centre each day, alongside hours worked, was recorded within the duty roster retained in the general office. One recommendation made related to ensuring that the manager's working time in the centre is recorded within the duty roster.

The manager and senior staff confirmed that an experienced community mental health worker would always be in charge when the manager is out of the centre and that competency and capability assessments were undertaken and recorded. Review of two assessments evidenced that these were comprehensive and signed by the manager and staff member. It was recommended that the staff member in charge when the manager is out of the centre is indicated within the staff duty roster.

The manager explained that staff recruitment and selection records were held within MindWise head office human resource department. The manager confirmed that any new appointments made were in keeping with the MindWise policy/procedures and employment regulation. As

records of recruitment and selection were not held within the centre, written confirmation of compliance with Regulation 21 Schedule 2 of The Day Care Regulations (2007) was requested and received from MindWise human resource department.

Induction records of two staff were reviewed and discussed. Records contained a comprehensive account of the factors to be achieved. Induction programmes were noted to be signed and dated by the staff member and mentor on successful achievement.

Electronic corporate policies and procedures on staff recruitment, appointment and induction of new staff were in place and available to staff.

Mandatory staff training was discussed with the manager and staff. Training provided included adult safeguarding and whistleblowing. Staff confirmed that mandatory training was ongoing alongside other professional development opportunities.

The manager confirmed that no safeguarding allegations were currently active and should any arise the correct procedure would be followed in accordance with MindWise policy/procedures and regulation. Records of staff training in the safeguarding showed that training was provided on a two yearly basis. The manager explained that staff refresher training in adult safeguarding and the new Department of Health (DOH) regional policy entitled "Prevention, Protection in Partnership" (April 2015) was planned for January 2017. The named safeguarding "champion" for the centre has been identified and the safeguarding policy reviewed and revised to reflect the DOH regional policy/procedure.

The manager and staff confirmed that no restrictive practice takes place in the centre. Electronic policies and procedures on restrictive practice were retained and available to all staff.

Necessary infection protection and control measures were in place with a good standard of hygiene observed throughout the centre: "seven step" hand hygiene notices were positioned at all wash hand basins; availability of disposable gloves and aprons; provision of staff training in infection, prevention and control; and availability of electronic trust policies/ procedures on infection prevention and control, dated June 2015.

An inspection of the centre was undertaken. All areas were observed to be clean, tidy, organised and appropriately heated and fresh smelling. COSHH substances were noted to be securely stored.

Two community mental health workers gave positive feedback in regard to the provision of safe care and confirmed that staff training, supervision, appraisal and staff meetings were provided. Staff also explained that there were good multi-professional working in the planning and monitoring of care.

Service users who met with the inspector indicated that attending the centre was essential to them and how the staff support and activities provided alongside meeting up with others was most effective in meeting their mental health needs. One service user explained they were uncertain of how the new arrangements would effect them in April 2017 with the planned change in the provision of a new service.

Satisfaction questionnaires completed and returned to RQIA reflected positive responses to the provision of safe care.No issues or concerns were recorded.

Areas for improvement:

One recommendation made related to the recording of the manager's duty time within the staff duty roster and an indicator made in regard to the named staff member in charge when the manager is not in the centre.

Number of requirements	0	Number of recommendations	1
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4.4 Is care effective?

Three service users' care records were provided for review by the inspector. These were found to be in line with legislation and minimum care standards including, for example, comprehensive needs assessments which were complemented with updated risk assessments; person centred care plans and regular records of the mental health and wellbeing of the service user. Records of reviews were in place which included participation of the service user. There was recorded evidence of multi-professional collaboration in planned care.

There were effective systems in place to promote effective communication between service users, staff and other stakeholders. This was evidenced within a number of sources including: discussions with staff and service users; care records examined; minutes of service users' meetings; minutes of staff meetings; information notices displayed on health and social care and photographs of various activities and social events.

Staff and service users confirmed that the modes of communication in use between the staff team, with service users/representatives and other stakeholders, were effective and that these were enhanced through the "open door" policy operated by the manager and senior staff.

Service users confirmed they were aware of whom to contact if they had any issues or concerns about the service.

The manager explained that the annual service user satisfaction survey had recently been completed with a report developed showing responses and action planned to meet identified areas for improvement. Review of the report showed that a wide range of indicators were used to seek the views of service users. Areas included were, for example: communication, staffing, feeling safe, staff support, food/nutrition, activities, peer support, health matters, social events and links with the community.

The outcome of the survey is to be shared with service users at their next meeting.

In addition to the centre's service user satisfaction survey a suggestion box is situated within the dining room.

Satisfaction questionnaires completed and returned to RQIA reflected positive responses in the provision of effective care. No issues or concerns were recorded.

Areas for improvement

No areas for improvement were identified within this domain.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

The manager explained that there was a culture/ethos within the centre 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 examined and minutes of service user meetings examined.

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

Observation of staff interactions with service users demonstrated that they treated service users with dignity and respect. Staff confirmed their awareness of promoting service user rights, independence and dignity.

Discussions with staff, service users, review of care records and observation of staff practice and interactions confirmed that service users' needs were acknowledged and recorded.

There was evidence that service users were enabled and supported to engage and participate in a range of meaningful activity.

Service users confirmed that they were consulted and felt very much involved about arrangements within their centre. Comments from staff and service users were very positive in regard to the service provided. No issues or concerns were raised or indicated.

Satisfaction questionnaires completed and returned to RQIA reflected positive responses in the provision of compassionate care.

Areas for improvement

No areas for improvement were identified within this domain.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

Jacqueline McCaughey, the acting manager of the centre is supported, at operational level, in her role by a mixed skill team of staff. The manager has also additional management responsibilities within MindWise and explained that she spends a minimum of at least one day each week in the centre and is always contactable by mobile telephone. Systems and processes for the daily management of the centre were in place and known by staff who are in charge when the manager is out of the centre. This was reflected within competency and capability assessments reviewed.

The centre's statement of purpose reflected the defined organisational and management structure including the lines of responsibility and accountability.

The centre's current RQIA registration certificate and liability insurance certificate (dated 31 March 2016) were both displayed in a prominent position within the centre.

The manager 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 centre's statement of purpose.

There was a range of electronic corporate policies and procedures available to guide and inform staff. Several policies and procedures were also held in hard copy format. Staff demonstrated awareness of policies including the policy and procedure on whistle blowing and adult safeguarding.

The manager explained that bi-annual internal quality audits are undertaken to ensure the service is consistent with the day care setting's corporate policies and procedures and DOH minimum care standards and regulations for day care settings. Examples of bi-annual audits undertaken included: staffing, care records/service user care plans, partnerships, information and staff development. When necessary action plans were developed to address issues arising.

In addition to bi-annual audits conducted, monthly audits of accidents/incidents and complaints are undertaken by the manager to establish trends/patterns, identify action plans and learning outcomes which are disseminated throughout the wider organisation.

Records of accidents/incidents were discussed with the manager who was aware of procedure in regard to notification to RQIA. The manager explained that any issues arising from the investigation of accidents or incidents would be addressed, and where necessary risk assessments undertaken with measures to minimise the risk reflected within support plans.

Recording and management of complaints were discussed with the manager. No complaints were received since the previous inspection. A notice on how to complain was displayed and information reflected within the statement of purpose and service user guide. Corporate policy/procedures on complaints management were available and known by staff who spoke with the inspector.

The manager and staff confirmed that annual staff appraisal and regular supervision was provided with records retained.

Staff meetings were held on a six to eight weekly basis with minutes recorded which included names of staff in attendance and discussions held. Staff confirmed that there was very good working relationships within the team and that the manager was responsive to any suggestions/comments raised.

Examinations of reports on the monthly monitoring visits made on behalf of the registered provider were available. These were observed to be in keeping with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Reports were available for service users, their representatives, staff, trust representatives and RQIA.

Satisfaction questionnaires completed and returned to RQIA reflected positive responses in the provision of a well led service. No issues or concerns were recorded.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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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 Jacqueline McCaughey, acting manager, 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 Setting 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 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.

Quality Improvement Plan

Recommendations

Recommendation 1

Ref: Standard 23.7

Stated: First time

To be completed by:
16 January 2016.

The registered provider should ensure that the manager's duty time is recorded within the duty roster and an indicator made in regard to the named staff member in charge when the manager is out of the centre.

Response by registered provider detailing the actions taken:

The duty roster is completed monthly and now includes the days the acting manager will be working in the service. On the days the acting manager is not in the service a star now indicates which member of staff is in charge in the manager's absence.

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



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