



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

**Mindwise**  
**RQIA ID: 11150**  
**33 Rathfriland Street**  
**Banbridge**  
**BT32 3LA**

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**Unannounced Care Inspection  
of  
Mindwise (11150)**

**31 July 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](http://www.rqia.org.uk)**

## 1. Summary of Inspection

An unannounced care inspection took place on 31 July 2015 from 10.00 am to 16.00 hours. Overall on the day of the inspection the Day Care Setting was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, 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
<b>Total number of requirements and recommendations made at this inspection</b>	0	3

The details of the QIP within this report were discussed with the registered manager Joice Mathew as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Mindwise/Edward George Alexander Gorringer	<b>Registered Manager:</b> Joice Mathew
<b>Person in Charge of the Day Care Setting at the Time of Inspection:</b> Vanessa Murray	<b>Date Manager Registered:</b> 5 February 2014
<b>Number of Service Users Accommodated on Day of Inspection:</b> 14	<b>Number of Registered Places:</b> 20

### 3. Inspection Focus

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

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

**Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care Setting**

### 4. Methods/Process

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

- discussion with the community mental health worker in charge of day centre
- discussion with seven service users
- discussion with a volunteer
- 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

At the commencement of the inspection, a poster was displayed in the day centre informing service users and their representatives that an inspection was taking place and inviting them to speak to the inspector and provide their views of the service.

The following records were examined during the inspection:

- the statement of purpose
- the service users guide
- monthly monitoring reports completed from March 2015 - July 2015
- minutes of service users meetings from March 2015 - July 2015
- staff meetings
- staff duty rotas
- staff training records
- dates of staff supervision
- selected policies and procedures
- four care records
- accident and incident records
- record of complaints and investigations
- requested information on complaints completed during the inspection

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an announced care inspection dated 19 September 2014. The completed QIP was returned and approved by the care inspector.

### 5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The registered manager confirmed that the referral information had been improved and considered prior to admission to ensure that the day centre can meet identified needs. No issues were identified on this occasion.	
<b>Requirement 2</b>  <b>Ref:</b> Regulation 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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The review of the duty roster confirmed sufficient staff were on duty to meet the identified needs of service users. Staff confirmed that staffing numbers was satisfactory and were maintained.	
Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 25.5	The registered manager should ensure items for the Mindwise shop are stored separately from the day centre items.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> On the day of inspection there was evidence that the storage facilities had been reviewed and improvements made. Items for the Mindwise shop were stored appropriately and no issues were identified on this inspection.	

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

#### **Is Care Safe?**

This inspection focused on the care records for four individual service users. Verbal consent to review care records was obtained from the four service users.

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.

There was evidence that each service user had a client needs and risk assessment in place along with the client support plan. Referral information was available.

#### **Is Care Effective?**

Four service users' care records were examined during this inspection. A client need and risk assessment was completed by staff, and contributed to a goal based support plan being devised by the key worker and agreed by the service user. The support plans in place set out what was important to service users and what they wanted to achieve from their attendance at the day centre.

Overall risk assessments reviewed were well recorded however it is recommended that the management of identified risks should be further developed and clearly recorded in each service user support plan. In addition, risk assessments should be signed by the service user, responsible staff member and the registered manager.

The support plans examined had been reviewed in consultation with the members. There was recorded evidence of service users signing to confirm they had been involved in discussions regarding their support plan and the review of the plan and were in agreement with it. Service users consulted confirmed they all attended their annual care reviews.

In the four care records examined, there was evidence that an entry is recorded for the service users' attendances.

Monthly monitoring of the service also includes an audit of care records identifying areas for improvement.

Records examined confirmed staff are in receipt of training regarding support planning. The staff member consulted expressed that supervision was provided regularly and focused on service users records, activities and individual services users, goals and plans.

#### **Is Care Compassionate?**

Staff interaction with service users were observed throughout the inspection period and presented evidence of a high level of compassionate care being delivered.

Service users consulted were very complimentary about the care and support they received when attending the day care service. They expressed that they were well supported and felt the staff team knew them well and treated them in a respectful manner.

The inspector had the opportunity to meet with a volunteer who had visited the centre in her capacity as a student nurse and was so impressed with the service she was volunteering during her summer holidays. This volunteer stated that the staff team treated everyone in a courteous helpful manner and there was a lovely welcoming atmosphere in the centre.

Staff presented as knowledgeable, experienced and compassionate and in discussions they reflected a person centred approach.

The overall assessment of this standard shows the quality of care to be compassionate, safe and effective.

### **Areas for Improvement**

Two areas for development were identified during this inspection. It was recommended that the management of identified risks should be further developed and clearly recorded in each service user support plan. In addition, each service user's risk assessment should be signed by the service user, the responsible staff member and the registered manager.

<b>Number of Requirements:</b>	<b>X</b>	<b>Number of Recommendations:</b>	<b>2</b>
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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?**

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 and Involving People and 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 and registered manager were 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 registered manager and service users. The agenda is recorded and minutes of meetings maintained.

Service users expressed that they felt safe in the day centre and were supported well by the staff team and each other. Support plans detailed the plan of care for each person and it was evident that the support plans promoted independence.

Service users consulted confirmed their views were listened to and they were encouraged and supported to provide their views into the day to day running of the service. Service users provided examples of how they influenced the decisions regarding the opening days and hours. This information was validated during the review of the record of meetings held.

In discussion with service users they confirmed there was sufficient staff to meet their needs and reported that they would feel comfortable speaking to the registered manager or any of the other staff should they have any concerns.

Staff reported that they were supported by management and that training provided enabled them to carry out their roles efficiently and effectively.

### **Is Care Effective**

It was evident that management and staff actively seek the views of service users on a monthly basis. An agenda is recorded and minutes of meetings included who attended and the topics discussed.

Minutes of service users' meetings held are displayed on the service users' notice board. The minutes of meetings reviewed indicated that service users were consulted and involved in the choice of activities, environment, complaints, staffing, menu, social outings and other topics of interest. These showed that staff were actively listening to service users.

The organisation had a number of methods to assess the quality of the service. A satisfaction survey had been issued to all service users in 2014 and the returned responses had been analysed and showed a high level of satisfaction with all areas. The responses from the survey were shared with service users and were available in the day centre.

The annual quality review report for 2014 was provided for examination and reported on a range of subjects in keeping with regulations.

During the morning period service users were observed preparing a healthy breakfast and it was evident from their banter that service users enjoyed assisting with the cooking and the cleaning tasks. In the afternoon some service users went for a walk and others were involved in general discussions. This showed that the service users' interests were respected and encouraged. Throughout the period of observations service users were observed chatting with each other and staff and there was a relaxed atmosphere. It was evident a good rapport had been established between service users and staff.

### **Is Care Compassionate?**

On arrival at the centre a service user made the inspector coffee and showed her around the centre. This service user was keen and proud of the work service users undertake when attending the centre and described the benefits of attending the centre and the important role it played in their recovery.

Five questionnaires were distributed on the day to service users and returned completed to the RQIA. The responses indicated that service users were very satisfied with all aspects of the care provided in the day care setting. All respondents confirmed that they were very satisfied that their views and opinions were sought about the quality of the service. Comments in one returned questionnaire stated:

- “The staff really work hard to make the centre a success”
- “I feel safe and secure here; this shows the effort the staff put into this. I have the usual complaint that since the hours were cut it is difficult for both staff and members”

Service users who spoke with the inspector confirmed that they felt well supported by staff in the service, comments provided regarding the staff team and attendance at the centre were very positive. A random selection of service users comments on the day include:

- “A really great place for me it helps to keep me well”
- “It’s somewhere I can come and meet friends”
- “If Mindwise wasn’t here I don’t know what we would do as Banbridge has nothing else to offer people like us ”
- “This place has really improved my life”
- “You know that some-one cares, and that is really important”
- “Lovely staff, all very helpful”
- “I look forward to coming here every day and try not to miss coming”
- “Staff are very helpful and they help me with forms and those things that make me anxious”
- “This is a member led centre we are involved in everything”

On the day of inspection the registered manager and a staff member met with the inspector and two questionnaires were distributed for staff to complete. The returned questionnaires indicated that staff were either very satisfied or satisfied with all aspects of the service.

Staff consulted on the day were knowledgeable about the arrangements for involving service users in both the development of their support plans and in the running of the service. There were no issues raised by staff who were enthusiastic regarding their work and it was obvious from observations that they had a good rapport with each other and service users.

### Areas for Improvement

Identified policies should be reviewed every three years in accordance with the minimum standards.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>1</b>
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## 5.4 Additional Areas Examined

### 5.4.1 Staffing

The staffing arrangements for a four week period were reviewed. It was noted that staffing levels were maintained in the day centre. The staff member on duty confirmed that the staffing was sufficient to meet the assessed needs of the service users.



### **5.4.2 Complaints and Compliments**

On the day of inspection the requested complaint return information was completed by the registered manager. The information showed there had been no complaints received in this day care setting for the year 01 April 2014 until 31 March 2015. This information was confirmed in discussion with a staff member and the review of the complaint records. A record of all compliments is maintained and comments viewed praised the staff team for the support and care provided.

### **5.4.3 Monthly Monitoring Visits**

The record of the monthly monitoring visits was examined for the period March 2015 - July 2015 and provided evidence that the setting is visited in accordance with regulations. The records viewed included the number of service users and staff consulted and their views regarding the service delivered. Overall the monthly monitoring reports were comprehensive and informative.

## **6. Quality Improvement Plan**

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Joice Mathew registered manager as part of the inspection process. The timescales commence from the date of inspection.

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

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

### **6.1 Statutory Requirements**

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

### **6.2 Recommendations**

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

### **6.3 Actions Taken by the Registered Manager/Registered Person**

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and

approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [day.care@rqia.org.uk](mailto: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 service. 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 service.

Quality Improvement Plan			
Recommendations			
<b>Recommendation 1</b>  <b>Ref:</b> Standard 5.2  <b>Stated:</b> First time  <b>To be Completed by:</b> 31 October 2015	The registered manager should ensure that the management of identified risks is further developed and clearly recorded in each service user support plan.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> As of the date of the inspection where a risk is identified, a risk management plan is completed which will be regularly reviewed and updated as and when required.		
<b>Recommendation 2</b>  <b>Ref:</b> Standard 4.3  <b>Stated:</b> First time  <b>To be Completed by:</b> 31 October 2015	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.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> As of the date of the inspection each risk assessment is now signed by the service user, responsible staff member and registered manager.		
<b>Recommendation 3</b>  <b>Ref:</b> Standard 18.5  <b>Stated:</b> First time  <b>To be Completed by:</b> 31 September 2015	The registered person should ensure that identified policies are reviewed every three years in accordance with the minimum standards.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> The Confidentiality and Information Sharing policy along with the Communication with Families policy are currently being reviewed and are being combined into one policy . The new policy is currently out for consultation . The new policy will be available on the staff website as soon as it has been signed off.		
<b>Registered Manager Completing QIP</b>		Joice Mathew	<b>Date Completed</b> 1/9/15
<b>Registered Person Approving QIP</b>		Edward Gorringer	<b>Date Approved</b> 8/9/15
<b>RQIA Inspector Assessing Response</b>		Maire Marley	<b>Date Approved</b> 10/9/15

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