

Unannounced Day Care Inspection Report 14 March 2017



MindWise

Type of service: Day Care Service
**Address: Ballydugan Industrial Estate, 2 Ballydugan Road,
Downpatrick, BT30 8HG**
Tel no: 02844617964
Inspector: Suzanne Cunningham

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Mindwise (Downpatrick) took place on 14 March 2017 from 10.00 to 15.45 (hours).

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

Is care safe?

The inspection of staff records, duty rotas, training; observations of the setting; discussions with service users and staff; and observations of care evidenced the care delivered was consistent with the settings statement of purpose.

The staff in Mindwise were observed responding to a range of service users' needs. The staffing levels on the day of the inspection were responsive to service user's needs, welfare and safety however; the staff rota revealed the staff numbers were not consistently maintained. The premises presented as safe on the day of the inspection.

Overall the inspection of "is care safe?" concluded the care delivered on the day of the inspection should be improved to ensure compliance with the minimum standards inspected. Four areas of improvement were identified, these were that each staff members individual record should evidence compliance with Regulation 21 Schedule 2 of The Day Care Regulations (2007) and must be available for inspection; a competency and capability assessment should be completed for staff who assume responsibility for the setting in the manager's absence; the settings staff rota should be improved; and an assessment of the staffing arrangements in this setting should be assessed to ensure there is enough staff on duty to meet the regulations and minimum standards.

Is care effective?

The inspection of two service users' individual care records; daily recording; activity plans, discussion with the service users; and staff concluded care was being delivered at the right time, in the right place, and with the good outcomes. Individual care needs had been assessed and outcomes were written into a plan. Review arrangements were in place to review the effectiveness and quality of care delivered to service users however, the recording of the reviews were identified for improvement.

Overall the inspection of "is care effective?" concluded the minimum standards inspected should be improved in the three areas identified. The written agreement record should be consistent with standard 3 and be available on each service users individual care record; service users care records should contain an assessment that describes their current needs, a current care plan that describes how the needs will be met and review minutes should evidence why decisions made will achieve the best outcome and should be signed; evidence of file audits should be available on each service user's individual record.

Is care compassionate?

The inspection of records, observations of practice and discussions with staff and service users revealed that service users were being treated with compassion, dignity and respect.

Furthermore they were encouraged by staff to be independent and involved in decisions affecting their care and support.

Overall the inspection of “is care compassionate?” concluded the minimum standards inspected were being met on the day of the inspection. No areas for improvement were identified regarding this domain.

Is the service well led?

The discussion with staff and service users regarding the management arrangements confirmed they were informed regarding the manager role and the staffs role and responsibilities. Documents and records such as monthly monitoring reports and evidence of staff support demonstrated there were arrangements in place to promote quality improvement in the setting. Inspection of the monthly monitoring records identified the frequency of visits and reporting was monthly.

Overall the inspection of “is care well led?” concluded the minimum standards inspected were being met on the day of the inspection. One area for improvement was identified, this related to increasing the frequency of supervision for all staff in the setting.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	6

Details of the Quality Improvement Plan (QIP) within this report were discussed with James (Jim) Darragh, registered 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 Premises inspection

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

2.0 Service details

Registered organisation/registered person: MindWise Edward George Alexander Gorringer	Registered manager: James Darragh
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Person in charge of the service at the time of inspection: James Darragh	Date manager registered: 22 September 2010
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3.0 Methods/processes

Prior to inspection following records were analysed:

- The registration details of the day centre
- Information and correspondence received from the registered manager and Mindwise
- Incident notifications which revealed no incidents had been notified to RQIA since the last care inspection on 15 October 2015
- Unannounced care inspection report 15 October 2015 which resulted in one requirement and the announced premises inspection report 3 February 2016 which resulted in three requirements.

During the inspection the inspector met with:

- The registered manager
- Two staff
- Five service users.

Questionnaires were given to the manager to distribute between service users, representatives and staff. Three were returned by service users, two by staff and four by relatives.

The following records were examined during the inspection:

- Two service users' care files including a sample of service users' daily records
- The complaint/issue of dissatisfaction record which had four entries recorded since 01 April 2015 until 31 March 2016
- A sample of incidents and accidents records from October 2015
- The minutes seven service user meetings held in 2016
- A sample of the team meeting minutes for May, August & November 2016 and January 2017
- Staff supervision dates for 2016 & 2017
- Two staff records
- Seven Monthly monitoring reports for September to December 2016 and January to March 2017
- Staff training information for 2016
- A sample of the weekly staff rota for December 2016 to February 2017
- A sample of the Fire safety records for 2016
- Statement of Purpose
- Service Users Guide.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 03 February 2016

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

4.2 Review of requirements and recommendations from the last Care inspection dated 15 October 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 24 Stated: First time	The registered manager must ensure the service complaint record is maintained and available for inspection; in this setting. The record must log all issues of dissatisfaction as well as complaints about this service. The record must evidence each complaint has been responded to; investigated and an outcome reached. When the outcome is reported to the complainant, the record should record if they are satisfied with the outcome and if not what action was taken or advice was given.	Met
	Action taken as confirmed during the inspection: The review of complaints recording and discussion with staff confirmed the complaints record had been improved as described above. An improved complaints record was available and up to date at the time of inspection.	

4.3 Is care safe?

Employment records of staff were held within the human resource department in Mindwise head office. The manager described that any new staff recruitment was in compliance with the Mindwise recruitment and selection policy procedures. The registered manager had maintained a staff file for each staff member and two were inspected. This revealed a record of recruitment and selection processes were not held within the centre. A requirement is made for written confirmation of compliance with Regulation 21 Schedule 2 of The Day Care Regulations (2007) to be available in the setting for inspection for each staff member.

On the day of the inspection the registered manager was not in the centre because he was also acting manager in another setting. In his absence, there was two staff working in the setting and neither staff had been formally allocated as in charge or identified as assuming

responsibility for the centre on the rota. Discussion revealed they were not aware of any arrangements in place in this regard. A competency and capability assessment was not completed for staff who may assume responsibility for the setting in the manager's absence. A recommendation is made to ensure this is in place which will provide assurance there is a capable and competent person in charge of the setting at all times.

The induction record for one staff member was reviewed and discussed with the staff. The induction checklist outlined the areas to be covered, furthermore discussion with staff evidenced that they completed a booklet that included reflection of their role and responsibility in the setting. The staff member on duty advised the inspector that their induction had been very lengthy and was satisfied this had prepared them for their role in the setting.

A review of the staff rota from December 2016 to February 2017 provided evidence that staffing arrangements were recorded, however they need to identify the appropriate number of staff that are on duty to undertake the roles and responsibilities required in the setting, this should include who is in charge of the setting in the managers absence. A recommendation is made to improve the settings staff rota in this regard.

The daily staffing numbers were discussed with the registered manager who said arrangements were subject to regular review to ensure the assessed needs of the service users accommodated in the centre were met. A lone worker assessment was also in place; however there was no policy or procedure available which verified when lone working was appropriate. Furthermore, the examination of the staff rota and service user numbers revealed one staff member had been working with 16 service users on their own. This arrangement should be reviewed to ensure it is safe. Discussion with staff on the day of the inspection and observation of service users attending identified some were independent and may only drop in for part of the day. Staff discussed when they were working alone they felt this was safe because it was more of a drop in service than day care but they did acknowledge this had not been assessed. A requirement is made for staffing to be assessed to ensure there is enough staff on duty to meet the regulations and minimum standards. The staffing arrangements must be appropriate in number, qualifications and skill to meet service users' needs and deliver their care plans, deliver person centred care and activities, and the number of staff on duty must maintain a safe environment for example a safe fire evacuation.

The attendance records were inspected and on some days the number of service users had exceeded 16 which is the number stated on their registration. Discussion revealed some service users recorded on the rota only received drop in support or telephone support. Advice was given to ensure the service user attendance record does not exceed registered numbers at any one time. Those service users who do not physically receive support to attend day centre organised activities or are not present in the setting should be recorded separately.

Staff training records examined confirmed that staff had received a range of training appropriate to the service and mandatory training in 2016. Examples were safeguarding of vulnerable adults (keeping adults safe), managing challenging behaviour, food safety, fire safety, health and safety, risk assessment, personal safety and personality disorder. The staff on duty identified training they had undertaken had supported them undertaking their role in the day care setting safely. The staff took an active part in the inspection and they were observed to be knowledgeable, aware of service users' needs and focussed on providing safe care in the setting.

The incident and accident records were sampled from the date of the last inspection. This revealed one incident that should have been reported to RQIA in compliance with regulation 29.

Examination of the incident recording and discussion with the manager revealed they were aware of their role and responsibility in this regard and this incident had occurred when the manager was covering another role. The recording revealed the incident had been recorded in full including action to prevent reoccurrence and planning to respond to the service user's needs. The incident was reported to RQIA retrospectively and since this another incident had been appropriately reported.

The discussions with staff revealed they were aware of their role in promoting and supporting service user's safety in the setting and in the community. They discussed identification and reporting of risks and adult safeguarding concerns which demonstrated they were aware of vulnerable adult concerns, identifying when to respond, how to respond and the procedure for reporting. They reported there were no current safeguarding concerns in the setting at the time of the inspection. The staff discussed the service users who attend the setting. They gave a clear description of their needs, how those needs will be met. They knew who may need additional time for support and to take part in activities. The staff described some service users were independent and opt into activities they want to take part in but may not stay for the whole day, they were clear these service users are able to stay in the setting if they want to and can access staff support if they choose to.

The day centre had moved to a new location since the last inspection. They had a range of fire protection measures in place which included equipment, undertaking a fire drill in October 2016 and updating the fire risk assessment in March 2017. The environment, including corridors, was observed to be clear of clutter clean and well organised. In contrast to the old location the new location had outside space including a garden and growing area which staff and service users were enthusiastic about using in the warmer months. Overall the environment was bright and welcoming.

Service users were responsible for their own lunch and it was noted that some had packed lunches whilst others went out for lunch, warm drinks were available and service users were observed using the kitchen at their leisure.

Five service users gave their views about this day care setting during this inspection, they described this was a safe place for them to come to and the staff helped them. They described the staff as "approachable", "there is always someone to talk to – support is on hand".

Three service users completed questionnaires regarding this inspection. They identified they were very satisfied with the safe care in the setting. They felt safe in the setting; they could talk to staff if they were unhappy, the setting was comfortable, they knew what to do if the fire alarm sounded and they could tell someone if they were worried about someone being treated badly.

Four relatives returned questionnaires; they responded they were very satisfied with the safe care in the setting. Their relative was safe and protected from harm, they could talk to staff, the environment was suitable to meet their relative's needs and they would report concerns to the manager.

Two staff members returned questionnaires. They responded they were very satisfied with the safe care in this setting. The care was safe because they had received training to care for service users safely, there are risk assessments and care plans in place for service users, they would report bad practice and they receive support to fulfil their roles and responsibilities

Areas for improvement

Four areas of improvement were identified during this inspection. They were compliance with Regulation 21 Schedule 2 of The Day Care Regulations (2007) must be available in the setting for inspection for each staff member; a competency and capability assessment should be completed for staff who may assume responsibility for the setting in the manager's absence and this should be available for inspection; the settings staff rota should be improved; and an assessment of the staffing arrangements in this setting should be assessed to ensure there is enough staff on duty to meet the regulations and minimum standards.

Number of requirements	2	Number of recommendations	2
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4.4 Is care effective?

The statement of purpose and service user guide for the day centre was in place and was presented as in keeping with regulations.

Two care records were selected for review and inspection confirmed that these records were generally maintained in line with legislation and standards. Records examined included a photograph of the service users; care/support plans, risk assessments and care reviews. It was noted that the service user written agreement was not available in one of the files supplied; the content of the agreement on the second file was not consistent with standard 3. A recommendation is made in this regard. One selected service user's care record did not describe their specific needs in the assessment, how current needs would be met in the care plan or describe why changes that had been implemented were going to achieve the best outcome in the review minutes. The review minutes had not been signed and the recording was very general and not written in a person centred way. A recommendation is made to improve the content of the service user's records in this regard. Finally there was no evidence file audits had been undertaken by the manager and discussion revealed these were not in place; a recommendation is made in this regard.

There was evidence of systems in place to promote effective communication between service users, staff and other stakeholders. The discussions with and observation of care staff provided evidence they had the knowledge, skill and experience necessary to fulfil their roles and responsibilities. Staff discussed if they had any concerns, they would raise these with the registered manager who they described as supportive and knowledgeable. They discussed examples of care they had provided that had improved outcomes for the service users attending this setting, for example learning new skills, cooking, supporting access to additional services and specific support as required. They described how service users had improved their social skills and opportunities, had increased in confidence and become interested in new activities since attending the setting which overall had resulted in a positive outcome for service users attending the setting.

Discussion with service users identified they had taken part in activities that they were interested in and improved their own well-being for example relaxation, swimming, visits to community interest locations, crafts, cinema trips, gardening, computer skills, walking, coffee mornings and quizzes. They identified coming to centre had stopped them feeling isolated, increased their motivation; which in turn improved their mental health. Overall they concluded coming to the setting was an effective way of improving their mental health and motivation.

Three service users' questionnaires identified they were very satisfied with the effective care in the setting. They were getting the right care at the right time; staff were communicating well with them; their choices were listened to; they choose the activities they take part in; and had been involved in the annual review of their day centre placement. One service user commented "there's always something going on".

Four relative's questionnaires responded they were very satisfied the care was effective in this setting. Their relative gets the right care, at the right time, in the right place; they were satisfied with communication with staff; their awareness of their relative's needs; preferences and choices and that these were incorporated into the care they receive; and they were involved in their relative's annual review.

Two staff questionnaires identified they were very satisfied the care was effective in the setting. Service users were involved in their care plan, care plans inform the care provided, monitoring of quality was in place and that staff respond to service users in a timely manner.

Areas for improvement

Three areas of improvement were identified regarding ensuring that the written service user agreement was consistent with standard 3 and available on each service users individual care record; service users' care records should contain an assessment that describes their current needs, a current care plan that describes how the needs will be met and review minutes should evidence why decisions made will achieve the best outcome and these should be signed; evidence of file audits should be available on each service users individual record.

Number of requirements	0	Number of recommendations	3
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4.5 Is care compassionate?

Mindwise had a range of policies and procedures for staff reference which supported the delivery of compassionate care and the core values of dignity and respect, independence and rights. Choice and consent of service users was reflected within the statement of purpose and the service user guide.

Evidence of compassionate care was observed during this inspection for example observations of practice and discussion established that the staff knew the service users well and were familiar with their needs, care plan, interests, preference and likes and dislikes. Service users presented as relaxed when communicating with staff and staff were observed encouraging service users to be involved in their day care and promoting their independence. The care practices that were observed established that service users were treated with respect and were encouraged to participate in discussion and activities.

Service users were noted to be supportive of each other and sought staff views and advice. It was evident that service users had established a good rapport between themselves and the staff.

The service user meeting records and service user individual care records provided evidence the registered manager and keyworkers were holding one to one meetings with individual service users and group meetings to ascertain their views, opinions, preferences and ideas. These had been incorporated into the service delivery via their individual care plans, activity plans and progress was discussed and recorded. Seven service user meetings had been

recorded in 2017 which demonstrated frequent service users consultation. However, the content showed that despite these records being written for reference they were not openly available for service users and actions agreed were not consistently recorded to ensure they were progressed and actions improved outcomes. Discussion with the manager and staff revealed these issues were being improved by staff and advice was given.

Discussion with service users revealed they were aware of the complaints procedure and who to speak to if they had concerns. Comments made by service users were “you can talk to someone (staff) and issues get resolved” and “support is on hand”. “It’s nice to belong to a group, I’m not isolated”. “I feel comfortable here, staff know what’s going on with us – they know us – they know if we were not ourselves”. Generally they said they were happy in Mindwise and if they were not they would talk to staff to resolve this.

The Annual survey had been completed with service users in 2016 and the outcome report was available for reference, this included an action plan that was being implemented.

Three service users’ questionnaires identified they were very satisfied with the compassionate care in this setting. They were treated with respect and were involved in decisions affecting them, the staff were kind and caring, their privacy was respected; they had choices and were involved in decisions.

Four relative’s responded in questionnaires that they were very satisfied with the compassionate care in this setting. Their relative was treated with dignity and respect and involved in decisions affecting their care. They identified they do not have any concerns and their relative was treated well.

Two staff questionnaires identified they were very satisfied that care was compassionate in this setting. Service users were treated with dignity and respect, encouraged to be independent; their views were sought and acted upon.

Areas for improvement

No areas for improvement were identified during the inspection.

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

Discussion with the member of staff who was in charge of the centre until the registered manager arrived revealed they had a clear understanding of their role and responsibilities under the legislation and Minimum Standards. The staff member was familiar with the structure of the organisation and was able to describe their role and responsibility in relation to raising concerns and locating a manager to consult with.

Discussion with the care staff confirmed that staff meetings were held three monthly in the centre and this was confirmed during the review of the minutes of four staff meetings held on 11 May; 10 August; 2 November 2016; and 17 January 2017. The records contained the names of staff attending, the agenda, the commentary and actions taken forward. Staff supervision records revealed the staff had only received three supervision meetings during the last 12 months. This was not compliant with standard 22.2 and a recommendation is made to achieve compliance in this regard.

The staff consulted with said they felt there was good team work approach by staff which contributed to care being safe, effective and compassionate. They had discussed service users generally to ensure any changes in care needs were known and care was therefore consistently delivered in a safe way for all. Staff also confirmed that if they had any concerns, they could raise these with the registered manager. Staff gave examples of when they had communicated effectively with other healthcare professionals to promote service users safety and ensure their needs were met outside of the setting; as well as in day care. This approach was supported by the manager and the manager promoted discussion with the staff team to ensure staff were well supported and well informed. Discussions regarding staffing numbers, as identified in safe care, revealed numbers were low at times. Staff commented lone working with a group can present challenges if someone needs one to one support. This concern has been addressed under safe care.

Six monthly monitoring visit records were inspected and these were compliant with Regulation 28. The reports examined were in keeping with the regulation as they reported on the conduct of the day care setting, and included the views of the service users.

Policies and procedures were accessible for staff on the organisational computer system and paper versions were available for staff reference. The review of a sample of policies identified they were not current and not centrally indexed in a policy manual. Because the policies were available in their most current form on the organisations computer system; advice was given to ensure if a paper copy is made available for staff reference that it is the most recent and stored in a centrally indexed policy file.

The complaints record was reviewed and this revealed four had been received. They had been responded to as stated within the settings complaints policy and procedure. They recorded an outcome of satisfaction and lessons to be learnt had been integrated into practice.

Discussion with service users revealed they knew who to talk to about any concerns, requests, advice or issues/concerns. The service users named the manager and staff who work with them. Service users described the staff in positive terms and said they could talk to them.

Three service users' questionnaires identified they were very satisfied with the well led care in this setting. The service was managed well; they said they knew the manager and could talk to them if they had any concerns. Finally staff had responded well to them and they are asked what they would like to do in the setting. One service user wrote; "We have a wide range of activities and staff are kind and caring. Love the swimming and doing craft".

Four relative's questionnaires identified they were very satisfied the service was well led. They described the service was managed well; staff and the manager were approachable, professional and caring. They had a copy of the service user's guide.

Two staff questionnaires identified they were very satisfied the service was well led. The service was managed well, the service was monitored, and communication between the staff and management was effective.

Areas for improvement

One area for improvement was identified regarding improving the frequency of staff supervision meetings to ensure compliance with standard 22.2.

Number of requirements	0	Number of recommendations	1
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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 James (Jim) Darragh, Registered 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

Statutory requirements

Requirement 1

Ref: Regulation 21 & Schedule 2

Stated: First time

To be completed by:
9 May 2017

The registered provider must ensure a record of recruitment and selection processes are held within the centre that evidence compliance with Regulation 21 Schedule 2 of The Day Care Regulations (2007). This must be available in the setting for inspection for each staff member.

Response by registered provider detailing the actions taken:

Records confirming that all recruitment and selection processes have been followed have been sent from MindWise Human Resources department and are now included in the staff files which are held in the service.

Requirement 2

Ref: Regulation 20 (1)

Stated: First time

To be completed by:
09 May 2017

The registered provider must assess staffing arrangements and service users' needs on each day to ensure there is enough staff on duty to meet the regulations and minimum standards. The staffing arrangements must be appropriate in number, qualifications and skill to meet service users' needs and deliver their care plans, deliver person centred care and activities, and the number of staff on duty must be able to maintain a safe environment for example a safe fire evacuation.

Response by registered provider detailing the actions taken:

The service staffing rota is planned in advance and any gaps in staff cover due to training or absence are addressed through use of additional hours for existing staff, who work part time, or by use of MindWise bank staff. The staff team have a wide range of experience and skills and have suitable qualifications and training to meet the needs of the clients. Records of all training and qualifications are available in the service. Regular fire evacuation drills are carried out to ensure that both service users and staff are able to evacuate the building and reach the assembly point safely.

Recommendations

Recommendation 1

Ref: Standard 23.3

Stated: First time

To be completed by:
09 May 2017

The registered provider should complete a competency and capability assessment for staff who may assume responsibility for the setting in the manager's absence. The assessment and staff arrangements should provide assurance there is a capable and competent person in charge of the setting at all times.

Response by registered provider detailing the actions taken:

Competency and Capability assessments have been completed for all staff within the service and these will be updated annually.

Recommendation 2

Ref: Standard 23

Stated: First time

The registered provider should record daily staffing arrangements that evidence the appropriate number of staff are on duty to undertake the roles and responsibilities required in the setting, this should include who is in charge of the setting in the manager's absence.

To be completed by: 09 May 2017	Response by registered provider detailing the actions taken: A new weekly rota has been developed for the service which clearly identifies which member of staff is in charge in the absence of the manager. This is clearly displayed within the service for the benefit of the service users and visitors.
Recommendation 3 Ref: Standard 3 Stated: First time To be completed by: 09 May 2017	The registered provider should put in place appropriate arrangements for all services users to have a written individual agreement that is compliant with standard 3.
	Response by registered provider detailing the actions taken: The service user agreement has been reviewed and updated as part of the overall Client Pathway review process. Specific information is included which details the service and facilities provided. A signed copy of the Rights and Responsibilities is also held on file for each service user. Information pertaining to MindWise Outcomes framework, Support planning and review time frames and termination of the agreement are included in the Service User guide.
Recommendation 4 Ref: Standard 7 Stated: First time To be completed by: 09 May 2017	The registered provider should put in place arrangements for the service users individual records to be reviewed and amended to ensure they are current, describe current needs and how these will be met by staff. Any restrictions in place must be evidenced as the least restrictive measure that can be put in place to ensure the service users' needs are met. Specifically assessments, care plans, review minutes should detail the most current information and be signed by all relevant parties to the agreement. Service user's individual recording should be person centred and avoid generic terms.
	Response by registered provider detailing the actions taken: All changes in service users usual behaviour or details of any untoward incidents and subsequent contacts with the community mental health team are recorded in the service user notes. Information such as assessments and reviews which require updating will be identified through the monthly service user file audits conducted by the registered manager.
Recommendation 5 Ref: Standard 17.9i Stated: First time To be completed by: 09 May 2017	The registered provider should implement file audits to ensure individual service user care files are compliant with standard 7.
	Response by registered provider detailing the actions taken: A service user file audit template has been developed and an audit will be completed by the registered manager on a monthly basis. The audit records will also be checked periodically during monitoring visits.

Recommendation 6 Ref: Standard 22.2 Stated: First time To be completed by: 09 May 2017	The registered provider should improve arrangements for staff supervision and increase the frequency so this is compliant with standard 22.2.
	Response by registered provider detailing the actions taken: Dates for staff one to one supervision and appraisal sessions have been set for the year ahead and entries made in the service diary in accordance with standard 22.2. Any changes or cancellations are noted and new dates agreed.

****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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