

Primary Announced Care Inspection

Name of Establishment:	Mindwise (Downpatrick)
Establishment ID No:	11212
Date of Inspection:	29 May 2014
Inspector's Name:	Suzanne Cunningham
Inspection No:	17619

The Regulation And Quality Improvement Authority
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Name of centre:	Mindwise
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Registered organisation/ Registered provider:	Mindwise Ms Anne Doherty (Acting)
Registered manager:	Mr James Darragh
Person in Charge of the centre at the time of inspection:	Mr James Darragh
Categories of care:	DCS-MP
Number of registered places:	18
Number of service users accommodated on day of inspection:	16
Date and type of previous inspection:	20 November 2014 Primary announced inspection
Date and time of inspection:	29 May 2014 10:00 – 15:00
Name of inspector:	Suzanne Cunningham

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	5
Staff	1
Relatives	0
Visiting Professionals	1

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	2	2

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:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	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
3 - Moving towards compliance	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
4 - Substantially Compliant	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
5 - Compliant	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. In 2009 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.

Mindwise Downpatrick is based in rented premises, accessed through a narrow alley in the town centre. The centre is open on five days per week, with sessions extending into the evening, until 7:30pm on at least one day per week. A number of service users are well involved in the organisation of specific aspects of the service.

Summary of Inspection

A primary inspection was undertaken in Mindwise Downpatrick Day Centre on 29 May 2014 from 10:00 to 15:00. This was a total inspection time of five hours. The inspection was announced.

Prior to this inspection the provider submitted a self-assessment of the one standard and two themes inspected. 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; The Day Care Settings Regulations (Northern Ireland) 2007 and the providers' statements were verified. During the inspection the inspector used the following evidence sources:

- Analysis of pre-inspection information and questionnaires
- Discussion with the registered manager, staff and service users
- Examination of a sample of service user individual file records including evidence of behaviour management and support assessments; the complaints record; staff training record; individual staff records; incidents and incident and accidents record; evidence of service user consultation, monthly monitoring records; the centres statement of purpose; service users guide and policies & procedures
- Tour of the premises.

The inspector spoke to the manager and the support worker regarding the standards inspected and their views about working in the centre. This generated positive feedback regarding records and reporting arrangements including recording; ensuring care plans and assessments reflect the individual needs of each service user and the management arrangement's in this day care setting. The inspector gauged from these discussions that staff are motivated to assist service users to set plans and targets that they can achieve and will improve the service users overall quality of life.

Two questionnaires were returned by the support workers who reported satisfactory arrangements were in place with regard to NISCC codes of practice; supervision; staff training; staffing and management arrangements; responding to service users' behaviour; confidentiality and recording. Positive comments were made regarding the quality of care that was provided; which one staff member described as: "the setting is very homely; staff are always available, approachable, offer a wide range of activities for clients. Some only come to relax and

socialise with others. For some clients it's the only place they come to mix with others". The other staff member said "I would regard this of a very high standard and the feedback received by our members reflects this".

The inspector spoke with five service users individually who were in the day care setting at the time of the inspection to gather evidence for the standard inspected and the two themes. The discussion revealed service users were aware records were kept about them by the staff, they confirmed they sign the records and are made aware of the content. Service users were aware Jim Darragh was the manager and were able to discuss his role and the support workers role in the day care setting. Service users told the inspector this centre was important for them because it was a source of support, a social experience for them that gave them confidence, it's a place where staff will help them with 1 to 1 support and somewhere where there is always someone to talk to.

The inspector spoke with a visiting aroma therapist during the inspection, she discussed how she loves coming to the day centre, prior to today's visit she had undertaken a few funded projects and she explained she was in the setting today without funding to keep the support going for service users. The feedback she had received from service users was described as very positive, service users presented as relaxed about getting the therapy and ready to have treatments done. The therapist described service users have good rapport with staff and activities such as therapy are well supported by staff and Jim.

The previous announced inspection carried out on 20 November 2013 had resulted in two requirements regarding the description of the review in the service user guide and statement of purpose and the regulation 28 visits. Improvements had been made and the centre was compliant regarding these requirements. Four recommendations were made regarding the policy and procedure for the service users reviews; how service user's views are gathered prior to the review, the report format for the review and arrangements for the minutes of the review. The inspector concluded arrangements had been improved in all of these areas and the centre had achieved compliance. .

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.

Six criteria were inspected which examined the standard achieved in this centre with regard to individual service user records and reporting arrangements. The criteria inspected comprised of the seven areas within standard 7. Five of the criteria inspected were assessed as compliant; and one criterion was assessed as substantially compliant. One recommendation is made regarding informing service users that they can access their individual record and how they can do this.

Observations of service users; discussion with staff; and review of four service users' individual files provided evidence that the centre is performing well regarding standard 7. Policies and procedures were in place and do describe how service user's information should be kept, they also specify recording procedures and describe access. The service user guide and a leaflet regarding service user information also explain records are kept securely however information regarding accessibility could be written into this.

The inspector concluded the centres process of maintaining and updating service users' records presents as well managed, is developing person centred practice and focuses on promoting service user's social needs, stimulating intellectual activity; and meeting need.

Based on the evidence reviewed the inspector assessed the centre as compliant in this standard. No requirements and one recommendation are made with regard to this standard.

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

Two criterion from regulation 14 were inspected which examined compliance with the use of any restrictive practices in this day care setting within the context of human rights. One criterion was assessed as compliant and one criterion was assessed as not applicable because the setting has not undertaken any restraint of service users and it is not part of anyone's day care plan, therefore no incidents have been or would be reported through to RQIA under current arrangements.

Discussion with the manager, staff and examination of records provided evidence that the centre was using clear operational systems and processes which promote the needs of the service users who attend the centre. This setting does not use restraint or seclusion however; restrictions may be put in place in terms of attendance times to ensure sufficient staff are in the setting to support the service users. Staff discussed if service users behaviour escalates they use diversion, good communication, calming, diffusing techniques and knowing their service users' needs, diagnosis, treatment plan and personality. They strongly believe this assists them in ensuring service users behaviour does not escalate and ensure they can meet individual need. Staff also identified if a service users behaviour did deteriorate they would look at triggers and refer their concerns to the mental health professional worker for reassessment to ensure the service users' needs can still be met in the day care setting.

In service users files the inspector viewed examples of reviews and meetings which were called to plan for service users whose needs had changed, this identified staff are observing changes in service users presentation and had acted appropriately to address any concerns and changes to their assessment and care plan.

Based on the evidence reviewed the inspector assessed the centre as compliant in this theme and this is commendable.

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

Two criteria from regulation 20 and one criterion from regulation 21 were inspected which provided the evidence to examine this theme. All of the criteria were assessed as compliant.

No requirements or recommendations are made with regard to this theme. The inspector concludes the arrangements in place for the registered manager to manage this day care setting and delegated tasks to the support workers have been assessed and planned for. Staff in post reported they are confident that the arrangements in place ensure the service is delivering a service that is compliant with regulations and standards; furthermore the service is meeting the needs of the service users who attend the setting.

Based on the evidence reviewed the inspector has assessed the centre as compliant in this theme; no requirements or recommendations are made.

Additional Areas Examined

The inspector undertook a tour of the premises, reviewed the complaints record, examined four service users' individual files, validated the registered manager's pre inspection questionnaire, reviewed the staff questionnaire and viewed the environment. This did not reveal any further areas of improvement.

The inspector wishes to acknowledge the work undertaken by the 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 the inspector to their centre and engaged with her during the inspection. Overall the inspector commends the proactive approach to day care that is delivered in this centre, there is a clear approach of social support to this day care setting which is consistent with the day care settings statement of purpose and presents as improving outcomes for service users.

As a result of the inspection a total of no requirements and one recommendation have been made regarding clearly informing service users how they can access the information kept about them in the day care setting. This was reported to the management team at the conclusion of the inspection and a commitment was given to address this.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	4 (1) (c) & 5 (1) (a) 7 (a)	<p>The registered manager and registered person must ensure the arrangements for the review are adequately described in the settings service user guide and statement of purpose.</p> <p>The description should include arrangements regarding timescales as well as how this will be done and tools that assist the process.</p>	This had been improved and a copy of the updated statement of purpose and service user guide was provided for this inspection.	Compliant
2.	28 (5)	The registered manager and registered person should ensure service users and their representatives, if appropriate are aware of the regulation 28 visits and how they can access the reports.	Arrangements in this regard had been made available to service users and representatives including notifying service users who the monitoring visitor is and giving them access to reports.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	15.3	<p>The registered manager and registered person should ensure the arrangements for the review are adequately described in the settings policy and procedure.</p> <p>The description should include arrangements regarding timescales as well as how this will be done and tools that assist the process.</p>	A client pathway tool kit has been developed by Mindwise for its day care services which include a policy and clear procedures regarding the review process in this day care setting.	Compliant
2.	15.4	The registered manager should review how service user's views are incorporated into the report. It may be useful to have a set consultation which is given to all service users for example a questionnaire which addresses the assessment of need, their care plan, progress and more general issues regarding the day care setting.	A client pathway tool kit has been developed by Mindwise for its day care services which include a service user consultation document regarding the review which is undertaken with the service users as part of the preparation for the review meeting in this day care setting.	Compliant
3.	15.5	The registered manager should review and update the review report format to ensure it is compliant with this criterion.	A client pathway tool kit has been developed by Mindwise for its day report format compliant with this recommendation.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
4.	15.6	The registered manager should review and update the review minute format so it has a section regarding changes required to the care plan. Any revisions to the care plan must be clearly documented in the updated care plan, made known to the service user, their representative and the staff of the centre. The revised care plan should be signed to evidence agreement to changes made.	A client pathway tool kit has been developed by Mindwise for its day care services which include a review minute format that is compliant with this recommendation and has been used in this day care setting.	Compliant

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.	
Criterion Assessed: 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.	COMPLIANCE LEVEL
Provider's Self-Assessment: 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.	Compliant
Inspection Findings: The inspector reviewed four service users individual records which presented as compliant with schedule 4, other records were also reviewed as described in schedule 5. There are clear arrangements in place regarding confidentiality in respect of service users' personal information and access to records, communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement. Discussion with staff validated management and staff knowledge about the duty of confidentiality and their role and responsibility regarding the need to record, the quality of recording and management of service users' personal information commensurate with their role and responsibility. Discussion with service users confirmed they are informed regarding confidentiality of personal information and recording practices in the day care setting.	Compliant

Criterion Assessed: 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.	COMPLIANCE LEVEL
Provider's Self-Assessment: Service users may request access to their file as per the Data Protection Policy 2013. Service users are provided with copies of support plans and reviews if desired. A log of information requests and outcomes is held in the service.	Compliant
Inspection Findings: The policies and procedures pertaining to: consent; management of records and service user agreement are clearly reflected in service user induction information. The settings policies and procedures also detail access to records however the inspector was not able to clearly identify information provided for service users regarding how they can access their individual information recorded and stored by Mindwise. Discussion with service users revealed they are not aware that they can access their service user record or how to do this. This could be incorporated into the confidentiality statements and service users guide to ensure service users are adequately informed therefore, a recommendation is made in this regard. A record of requests to access service user records had been set up and to date no access to records requests had been made. Discussion with staff confirmed they use person centred approach to their recording by recording what is said by service users and clarify any concerns regarding service users with them before writing details. Staff confirmed there is a policy and procedure in place regarding service user access to records and they would respond to requests from service users and or their representative to access service user records by assisting them to make the request and access the records.	COMPLIANCE LEVEL Substantially compliant

Criterion Assessed:	COMPLIANCE LEVEL
<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"> • Assessments of need (Standards 2 & 4); care plans (Standard 5) and care reviews (Standard 15); • All personal care and support provided; • Changes in the service user's needs or behaviour and any action taken by staff; • Changes in objectives, expected outcomes and associated timeframes where relevant; • Changes in the service user's usual programme; • Unusual or changed circumstances that affect the service user and any action taken by staff; • Contact with the service user's representative about matters or concerns regarding the health and well-being of the service user; • Contact between the staff and primary health and social care services regarding the service user; • Records of medicines; • Incidents, accidents, or near misses occurring and action taken; and • The information, documents and other records set out in Appendix 1. 	
Provider's Self-Assessment:	
<p>The MindWise Client Pathway Toolkit 2014 : The toolkit is the updated framework previously in operation and is in the process of implementation with new service users. As existing service users reviews are due the new paperwork will be used. The new Risk Management Policy and Procedure (April 2014) and Incident Management Procedure are in practice in all aspects of support and service delivery.</p>	Moving towards compliance
Inspection Findings:	COMPLIANCE LEVEL
<p>The examination of a sample of four service user individual records evidenced the above records and notes are available and had been maintained. Case records and notes had been updated as required, presented as current, person centred, incorporate service user recording when possible, and presented as compliant with appendix 1(The Day Care Setting Regulations (NI) 2007).</p> <p>Care reviews had been recorded and were taking place as described in standard 15 in the form of a service led review.</p>	Compliant

Criterion Assessed: 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.	COMPLIANCE LEVEL
Provider's Self-Assessment:	
Service user notes reflect attendance and events and these are recorded on a weekly basis for service users who attend regularly.	Substantially compliant
Inspection Findings:	COMPLIANCE LEVEL
Examination of a sample of four service user care records evidenced individual care records had a written entry at least once every five attendances for each individual service user. The information was focussed on activities undertaken and presentation of the service user, for more service users who present with complex needs the recording was descriptive and detailed to ensure there was a clear record that could be analysed in terms of evidencing deteriorating health or progress. Staff use this information to write review reports, update assessments or report information to other professionals if deemed necessary.	Compliant

Criterion Assessed:	COMPLIANCE LEVEL
<p>7.6 There is guidance for staff on matters that need to be reported or referrals made to:</p> <ul style="list-style-type: none"> • The registered manager; • The service user's representative; • The referral agent; and • Other relevant health or social care professionals. 	
Provider's Self-Assessment:	
<p>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.</p>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>Policies and procedures pertaining to communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement are in place and are consistent with this criterion. The policies clearly detail staff role and responsibility to report and refer information and record the outcomes achieved. Service users and or representatives are informed regarding information that may be reported or referred and consent is clearly described in information given to service users. The staff are also guided by procedures and policy that information reported on must be reported to the right people, and only to improve outcomes for service users for example to ensure needs are met, risk is diminished and care is appropriate.</p>	Compliant

Criterion Assessed: 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.	
Provider's Self-Assessment: Care plans are signed by staff and the registered manager. Records and notes are signed and dated by staff. The Registered manager reviews paperwork to ensure records are up to date.	Compliant
Inspection Findings: A sample of four service user individual records was inspected and they met this criterion. Discussion with the manager and staff working in the centre confirmed their understanding of this criterion. The supervision and audit records detail recording is periodically discussed and that staff understand their role and responsibility in this regard. Training is also provided on recording and confidentiality for staff.	COMPLIANCE LEVEL Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

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

Theme 1: The use of restrictive practice within the context of protecting service user's human rights	
Theme of "overall human rights" assessment to include:	
Regulation 14 (4) which states: 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.	COMPLIANCE LEVEL
Provider's Self-Assessment:	
MindWise Restrictive Practice Policy Statement (October 2013) : MindWise does not support the use of restrictive practices and staff work in such a way that supports Service Users to fully access their Human Rights.	Compliant

Inspection Findings:	COMPLIANCE LEVEL
<p>The inspector examined a selection of records including: records of each service user as described in schedule 4; and other records to be kept in a day care setting, as described in schedule 5. It was apparent in this service the staff do not use restraint or seclusion to manage service users behaviour. Staff engage with service users using contracts, clear communication, diversion, activities and support plans to ensure behaviours do not escalate out of control and become a risk to the service users or other around them. One example of restriction was given to the inspector where a service user's access to the service was restricted to ensure two staff were on site when the service user was there. This was to ensure one member of staff could give the service user one to one time to deescalate any aggression or challenging behaviour. The restriction was clearly written up in the service user's plan which was signed by the service user and staff and was clearly in place to ensure the service users behaviour did not escalate to a level which was a danger to themselves or others in the day care setting. Review of this restriction did not reveal any concerns regarding deprivation of liberty or human rights of the service user and the plan was responsive to need and risk. The plan had been discussed with other professionals working with the service user who had recommended restrictions should be put in place to improve the service user's mental health and access to services, and this was subject to regular multi professional team review.</p> <p>Vulnerable adult, managing challenging behaviour, mental health awareness training is provided to staff as part of the training programme. Staff competence, knowledge and skill is monitored by the manager through observation and supervision and assessed on an on-going basis.</p> <p>Discussion with staff validated management and staff knowledge about when and why restrictions may be used in this setting, confirmed that restraint and seclusion is not used and validated their understanding of exceptional circumstances which did not reveal any concerns. Discussion with staff working in the centre revealed they are knowledgeable regarding the protection of service users' human rights which are protected and their understanding of the Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance. This did not reveal any concerns regarding integration of this knowledge into practice.</p>	Compliant

Regulation 14 (5) which states:	COMPLIANCE LEVEL
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.	
Provider's Self-Assessment:	
MindWise Restrictive Practice Policy Statement (October 2013) : MindWise does not support the use of restrictive practices and staff work in such a way that supports Service Users to fully access their Human Rights.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
No service users had been restrained in this setting and no care plans detail this as a management of behaviour plan. Staff do not anticipate using restraint and this presented which is consistent with the settings ethos, statement of purpose and aims of the service. <i>Guidance on Restraint and Seclusion in Health and Personal Social Services</i> , Department of Health, Social Services and Public Safety, Human Rights Working Group, August 2005 is available for staff information.	Not applicable

PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant
INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	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>Provider's Self Assessment:</p>	
<p>Management arrangements and the structure in operation defines accountability, roles and responsibilities. One staff member is suitably qualified, trained and skilled to be in charge in the absence of the manager. One staff member commenced employment in April 2014 and is currently completing induction. Qualifications and experience are considered during the recruitment process. Mandatory training is provided in line with the organisational training matrix. An Induction competency checklist form is completed for each new member of staff.</p>	Compliant

Inspection Findings:	COMPLIANCE LEVEL
<p>The registered manager has the QCF level five which is one of the qualifications required for registered managers registration; he has over five years of experience in this post, NISCC registration, and has continued his professional development whilst in this post to ensure his competence as the registered manager. The manager only manages this service; therefore, he manages this service daily unless he is on leave. There are two other staff who will take on delegated management tasks in the registered manager's absence and would be supported by the area manager for the service or other named Mindwise staff, one is a qualified nurse but new to this setting and the other is a longer term staff member who has studied to level 3 of NVQ in management. The competency and capability assessments of both staff, training records, supervision and appraisal records did not reveal any concerns regarding the management systems in place.</p> <p>Discussion with the staff working in the centre to validated their knowledge commensurate with their role and responsibilities regarding management arrangements of the day care setting. They were clear who they report to; who should they seek support or guidance from; who supervises them and were satisfied regarding the effectiveness of the same. Discussion with service users confirmed they are aware what management structure is in place, who the person is in charge of the day care setting and their roles and responsibilities. The staffing structure of the day care setting is clearly described in the settings statement of purpose, and according to the rota this reflects the day to day staffing arrangements.</p> <p>The regulation 28 reports evidence the staffing arrangements in place for the month are reviewed and when staffing was reduced due to a staff vacancy this was commented on however, it was also clear the staffing arrangements in place, whilst not ideal were adequate pending the new employee starting employment.</p>	Compliant

Regulation 20 (2) which states: <ul style="list-style-type: none"> The registered person shall ensure that persons working in the day care setting are appropriately supervised 	COMPLIANCE LEVEL
Provider's Self-Assessment:	
<p>The registered manager provides regular formal and informal supervision to the service staff team. 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.</p>	<p>Compliant</p>
Inspection Findings:	COMPLIANCE LEVEL
<p>The inspector examined the training, supervision, appraisal and staff record of the registered manager and those staff left in charge of the day care setting in the registered managers absence and this provided evidence staff were supervised every four to six weeks, the content was appropriate to their post and discussed their role and responsibilities in terms of the supervisees view, their performance and setting objectives, tasks and improvements which will be reviewed at the next supervision.</p> <p>Overall the records of supervision evidence how their role is clearly improving outcomes for the service users who attend the day care setting.</p>	<p>Compliant</p>

Regulation 21 (3) (b) which states: <ul style="list-style-type: none"> • (3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless – • (b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work 	COMPLIANCE LEVEL
Provider's Self-Assessment: Qualifications and experience are considered during the recruitment process in terms of how they best meet the needs of the service. Mandatory training is provided in line with the organisational training matrix and must be completed in order to complete induction. 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.	Compliant
Inspection Findings: The registered manager is professionally registered, has the QCF level 5 qualification, experience and his supervision evidences improvements and tasks he has delivered to improve the overall service and individual staff delivery of their role and responsibilities in the setting. Discussion with staff validated their experience and knowledge was commensurate with their role and responsibilities. Staff confirmed their qualifications and training which enable them to regard themselves as suitably qualified, experienced and in receipt of suitable training to undertake their role and responsibility.	COMPLIANCE LEVEL Compliant

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

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

Additional Areas Examined

Complaints

The complaints record was reviewed as part of this inspection. The annual complaints return for 2013 identified no complaints had been recorded. The inspector reviewed the complaints record which confirmed the return to RQIA and did not reveal any concerns regarding the record. Furthermore no complaints had been recorded for 2014.

Service User Records

Six service user files were reviewed as part of this inspection, this did not reveal any areas for improvement and the files presented as consistent with schedule 4.

Registered Manager Questionnaire

The registered manager submitted a questionnaire to RQIA prior to this inspection. The information returned confirmed satisfactory arrangements were in place regarding governance and management arrangements, the manager's registration with NISCC, staffing arrangements and support for staff, policies and procedures, responding to service user's behaviour and reporting of accidents and incidents. The information was validated during the inspection and this did not raise any concerns that required further discussion or analysis.

Statement of Purpose & Service Users Guide

These documents were made available for this inspection and the inspector referenced them during the inspection, examination of these documents did not reveal any concerns. The Statement of Purpose was last reviewed April 2014.

Monthly Monitoring Reports

The inspector examined four regulation 28 reports for May, April March and February 2014. This revealed the visits had been undertaken in compliance with regulation 28 and reports written were consistent with the same regulation. The inspector noted these reports contained improved detail and analysis.

Environment

This day care setting had been recently painted and the environment presented as bright and welcoming. Service users were observed as relaxing in the space and commented they liked the open planned area as it encouraged them to enjoy the social aspect of attending the day centre. The setting is still seeking new premises however, at the time of the inspection they had not been able to find a new building that improved on the current arrangements and was compliant with the day care settings standards.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr James Darragh, 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:

Suzanne Cunningham
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Primary Announced Care Inspection

Mindwise (11212), Downpatrick

29 May 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 James Darragh (registered manager/ person receiving feedback), either during or after 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.

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.	7.2	The registered manager should put in place appropriate arrangements for service users to be fully informed and provided with information regarding how they can access their individual information which is recorded by and stored by Mindwise.	First	Details outlining how service users can access their individual information held on file have been added to the service user guide. The details provided are in compliance with MindWise' Data protection policy. In addition a record of all requests and the outcomes will be held on file in the service	24 July 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:

Name of Registered Manager Completing Qip	Jim Darragh 9/7/14
Name of Responsible Person / Identified Responsible Person Approving Qip	Anne Doherty, 10/7/14

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Suzanne Cunningham	29 Jul. 14
Further information requested from provider			