

# Care Inspection Report

## 14 October 2016



## MindWise, Magherafelt

**Type of service: Day Care Service**  
**Address: Unit 8 The Business Centre, Rainey Street,  
Magherafelt, BT45 5AJ**  
**Tel no: 02879634834**  
**Inspector: Dermott Knox**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of MindWise, Magherafelt took place on 14 October 2016 from 10.15 to 16.00.

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

### Is care safe?

The day centre premises were in good condition and there were no obvious hazards for service users or staff. Given that much of the activity of the centre is workshop based, there are the accepted dangers of power tools, but their use is supervised. Written records and discussions with staff and service users confirmed that staffing levels met the assessed needs of those who attend the centre. The manager presented as having an in-depth understanding of safeguarding principles and procedures. Evidence of satisfactory planning and review of health and safety matters was available on file. Observation of the delivery of care provided evidence that service users' needs were being met by the staff on duty. Risk assessments were being carried out routinely in an effort to minimise risks and to manage them consistently.

### Is care effective?

Detailed assessments of each service user's needs informed the development of care plans which addressed these needs in appropriate detail. Annual reviews of service users' placements were carried out and records indicated that effective care was being provided. Evidence of the effectiveness of the service was also presented verbally, in discussions with service users and volunteers and in monthly monitoring reports written by a nominated senior manager. The manager and service users spoke of positive working relationships with one another, with community based professionals and with some members of the local community.

### Is care compassionate?

There was evidence of compassionate care being provided in the centre, including the high level of involvement of service users in planning the type of service that would best meet their needs. The interactions that were observed were respectful and this quality was also reflected in progress records and review reports. The latest quality survey was being carried out in the week of this inspection and the previous survey's findings were positive. In discussions, service users commented on the helpfulness of staff and the value to them of attending the centre, both socially and in contributing to their health and wellbeing.

### Is the service well led?

The MindWise Day Centre has systems in place to ensure that staff are well-informed on the responsibilities of their various roles and the expected standards of practice. Staff are supervised and supported, formally and informally, within the team. Evidence from discussions with the manager indicated that he has positive working relationships with members of this small staff team and the volunteers who support the service. The manager spoke highly of the team members and of the support that volunteers provide. Service users in the centre reported positively on the leadership and staffing of the centre. Systematic audit of practices and procedures was confirmed in the well-detailed records of monthly monitoring visits. Overall, there was evidence to indicate good working practices that are well led.

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
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Patrick Murtagh, 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 care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 25 June 2015.

### 2.0 Service details

<b>Registered organisation/registered person:</b> MindWise/Mr Edward George Alexander Gorringe	<b>Registered manager:</b> Mr Patrick Murtagh
<b>Person in charge of the service at the time of inspection:</b> Mr Patrick Murtagh	<b>Date manager registered:</b> 01 November 2010

### 3.0 Methods/processes

Prior to inspection we analysed the following records:

- Record of notifications of events
- Record of complaints
- Record of communications between the service and RQIA
- The report and Quality Improvement Plan from the previous inspection on 25 June 2015.

During the inspection the inspector met with:

- Four service users in group settings

- One volunteer activity leader
- The registered manager.

The following records were examined during the inspection:

- File records for three service users, including care plans and review reports
- Progress notes for three service users
- Five monitoring reports for the months of April, May, June, July and August 2016
- Record of complaints
- Minutes of one service users' meeting, dated 19 August 2015
- Training records for one staff member
- Statement of Purpose
- Service User Guide.

Questionnaires were left with the manager to be distributed to service users, staff and a number of relatives or carers of service users. By the 11 November 2016, six completed questionnaires had been returned to RQIA, five from service users and one from a staff member.

## **4.0 The inspection**

### **4.1 Review of requirements and recommendations from the most recent inspection dated 25 June 2015**

The most recent inspection of the service was an unannounced care inspection. The completed QIP was returned and approved by the inspector. This QIP was validated by the care inspector at this inspection.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 25 June 2015

Last care inspection statutory requirements		Validation of compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 13 &amp; 14</p> <p><b>Stated:</b> First time</p>	<p>Senior personnel in MindWise have been liaising with the Northern HSC Trust regarding a crisis situation which involved a service user who had disengaged from the service on an identified date in 2014. The registered persons must ensure clear written procedural guidelines are put in place when an emergency/crisis situation arises with a service user who disengages from the service. This must clearly highlight the action to be taken and who is responsible i.e. the service or the respective Trust. This should involve liaison with the Trust and any other relevant party signing up to same and should be referred to in the service level agreement.</p> <p>The returned QIP must state the action taken regarding this requirement.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The manager described the process that had been followed in order to meet this requirement. The outcome is that the NHSCT has provided MindWise with written Trust Guidelines for the support of any service user who disengages from the service and is discharged from the community mental health team's current client list. A copy of the guidelines had been sent to RQIA.</p>	<p><b>Met</b></p>
Last care inspection recommendations		Validation of compliance
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 8.5</p> <p><b>Stated:</b> First time</p>	<p>The registered persons must ensure the service users' annual quality assurance evaluation report:</p> <ul style="list-style-type: none"> <li>• includes the actions and outcomes taken as a result of the previous quality assurance evaluation report</li> <li>• includes the action to be taken (with timescales) from the outcomes of the next collated quality assurance evaluation report; includes any actions. If no action is needed the report should state this</li> <li>• Evidence the outcomes from the quality assurance questionnaires are shared with service users.</li> </ul>	<p><b>Met</b></p>

	<p><b>Action taken as confirmed during the inspection:</b> A satisfaction survey was scheduled to be conducted in March/April 2016. However, the registered manager was absent from the centre for several months. The 2016 survey questionnaires had been given out in the weeks prior to this inspection and the manager confirmed that the report would be completed by the end of this year and would include all of the recommended matters.</p>	
<p><b>Recommendation 2</b> <b>Ref:</b> Standard 8.3 <b>Stated:</b> First time</p>	<p>The registered manager should ensure service users meetings are held more frequently and at least monthly. In addition to the names of who attended the meeting and a summary of discussions, the minutes should also contain:</p> <ul style="list-style-type: none"> <li>• An agenda</li> <li>• Action to be taken and by whom with timescales</li> <li>• Subsequent minutes of meetings should reflect the outcomes of the action taken from the previous meeting.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> The registered manager had been absent from work in the centre for an extended period in 2016. He acknowledged that formal, recorded service user meetings had not been held throughout 2016, until his return to work. It was noted that service users have recently been consulted on the future of the service and that their views have influenced the decisions taken by the organisation. The manager confirmed plans to hold regular meetings in compliance with this recommendation.</p>	<p><b>Not Met</b></p>
<p><b>Recommendation 3</b> <b>Ref:</b> Standard 5.2 <b>Stated:</b> First time</p>	<p>The registered manager should ensure the identified service user's care plan is reviewed and updated with the service user so that it reflects his/her physical health condition because this can impact on his/her mental health. The care plan should reflect if additional staff support or assistance is needed.</p> <p><b>Action taken as confirmed during the inspection:</b> The manager confirmed that the service user's care plan had been updated and relevant information had been added to the service user's file.</p>	<p><b>Met</b></p>

### 4.3 Is care safe?

The nature of the MindWise, Magherafelt day care service, with its workshop focus, means that there is a range of risks to be considered by the provider in ensuring that service users and staff are kept safe. Risks include the use of tools, wood preservatives and paint, and the moving and handling required in working at furniture construction and refurbishment. Following a recent review of the types of work undertaken by the centre, the workshop layout was being redesigned in order to minimize the risks of harm to service users, staff or visitors, from machinery, tools and the materials in use. There was evidence of creative solutions having been found, or designed in the centre (e.g. a manually powered lathe) to facilitate service users' safe participation in constructive activities. Health and safety notices were in place throughout the centre. Fire alarm systems checks were carried out and recorded on a weekly basis.

There were systems in place to ensure that risks to service users were assessed regularly and managed appropriately and this included inputs by community based professionals, service users and, where appropriate, a relative/carer. Records showed that service users held frequent discussions with staff members regarding their own mental health and support needs, and it was evident from observations, that the manager was knowledgeable about each service user's needs and the areas of risk relevant to them. Detailed assessment information was present in each of the service user's files examined and each one had been signed as agreed by the service user.

The manager and volunteer, who met with the inspector, confirmed that they have confidence in the practice of all members of the staff team in their work with service users. The staff member who takes charge in the manager's absence has many years' experience of working in the centre, has gained NVQ 3, an appropriate qualification in care work, and is deemed competent to take charge of the centre.

Four service users contributed through discussions to the inspection process and spoke very positively of the quality of the service and of the benefits they experienced in taking part in the various activities. Service users confirmed that they felt safe in the centre and in all activities. Evidence from discussions, observations and in written records indicated that staff regularly seek the views of service users regarding their care plans and the activity programmes in which they participate. Service users confirmed that their rights and the methods available to them of raising a concern or making a complaint had been discussed at various times. An informative and easy to use complaints booklet was available to everyone who attended. One service user stated that everyone was treated the same and that he felt no stigma while he was in the centre.

No notifiable events had been reported to RQIA in the year preceding this inspection and no complaints had been received since March 2015, when excessive warmth in the workshop was an issue for two people. The centre was reasonably clean and in good repair. Service users confirmed that they were provided with a safe and comfortable environment in which to take part in activities. The evidence presented supports the conclusion that safe care is provided in MindWise Day Centre, Magherafelt.

#### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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#### 4.4 Is care effective?

Three service users' files were examined and each was found to contain detailed referral and assessment information on the individual and on his or her functioning. Care plans addressed identified needs accurately and contained well-structured goals that were achievable and measurable. The care planning framework, devised by MindWise, promotes the clear identification of outcome-focussed objective statements and the actions necessary to motivate and support the service user in achieving the objective. Each file contained relevant risk assessments and a health assessment, making these matters easily accessible and clear for staff working with that person. A record was kept of each service user's involvement and progress at the centre and entries were in proportion to the frequency of attendance of the individual.

Three of the four service users spoke about their experiences of participating in the centre's activities and in their individual care programmes. All three presented very positive views of the support that they received and the respect that was shown to them. One service user spoke of his transition from nicotine addiction and cigarette smoking, to the use of an e-cigarette and 'vaping'. He commented that there was a noticeable improvement in his health and fitness, due both to his increased exercise and his better breathing. All four service users participated in the regular Friday morning walking group, led by a volunteer who is experienced and qualified as a walk leader. Records of annual reviews for each person demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed. Well written review reports were available in each of the files examined and these included the service user's views. In further discussions with the service users in a group, it was evident that the involvement in constructive activities, such as making garden furniture, has had a positive effect on their physical and mental health.

Staff training and development systems were being updated, with the introduction of more e-learning programmes and the keeping of training records electronically. Evidence from discussions with service users and from written records confirmed that service users felt that the centre was a supportive place in which to spend their time. The manager and staff worked creatively to involve service users in a variety of experiences, making use of the resources available. One staff member returned a completed questionnaire to RQIA, following the inspection and provided entirely positive views of the quality of the service provided by MindWise, Magherafelt Day Centre.

Overall, the evidence indicates that the care provided is effective in terms of promoting each service user's involvement, enjoyment and wellbeing.

#### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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#### 4.5 Is care compassionate?

The centre makes good use of a large workshop area to engage many of the service users in creative and productive activities. These include furniture restoration work, construction of outdoor furniture, planters and decorative items. Service users develop interests and skills in



projects that require woodwork, sanding and shaping, painting, varnishing and occasionally upholstering. Alongside this service users are encouraged to take part in a range of social, educational and leisure activities.

There was evidence of a high level of service users' involvement in the running of the centre, through regular discussions with staff about the activities and the factors that influenced the aims of the service. In this, and all of the interactions observed, service users were engaged with warmth, respect and encouragement. In discussions with the inspector, service users confirmed that staff consult them and involve them in deciding what they want to do during their time in the day centre. Service users were seen to be encouraged by the manager and a volunteer, in positive activities. The manager demonstrated a good knowledge of each service user's assessed needs as identified within the individual's care plan. Observations of activities throughout the centre provided evidence of service users relating positively to the manager, a volunteer and to each other.

Five service users returned completed questionnaires to RQIA within two weeks of the inspection. All respondents indicated that they were either satisfied or very satisfied with their experience of the service. There were procedures in place regarding the service provider seeking the views and opinions of service users and taking these into account in all matters affecting them. However, throughout most of 2016, no service users' meetings had been held formally, so there were no records for this period. A recommendation is made in this regard.

### Areas for improvement

Service user's meetings should be held at least quarterly with records kept of those who attend, the matters raised by service users and the actions taken in response.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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#### 4.6 Is the service well led?

The registration certificate for the service was up to date and displayed appropriately. MindWise has clear management information set out in the statement of purpose and in the service user guide, so that stakeholders know the leadership and decision making structure regarding the organisation and the day centre. There was evidence from records and from discussions with the manager to show that staff were appropriately qualified for their designated roles. A system is in place for the identification of staffs' training needs and for meeting these, including planned training days for the provision of mandatory training. Other specific training needs were met throughout the year on an individual basis. The day care worker in charge in the manager's absence has completed a competence assessment for this role and gained QCF Level 3 in 2015.

There was reported evidence from the four service users and one volunteer, of positive working relationships between the registered manager, staff, volunteers and service users. Systems were in place for the provision of staff supervision and support and records confirmed that formal supervision was supportive and regular. This had been maintained by the manager of another MindWise facility during a prolonged absence of the manager over the summer of 2016. The manager confirmed that full recruitment and selection records are held at the MindWise head office. No complaints had been received by the service in the period since the last care inspection and no notifiable events were recorded.

Examination of five monitoring reports showed that all of the required aspects of the centre's operations were rigorously checked, with action plans completed to ensure that identified, necessary improvements would be addressed within a specified timescale. Monitoring visits were varied between announced and unannounced and the reports were well detailed in their inclusion of the views of service users, volunteers and staff members. It was evident that monthly monitoring made a constructive contribution to quality improvement in the centre. Evidence examined at this inspection indicates that the service is well led.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Patrick Murtagh, 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 centre. 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](mailto: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

<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 8.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 November 2016</p>	<p>The registered provider shall ensure that service users' meetings are held regularly and that a record is kept of those who attend the meeting, the matters raised by service users and the actions taken in response.</p>
	<p><b>Response by registered provider detailing the actions taken:</b></p> <p>Regular service user meetings are held in the service, however, service user meeting minutes held during the period stated in this report were not recorded at the time of inspection. This will be added to the agenda for the next service user meeting for discussion.</p>

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



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