



The **Regulation** and
Quality Improvement
Authority

MindWise
RQIA ID: 11267
Unit 8 The Business Centre
Rainey Street, Magherafelt
BT45 5AJ

Inspector: Louise McCabe
Inspection ID: IN22765

Tel: 02879634834
Email: paddy.murtagh@mindwisenv.org

**Unannounced Care Inspection
of
MindWise**

25 June 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 25 June 2015 from 10.00 to 16.30.

Overall on the day of the inspection, the care in the service was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Overall on the day of the inspection the Day Care Setting was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, The Day Care Settings Minimum Standards 2012.

For the purposes of this report, the term 'service users' will be used to describe those attending MindWise Magherafelt service. The manager informed the care inspector after consultation with service users, the MindWise shop attached to the workshop has been renamed as Magherafelt New Style Furniture.

1.1 Actions/Enforcement Taken Following the Last Inspection

The care and estates inspectors followed up and liaised with MindWise and the registered manager concerning one of the requirements made in the previous care inspection's QIP. This was in relation to the measures taken by MindWise to minimise heat-loss so that temperatures in the workshop are maintained at an acceptable level for service users.

Other than this follow up there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	3

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

2. Service Details

Registered Organisation/Registered Person: Mr Edward George Alexander Gorringe	Registered Manager: Mr Patrick Murtagh
Person in Charge of the Day Care Setting at the Time of Inspection: Mr Paddy Murtagh	Date Manager Registered: 27 April 2010
Number of Service Users Accommodated on Day of Inspection: 9	Number of Registered Places: 15

3. Inspection Focus

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

Standard 5: Care Plan – Each service user has an individual and up to date comprehensive care plan

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

4. Methods/Process

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

Prior to the inspection, the following records were examined:

- the registration status of the service
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIP) from the care inspection undertaken in the previous inspection year
- the previous care and estates inspection reports
- pre-inspection assessment audit.

During the inspection, care delivery/care practices were observed by the inspector and a tour of the general environment took place. During the inspection process the inspector met with nine service users and had discussions with one staff and two volunteers.

The following records were examined during the inspection:

- Two complaints and no compliments
- Two accidents/untooward incidents
- Statement of Purpose
- Service user's guide
- Minutes of three service user's meetings
- Five service users care files

- Service users annual quality assurance report
- Policies and procedures regarding standards 5 and 8
- Three monthly monitoring reports.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The most recent inspection of MindWise Magherafelt was an estates inspection which took place on 19 May 2015. The returned QIP was received by RQIA on 24 June 2015. The estates inspector informed the care inspector he has approved the completed QIP.

5.2 Review of Requirements and Recommendations from the last Care Inspection

The previous care inspection occurred on 13 November 2014, three requirements were made.

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 20(1) (a)	The registered person must review staffing and ensure there is an adequate number of day care staff taking into account the size of the day care setting, the statement of purpose, the needs of the service users and the roles and responsibilities of the one manager and two other members of staff. The outcome of this review should be reported on the returned quality improvement plan.	Met
	Action taken as confirmed during the inspection: The returned completed QIP stated <i>"MindWise has a Staff to Service User Ratio Report that is reviewed regularly. This document has been reviewed on 13 January 2015 to reflect changes in staffing levels at the service... This equates to a staff to service user ratio of 1:8 compared to the average of all other MindWise day care settings which is 1:10."</i> Since this review, funding for a specific project came to an end which resulted in the loss of two staff members and a reduction in service user numbers per day. The registered manager completed a variation application to RQIA regarding this which was approved by RQIA. The MindWise Magherafelt service is now registered for fifteen service users per day, there is one staff member and the registered manager employed. There were no concerns regarding staffing levels during this unannounced inspection.	

<p>Requirement 2</p> <p>Ref: Regulation 20 (2)</p>	<p>The registered person shall ensure that persons working in the day care setting are appropriately supervised.</p> <p>This requirement refers to but is not limited to the qualifications and status of the staff member in charge of the centre in the absence of the registered manager.</p> <hr/> <p>Action taken as confirmed during the inspection: A competency and capability assessment was completed with an identified staff member on 15 May 2015. The registered manager has deemed the staff member as competent regarding MindWise and the Northern HSC Trust's Safeguarding Children and Vulnerable Adult policies, procedures and Vulnerable Adult and Child Protection training and he/she is aware of RQIA standards and regulations. The staff member is supervised formally and informally by the registered manager of MindWise Magherafelt.</p>	<p>Met</p>
<p>Requirement 3</p> <p>Ref: Regulation 26(2)(k)</p>	<p>The registered person must ensure that the measures proposed by the estates inspector should be taken to minimise heat-loss so that temperatures in the workshop are maintained at an acceptable level for service users. This will involve immediate measures to ensure draughts are minimised by ensuring external doors are kept closed.</p> <p>It is also required that an evaluation of the building is undertaken to identify if modifications are required to ensure service users comfort in relation to temperature of the environment.</p> <hr/> <p>Action taken as confirmed during the inspection: Since the service's previous inspection, the MindWise Magherafelt central heating system has been refurbished and the door saddles replaced. Signs have been placed on all external doors to advise everyone doors should be kept closed. A review was also undertaken by the organisation's Health and Safety individual. Their report reflects additional work is recommended to install revolving doors and will be completed before next winter.</p> <p>The care inspector's review of the service's</p>	<p>Partially Met</p>

	complaints record; monthly monitoring reports and discussions with service users conclude they are not satisfied with the increase in temperatures in the workshop. Many stated the workshop is too warm for them to work in. The service users are able bodied and working in the workshop refurbishing furniture and are not undertaking sedentary activities. It is agreed the manager will continue monitoring and recording workshop temperatures on a daily basis and consulting with service users about same to ensure comfortable workshop temperatures. The designated line manager for MindWise Magherafelt will also continue to monitor this.	
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5.3 Standard 5: Care Plan – Each service user has an individual and up to date comprehensive care plan

Is Care Safe?

The day service has policies and procedures pertaining to assessment, care planning and review. There are also associated guidance and information available for staff. The policies and procedures regarding standard 5 are:

- Client1 Pathway Policy and Procedure (Appendix 1: Client Pathway Tool Kit) dated April 2014 for Housing, Day Care and Community based services
- MindWise Code of Conduct for Staff reviewed in September 2014.

The manager informed the care inspector MindWise commenced a day care review in May 2015. There has been an initial meeting with the managers of day services and the review will involve consultation with service users.

Service users are encouraged to make their own decisions, be independent and are discreetly supported by staff when this is needed. Discussions with staff reflected a person centred approach is used with service users, this is underpinned by strong core values.

Discussions with the manager and staff concluded most service users attending MindWise Magherafelt have stable mental ill health, however there can be periods when this fluctuates and as a result can affect their day to day ability to function normally. When service user's mental health deteriorates staff are available and respond in a sensitive, caring and non-judgemental way. Discussions with service users conclude this to be the case. Service users stated the manager and staff know them very well and they would be lost without it and the support it gives them.

Is Care Effective?

Service user's care plans within MindWise are called 'support plans.' These are reviewed by staff with service user's on a six monthly basis or sooner if changes are needed. The

MindWise Outcomes Framework forms the basis of all support plans. The statement of purpose details an overview of the information that should be included in a service user's support plan.

The inspector's review of five service user's care plans evidenced these to be person centred, comprehensive and reflective of the individual's needs. The level of support needed was recorded, however one service user's care plan was identified for improvement so it reflects the individual's physical conditions as this can affect their mental health.

With regards to standard 5, the manager and community mental health worker have both received training in support plans (care plans) on 30 April and 1 May 2014.

Is Care Compassionate?

Discreet observations of care practices found that service users were treated with sensitivity, friendliness, care and respect. Service users were encouraged to make their own decisions, be independent and were discreetly supported by staff when this was needed. Staff presented as knowledgeable, experienced and compassionate.

Discussions with service users concluded the quality of their lives has improved significantly as a result of attendance at MindWise Magherafelt. Many said the ongoing support from staff and friendships with their peers helps them to maintain good mental health and coping mechanisms.

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

Areas for Improvement

One identified area for improvement is needed regarding RQIA's review of standard 5. This concerns the review of an identified service user's care plan.

Number of Requirements:	0	Number of Recommendations:	1
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5.4 Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care setting

Is Care Safe?

The policies and procedures about standard 8 are:

- Service Users Involvement in Meetings and Forums (dated March 2013)
- Involving People: Consultation and Information Sharing Policy (dated August 2012)
- Complaints Policy - Issued June 2009, reviewed in July 2014
- Involving People: Consultation and Information Sharing Policy – issued in August 2012, reviewed in August 2015
- Equality and Diversity Policy - dated February 2013

Discussions with nine service user's, one staff, two volunteers and the manager reflect how service user's are involved in the running of the service. Examples were given about how staff and management have responded to their suggestions, views and opinions. The inspector's review of the minutes of service users meetings and discreet observations of staff interactions with service users concluded safe care is delivered in the MindWise Magherafelt day service.

Is Care Effective

The service's statement of purpose states service user involvement is a key element in MindWise's approach to all of it's services. A MindWise Service Advisory Group (SAG) is held on a quarterly basis in Magherafelt. The SAG consists of all agencies which have an interest in the development of the service and includes service user representatives. The role of this group is to oversee the project, identify ideas and initiatives for development and to monitor progress in these areas.

Service users have opportunities to be on the Board of Trustees offering guidance, advice and expert knowledge and sit on the MindWise focus groups which involves consultation and development of all MindWise projects.

Discussions with the manager and service users and review of documentation show management and staff actively encourage service user involvement in all aspects of their work. Examples were given by service users of how staff ensure their views and opinions were obtained: informal discussions, service user meetings and their annual review of their day care placement.

The care inspector's review of the most recent minutes of three service users meetings showed these occurred in April 2015, November 2014 and August 2014. The minutes were qualitative and informative. They contained the names of the service users who attended, a summary of discussions, however two of the minutes were not specifically dated, there were no agenda items or details of who would be taking action. There was evidence that service users views and opinions are sought and form the basis of all discussions. Improvements are needed to ensure more frequent service users meetings are held. This was discussed with the manager.

In accordance with day care regulations, day services are involved in the annual reviews of service user's day care placements. Review of five service user's annual review reports took place during this inspection. The five review reports contained the service user's views and opinions of their day service. The manager is aware service user's annual review reports are to contain all of the relevant information as stated in minimum standard 15.5.

Standard 8.4 states service user's views and opinions about the running and quality of the service are sought on a yearly basis. The most recent annual quality assurance service user questionnaire was distributed to service users in March 2015. Sixteen service users completed questionnaires which were detailed and covered many areas of the MindWise service provision for example:

- What is most important to you about the MindWise service you attend?
- Do you feel you are benefitting from the service?
- What kind of support do you receive from the service?
- Various questions on how service users are treated by staff and encompass core values.

- Various questions on how volunteers support them.
- Do you fully understand MindWise's complaints procedure?
- Do you feel that MindWise actively engages you in relation to any proposed changes in service provision or policy?
- Do you feel MindWise encourages user led activities?
- Are you satisfied with sessions, activities, outings offered within the service?
- What would make the most difference to your quality of life?
- Do you have the opportunity to participate in decision making?
- Are you happy with the opportunities to be involved?
- How are you involved in the service e.g. day to day participation, participating in the wider MindWise organisation, service user meetings, user led group, monitoring quality of service, service advisory/project group?
- Do you think the service could be improved?

An evaluation report was completed by head office for the entire organisation's day services. The evaluation report for MindWise Magherafelt service was qualitative and informative about the quality of day care provision. There was information on the outcomes of service user meetings, open door policy, complaints and compliments received and comments made by service users in the annual review of their day care placement.

An identified number of anonymous service users raised some issues in their responses to several questions. The evaluation report did not reflect the action to be taken by management to address these. This was discussed with the manager as improvements are needed in this area. The manager emailed the care inspector on 26 June 2015 with an update of the action he will be taking to resolve these matters and will be discussing same with service users at the next service users meeting. Assurances were given to RQIA the outcomes of these will be subsequently recorded in the evaluation report.

It is acknowledged the issues are not complaints, however several are areas of dissatisfaction or concerns raised by service users. The manager is advised to retrospectively record these in the service's complaints record and to record a summary of the investigation and action taken in attempts to resolve these.

Complaints

Since the previous care inspection, two complaints had been recorded in the MindWise Magherafelt service's complaints record. Both of these concerned service users complaining about the workshop being too warm. A requirement had been made for the organisation to review this.

The service's heating system was refurbished and the organisation's Health and Safety Officer has recommended new exit doors are fitted to minimise heat loss. The manager is monitoring temperatures in the workshop on a daily basis and has liaised with RQIA's estates and care inspectors. As service users are not sedentary and are moving around sanding, painting and varnishing as part of the upcycling and revamping of furniture, the manager is advised to continue monitoring temperatures in the workshop to ensure they are comfortable for service users. This will involve regular consultation with service users to ensure their satisfaction with temperatures in the workshop.

Discussions with nine service user's conclude they are aware of the centre's complaints process. Service users able to articulate their views and opinions said they would have no difficulty raising any areas of dissatisfaction, concern or complaint with staff or the manager.

Compliments

No compliments had been recorded in the service since March 2012. Discussions with the manager concluded compliments have been received about the service but not recorded. The manager was advised to record these.

Monthly Monitoring Reports

The inspector examined three monthly monitoring reports from March – May 2015 inclusive. There was information on the numbers of service users interviewed. There were summaries of their positive comments about the quality of the day service provision. There were also issues raised that the workshop was too warm in each of the three reports. As discussed above, action is being taken regarding this.

The inspector concludes the quality of care provision in MindWise Magherafelt is effective, however improvements are needed concerning the frequency of service users meetings; the quality of the minutes of these meetings and the evaluation report of the service's annual quality assurance of service users views and opinions.

Is Care Compassionate?

Discreet observations of care practices found that service users' are treated with respect, kindness and care.

The care inspector had private discussions with two service users and a group discussion with nine service users and two volunteers. It was concluded service users were treated very well and with respect by the manager, staff and volunteers. Several service users stated the staff go above the call of duty to ensure their needs are attended to.

A sample of the comments made by service users about the day service include:

- *"MindWise means a lot to me, I'd be lost without it and don't know where I'd be. It motivates me to get out of the house and keeps my mind occupied. I enjoy the company. It's a good place and has improved the quality of my life."*
- *"I think I'd be in hospital a lot if it weren't for here. It helps me to cope and I enjoy meeting my friends. I enjoy it and the chat."*
- *"I've learned new skills here, upholstery, woodwork, horticulture and completed an English course with a qualification. The manager and staff listen and support us."*
- *"It's a good place and don't know where I'd be without it. There's always lots to do. I feel it helps me to be well."*
- *"It'd be great if we could start getting our lunch here again, I miss that. I love it here, it's done me the world of good."*

- *“I’d be at home looking at the four walls if it wasn’t for this place. I look forward to coming here. I feel valued and appreciated.”*
- *“I’m happy here, it keeps me busy. I would rather have something to do than be at home doing nothing.”*

An identified number of service users raised several areas with the care inspector in which they felt improvements could be made. These regarded:

- The workshop is too warm
- The provision of hand dryers in the toilets
- Recommencing the provision of lunch.

These areas were shared with the manager who agreed to follow these up with service users.

RQIA Questionnaires

As part of the inspection process RQIA questionnaires were issued to staff and service users.

Questionnaire’s issued to	Number issued	Number returned
Staff	1	1
Service Users	8	6

The care inspector’s review of the questionnaires evidenced all of the service users had circled either the satisfied or very satisfied sections regarding the quality of care provision.

One unidentified service user circled the ‘unsatisfied’ box in regarding the following:

- Their views and opinions are not sought about the quality of the service.
- Staff do not know how to care for them.

Another unidentified service user stated they wanted help with:

- *“Going from illness to some work.”*
- *“Using mind, skills.”*

The information collated from the completed RQIA questionnaires was shared with the registered manager by email on 17 July 2015 for action.

It can be concluded the quality of care provision in MindWise Magherafelt is safe, effective and compassionate.

Areas for Improvement

Two areas for improvement were identified as a result of the inspector’s examination of this standard. These concerned:

1. Service user meetings.

2. Service user's annual review reports.

Number of Requirements	0	Number Recommendations:	2
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5.5 Additional Areas Examined

5.5.1. Accidents and Untoward Incidents

Since the previous care inspection, two accidents were recorded in the MindWise's accident and untoward incident records. These did not result in medical intervention being required, nor were the service users adversely affected. Positive comments were shared with the manager about service users being involved in the completion of the recording of the accidents and signing same. No untoward incidents were recorded. The service's accident and untoward incident record was in accordance with regulation 29. No concerns were raised.

5.5.2. Discussions with Volunteers

The care inspector met with two volunteers during the inspection. Their comments about MindWise Magherafelt service were complimentary and positive, particularly regarding service user involvement. No concerns were raised.

5.5.3. Service Level Agreement

A discussion took place with the manager about a crisis situation that had arisen with a service user who had disengaged from the MindWise Magherafelt day service on an identified date in 2014. Senior personnel in MindWise have been liaising with the Northern HSC Trust regarding this and various discussions have taken place. 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 the action to be taken and who is responsible should a similar situation arise in the future. The service level agreement should be revised to reflect this.

5.5.4. Environment

The inspector undertook a tour of MindWise Magherafelt. The workshop area contained various items of furniture in the different stages of being upcycled, for example: service user's having applied masking tape to furniture in preparation for painting or staining, furniture in the process of being painted or varnished, items being made out of wood etc. As such the environment was observed to be a hive of activity. No safety issues were observed. There were good housekeeping arrangements in place for the tidying, brushing up and cleaning of the toilets and kitchen area. Positive comments were made by the care inspector on the painted cupboards in the kitchen, worktops and new seating had been fitted which made better use of the space. The general décor and furnishings were fit for purpose. No concerns were noted.

Areas for Improvement

One area for improvement was identified as a result of the inspector's examination of additional areas. This concerned:

1. Written procedural guidelines are put in place when an emergency/crisis situation arises with a service user who disengages from the service.

Number of Requirements	1	Number Recommendations:	0
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6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Paddy Murtagh, registered manager as part of the inspection process. The timescales commence from the date of inspection.

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

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

6.1 Statutory Requirements

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

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to day.care@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory Requirements

Requirement 1

Ref: Regulation 13 & 14

Stated: First time

To be Completed by:
30 September 2015

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.

The returned QIP must state the action taken regarding this requirement.

Response by Registered Person(s) Detailing the Actions Taken:

A meeting was held between Management of the MindWise Magherafelt service (Jackie McCaughey, Area Manager and Paddy Murtagh, Registered Manager) and representatives from the Northern Health and Social Care Trust (Trust Lead and the Community Mental Health Team Leader). The NHSCT have advised that the service should follow Trust Guidelines in supporting service users, post discharge from the CMHT. This has been agreed and put in writing, with a copy of the agreed guidelines forwarded to the Inspector.

Recommendations

Recommendation 1

Ref: Standard 8.5

Stated: First time

To be Completed by:
30 September 2015

The registered persons must ensure the service users' annual quality assurance evaluation report:

- includes the actions and outcomes taken as a result of the previous quality assurance evaluation report
- 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
- Evidence the outcomes from the quality assurance questionnaires are shared with service users.

Response by Registered Person(s) Detailing the Actions Taken:

The Service User Satisfaction Survey Report now includes a action plan to include any issues raised during the survey. This action plan is then included in the members meetings (with members provided with a copy of the report and action plan) for discussion, and to agree a suitable

	means to rectify these issues. The action plan includes issues raised, what action is to be taken, who is responsible for dealing with these issues and timescales for dealing with these issues. Where there is no action required this is recorded on the action plan and in the members meetings minutes.		
Recommendation 2 Ref: Standard Stated: 8.3 First time To be Completed by: Immediate and ongoing	<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"> • An agenda • Action to be taken and by whom with timescales • Subsequent minutes of meetings should reflect the outcomes of the action taken from the previous meeting. <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: Members meetings are scheduled monthly, with minutes that include; the names of those present, issues raised, actions taken and by whom. Previous minutes are revised and an agenda is made available to members at the meeting. Members are given the opportunity to add items to the agendas for these meetings.</p>		
Recommendation 3 Ref: Standard 5.2 Stated: First time To be Completed by: 3 July 2015 and ongoing	<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> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: The service user's file has been updated to include physical health conditions and the impact that these may have on the individual's mental health are also noted. This has been signed off by staff and the service user to reflect the change has been made. Any necessary additional support has also been noted.</p>		
Registered Manager Completing QIP	P Murtagh	Date Completed	14/8/15
Registered Person Approving QIP	Edward Gorringer	Date Approved	17/8/15
RQIA Inspector Assessing Response	Louise McCabe	Date Approved	20/08/15

Please ensure the QIP is completed in full and returned to day.care@rgja.org.uk from the authorised email address