

# Unannounced Care Inspection Report

## 07 September 2017



## MindWise, Magherafelt

**Type of Service: Day Care Setting**

**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

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a Day Care Setting with registered places for fifteen people who require support regarding their mental health and wellbeing and their engagement in work and other meaningful activities.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> MindWise  <b>Responsible Individual(s):</b> Mr Edward George Alexander Gorringe	<b>Registered Manager:</b> Mr Patrick Murtagh
<b>Person in charge at the time of inspection:</b> Mr Raymond McGurk, Community Mental Health Worker, for most of the day. The manager was present for feedback at 16.00.	<b>Date manager registered:</b> 01 November 2010
<b>Number of registered places:</b> 15 - DCS-MP, DCS-MP(E)	

### 4.0 Inspection summary

An unannounced inspection took place on 07 September 2017 from 10.30 to 16.30.

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

The inspection assessed progress with any areas for improvement identified 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.

Evidence of good practice was found in relation to commitment to service users, involvement of service users, care records, staff training and monitoring of the service.

No areas requiring improvement were identified.

Service users said:

- “I’ve been coming here for a good few years and the people are always ready to help”.
- “I like it here and the manager and staff are good people”.
- “Woodwork is good; quite a few people really enjoy it”.

The findings of this report will provide the day care service with the necessary information to enhance practice and service users’ experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr Patrick Murtagh, Registered Manager and Mr Raymond McGurk, CMHW, as part of the inspection process and can be found in the main body of the report.

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

#### **4.2 Action/enforcement taken following the most recent care inspection dated 14 October 2016**

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 14 October 2016.

#### **5.0 How we inspect**

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Record of notifications of events
- Record of complaints
- Quality Improvement Plan from the previous inspection on 14 October 2016
- Records of contacts between the service and RQIA
- The Statement of Purpose.

During the inspection the inspector met with:

- Three service users in group settings
- One staff and one volunteer in individual discussions
- One visiting community mental health worker, using an office for a meeting
- The registered manager at the conclusion of the inspection.

Questionnaires were left with the manager to be distributed to service users, staff and a number of relatives or carers of service users. Eight completed questionnaires were returned to RQIA by 20 September 2017 five from service users, one from a staff member and two from relatives/carers of service users.

The following records were examined during the inspection:

- File records for four service users, including care plans and review reports
- Progress records for four service users
- Monitoring reports for the months of June, July and August 2017
- Records of two staff meetings held electronically
- Minutes of Service User Meetings, held electronically
- Selected training records for staff, including staffs' qualifications
- Supervision and appraisal records for one staff member
- The registration certificate for the centre
- A current fire safety assessment certificate.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 14 October 2016

The most recent inspection of the day centre was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 14 October 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 8.3  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The manager confirmed that service users' meetings were taking place and satisfactory records of meetings were examined on the Mindwise computer system.	

## 6.3 Inspection findings

### 6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The day centre premises were well maintained and in good decorative order. Since the previous inspection, a number of improvements have been made to the premises. The major improvement, which enhances safety significantly, is the enclosing of the woodwork workshop area, within the former, large workshop. This allows the free movement of people, who are not involved in workshop activities, between the leisure room, the kitchen, the training room and the toilets, without having to walk directly past woodworking machinery, or in close proximity to those who are engaged in workshop based activities. While hazards are present for those service users and staff who carry out workshop tasks, there was evidence to show that the risks were assessed and that good safety measures were in place. Both the staff member and the volunteer who supervise the workshop are qualified and experienced in this area of work. In addition, the staff member holds a City and Guilds certificate in Teaching Adult learners.

Entry to the premises is guarded by an electronic system that requires people to ring the bell and wait until they are seen on the office screen and 'buzzed' in. Exit from the premises is not secured in this way and service users can leave as they wish. The accepted and practiced custom is that anyone leaving the premises informs the staff on duty, before they go. Fire safety records were well kept and up to date. An independent, professional assessment of conformity to fire safety had been completed on 01 March 2017 and the certificate for this was displayed in the office.

New staff undertake an induction programme, as evidenced in the file records, dated 25 September 2012 of one staff member. This staff member, who met with the inspector, confirmed that he has confidence in the practice of all staff and volunteers in the team, in their work with service users. Service users presented as being well informed of their rights and responsibilities toward one another and voiced both their confidence and their praise for the manager, staff and volunteers who work in the centre. 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 carer. Risk assessments with regard to mental health and to work experience activities were present where relevant and each one had been signed as agreed by the service user.

During the inspection visit, service users spoke positively of their enjoyment of attending the centre and confirmed that they felt safe and well cared for in the premises. Staff presented as being well informed of the needs of service users and of methods of helping to meet these needs safely. Service users' rights and feelings, and the methods available to them of raising a concern or making a complaint were set out in the service user guide and verbal explanations and guidance had been provided for service users in their periodic meetings. The monitoring officer includes safety checks in each visit, reports of four of which were examined. Staff members were observed interacting sensitively with service users and responding appropriately to each person's needs. Observation of the delivery of care, throughout the period of this inspection, indicated that service users' needs were being met safely by the staff on duty. All eight respondents in the questionnaire survey indicated that they were either 'Satisfied' or 'Very Satisfied' with the provision of safe care in the Magherafelt MindWise service.

### **Areas of good practice**

Examples of good practice found throughout the inspection included, staff induction, staff training, empowerment of service users, adult safeguarding, risk management and the care of the environment.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

The centre's Statement of Purpose and the Service User's Guide provide the information required by regulations and minimum standards. Three service users provided information on the operation of the centre and their feelings about attending. The feedback was positive in all respects, including the effectiveness of the care provided. All of the service users indicated that the day care service helped them and was an important contributor to maintaining their health and wellbeing.

Three service users' files were examined during this inspection and each was found to contain a written agreement on the terms of the individual's attendance, consents regarding photos and access to records and detailed referral and assessment information on the service user. Detailed records of assessed risk and vulnerability provide clear guidance for staff involved in the work with that person.

Care plans set out the service user's needs in good detail, along with objectives for each person's care and the actions required to meet those objectives. Care plans were person centred and accurately reflected the needs identified through assessments. Progress notes for each service user were written regularly, in proportion to the frequency of the person's attendance.

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. Each review report reflected the views of the service user and was informed by the written progress records. Signatures and dates were present in all of the care records examined.

Observation of care during the inspection found staff were actively responding to service users' expressed feelings and behaviours. They sought service users' preferences and ensured they were supported in making constructive choices. The manager and staff worked purposefully to involve service users in a variety of experiences, making good use of both the centre's facilities and those available in the local community.

Five service users presented as being comfortable and relaxed in the centre and there was written evidence of their involvement in activities such as crafts, woodwork, walking groups, snooker, darts, indoor football and a lunch group. Two people spoke of the value they gained from friendships with other service users, which came about through participation in the day centre's programmes. One staff member provided evidence of proposals for the introduction of 'Mindfulness' sessions and pharmacy information for service users.



Evidence from discussions with service users, from written records and from observations of interactions between service users and staff, confirmed that service users viewed the centre as an enjoyable and valuable place in which to spend their time. Service users were confident that staff understood their needs and had the ability to help them. All eight questionnaire respondents indicated that they were 'Very Satisfied' with the effectiveness of care in this setting.

The evidence indicates that the care provided is effective in actively pursuing the objectives of each service user's care plan and in promoting service users' wellbeing and fulfilment.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to assessments, care plans, reviews, communication between service users, staff and other key stakeholders, the organisation and operation of care/activity programmes, involvement and motivation of service users to do well and to feel well.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Observations of activities throughout the centre provided evidence of service users relating positively to staff and to each other. It was evident that some service users had built strong, supportive bonds with one another. The centre provides a range of activities, including woodwork, painting, craftwork, a luncheon club, snooker and darts. A high proportion of service users' activities are self-directed, which encourages independence and self-confidence. In all of the interactions observed, service users were engaged with respect and encouragement and staff members demonstrated alertness to individual signals of the need for one to one support.

Service users confirmed that staff listen to them and involve them in deciding what they will do during their time in the day centre. Service users were seen to be encouraged by staff and helped, whenever necessary, to focus on constructive activities. There were measures in place to ensure that the views and opinions of service users were sought formally and taken into account in all matters affecting them. These included discussions with the provider's monitoring officer during each month's visit to the centre and day to day discussions with the manager or a staff member, either individually or in groups. Comments made by service users in the course of the inspection included,

"Well we have walks and we have people to talk to if we're not feeling too good",

"I like coming here and if I just want a chat and a game of snooker, well that's all right",



One service user remembered feeling nervous when he first came to the centre but he was welcomed and helped to feel that he would get the kind of support he needed.

The views of a sample of service users were sought during each monthly monitoring visit and their views were reflected in all of the monitoring reports that were reviewed at this inspection. Five service users returned completed questionnaires to RQIA indicating that they were 'Satisfied' (2), or 'Very Satisfied' (3), with the provision of compassionate care in this service. The two relatives of service users, who returned questionnaires to RQIA, indicated that they were 'Very Satisfied' that compassionate care was provided.

Overall the evidence indicates that Mindwise Magherafelt Day Centre provides compassionate care to its service users.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to listening to and valuing service users, the involvement of service users in the care planning process and providing access to a range of practical and social learning activities.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.7 Is the service well led?

**Effective leadership, management and governance which create a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

Discussions with the manager, one staff member and one visiting professional, and an examination of a range of records, including minutes of staff meetings and monthly monitoring reports, provided evidence that effective leadership and management arrangements are in place in MindWise Magherafelt Day Centre. A review of the operation of the centre has been completed by the provider organisation and a number of new initiatives were being considered at the time of this inspection. The current registered manager will be leaving the centre later this month. New management arrangements had not yet been announced.

Staff training records confirmed that staff had received mandatory training and training specific to the needs of the service users in this setting. Discussion with staff and examination of minutes confirmed that staff meetings had been held quarterly. The manager had provided information to staff on developments in the service and opportunities for staff members to contribute ideas for the centre's continuing development. There was evidence from discussions with staff to confirm that working relationships within the staff team were supportive and positive. Staff commented that the manager was supportive and motivated them to take responsibility for their work and for the overall effectiveness of the centre.

The staff member on duty viewed supervision as an opportunity for focussed discussion with the manager on matters of service users' needs and care plans, programmes of activities and for his own individual development. He also emphasised that the manager's ready availability meant that matters arising on a day to day basis could be brought to him for discussion whenever necessary. An annual appraisal for the staff member had been completed on 08 February 2017. The manager has completed QCF Level 5 in Leadership and Management and has seven years' experience in his registered manager role. The staff member has gained QCF3 during his five years in post and has undertaken a competency and capability assessment to take charge of the centre in the manager's absence.

Three monthly monitoring reports were examined and were found to address all of the matters required by regulation. A sample of service users' records was checked at each monitoring visit and any necessary improvements were set out in an action plan at the conclusion of the report. All three reports contained well-detailed feedback from discussions with service users and staff members and a number of the centre's records were audited on each visit.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, supervision of staff, reviewing the purpose and operation of the centre.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.



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

Tel 028 9051 7500  
Fax 028 9051 7501  
Email [info@rqia.org.uk](mailto:info@rqia.org.uk)  
Web [www.rqia.org.uk](http://www.rqia.org.uk)  
 @RQIANews

Assurance, Challenge and Improvement in Health and Social Care