



The **Regulation** and
Quality Improvement
Authority

Announced Primary Care Inspection

Name of Establishment: Mindwise, Magherafelt
RQIA Number: 11267
Date of Inspection: 13 November 2014
Inspector's Name: Michele Kelly
Inspection ID: IN020624

The Regulation And Quality Improvement Authority
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1.0 General Information

Name of centre:	MindWise, Magherafelt
Address:	MindWise Unit 8 The Business Centre Rainey Street Magherafelt BT45 5AJ
Telephone number:	(028) 7963 4834
E mail address:	paddy.murtagh@mindwisenv.org
Registered organisation/ Registered provider:	Mindwise Edward George Alexander Gorringer (Registration Pending)
Registered manager:	Mr Patrick Murtagh
Person in Charge of the centre at the time of inspection:	Mr Patrick Murtagh
Categories of care:	DCS-MP, DCS-MP (E)
Number of registered places each day	30
Number of service users accommodated on day of inspection:	13
Date and type of previous inspection:	5 November 2013 Primary Announced Inspection
Date and time of inspection:	13 November 2014 10:30- 15:00
Name of inspector:	Michele Kelly

2.0 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.

3.0 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.

4.0 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.

5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Service users	4
Staff	4
Relatives	0
Visiting Professionals	0

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	4	2

6.0 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.

7.0 Profile of Service

MindWise is a voluntary organisation, providing services and support to people with mental ill health, in the Magherafelt area. Among its stated aims, the service works to challenge stigma and discrimination, to provide quality services and support by:

- lobbying and campaigning to promote equality and respect for all;
- supporting and encouraging people to achieve their own goals and aspirations;
- promoting, recognising and supporting carers, families and friends;
- engaging with other agencies to develop first class services;
- holding recovery as core to all the services provided;
- developing the skills and knowledge required to manage personal mental health and the mental health of others.

The service is currently registered to accommodate up to 30 people per day for individuals over eighteen years of age, who have diagnosed mental ill health. The centre occupies two workspace units in an industrial park off a main street in the town. The workspace units are open to the public and include a charity shop, selling renovated furniture, furnishings and bric-a-brac. A range of garden furniture and other wooden items are made in the workshop, either to order, or to go on sale.

The premises includes an office and a store room, kitchen, male and female WC's and a paint room. There is also a room on the first floor, used by staff and service users for group work and crafts. There are sufficient car parking spaces in front of the two units.

In addition to the on-site work, the service has a horticulture section, making use of several allotments, in a number of different locations. All of the practical elements of the service help to prepare people for involvement in employment or voluntary activities and greater independence, with the support of staff dedicated to this aspect of the work.

The service is provided from Monday to Friday inclusive, between 9.00am and 5.00pm (excluding bank holidays).

8.0 Summary of Inspection

A primary inspection was undertaken in Mindwise Magherafelt Day Centre on 13 November 2014 from 10:30 to 15:00. The inspection was announced.

The previous announced inspection carried out on 5 November 2013 had resulted in one requirement and four recommendations. The requirement and three recommendations have been fully addressed one recommendation will be restated as a requirement.

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.

The inspector spoke to the manager and the support worker regarding the standards inspected and their views about working in the centre. This generated 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 noted 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 but that arrangements for cover in the absence of the manager were not considered satisfactory by the staff who work in the centre.

Of the four questionnaires sent to the agency two questionnaires were returned by the support workers who reported satisfactory arrangements were in place with regard to supervision; staff training; responding to service users' behaviour; confidentiality and recording. Comments were made regarding the staffing arrangements and concerns were specific to a period of time when the manager was on sick leave. One staff member stated:

"Staff had too much to do and was under pressure when our manager was off"

While another wrote;

"The service was stretched when the service manager was off on sick leave".

This matter was discussed with the registered manager and area manager and is referred to within this report and attached quality improvement plan.

The inspector spoke with four service users 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 Patrick Murtagh was the registered 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 very important for them because it was a source of support, a social experience for them that gave them confidence and a place where staff will help them with 1 to 1 support. One service user said "It's good to have somewhere to go home from."

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. All criteria examined were assessed as compliant.

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

Based on the evidence reviewed the inspector has assessed the centre as **Compliant** in this theme.

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

Two criteria from Regulation 14 of The Day Care Settings Regulations (Northern Ireland) 2007 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 any service user's care plan, therefore no incidents have been or would be reported through to RQIA under current arrangements. Discussions with the registered manager and staff involved in the day to day running of the facility 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.

Based on the evidence reviewed the inspector assessed the centre as **Compliant** in this theme.

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 of The Day Care Settings Regulations (Northern Ireland) 2007 and one criterion from Regulation 21 were inspected which provided the evidence to examine 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; however arrangements for managing the setting in the absence of the registered manager were not satisfactory. Staff in post reported that staffing was not always adequate and that at times there is a great reliance on volunteers.

Based on the evidence reviewed the inspector has assessed the centre as **Not Compliant** in this theme; two requirements are made to address the issues in Theme 2.

The inspector would like to thank the registered manager, staff and service users for their welcome and co-operation on the day of inspection.

9.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	Regulation 16(2)(b)	The registered person must ensure that a formal care review is held at least once a year, to address the matters identified in Standard 15.5.	There is an ongoing schedule of reviews which is in progress. Most service users have had a review and all have a date for review and HSC Trust staff are invited to attend.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	Standard 17.9	It is recommended that the use of audits of various working practices should be increased and that records of these should be kept.	Monthly monitoring reports now include an audit of service user files and reviews.	Compliant
2	Standard 3.1	Each service user's care file must contain an individual written agreement which includes all the information specified in standard 3.	The service user guide now incorporates client induction and client pathways. Service users are asked to sign this if they understand the content.	Compliant
3	Standard E 10 (Suitability of premises)	Steps should be taken to minimise heat-loss so that temperatures in the workshop are maintained at an acceptable level for service users.	Radiators have been replaced, and there is a replaced door saddle. The thermometer in the workshop was reading 17.5 degrees centigrade. The workspace still felt cold. This recommendation will be a requirement in the quality improvement plan.	Substantially compliant
4	Standard 19.4	Where records are kept electronically, and not kept in paper form on file, the provider should make clear in the self-assessment, in advance of an inspection, where the records may be accessed.	All policies are on Mindwise staff website and the inspector was provided with requested policies.	Compliant

10.0 Inspection Findings

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:	COMPLIANCE LEVEL
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.	
Provider's Self-Assessment:	
Service users' personal information is stored in a locked cabinet in the main office, with access to this information restricted to staff only. These files are kept in the cabinet, in a small store room which is secured by a key pad lock on the door.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>The inspector reviewed four service users individual records which presented as compliant with The Day Care Settings Regulations (Northern Ireland) 2007 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.</p> <p>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.</p>	Compliant

<p>Criterion Assessed:</p> <p>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.</p> <p>7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment:</p>	
<p>A service user's file can be made available upon request to the service user or a person acting on his or her behalf (with the service user's consent) and a note is made of this in the service user's file, as per the Data Protection Policy 2013 and the Confidentiality and Information Sharing Policy.</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>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. 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. Service users spoken to on the day of inspection confirmed they are aware they can access their records.</p>	Compliant

<p>Criterion Assessed:</p> <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. 	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment:</p> <p>Information relating to the support required by, and provided to each service user is recorded in their service user files. In relation to personal care, the service does not provide personal care to serviceusers. The organisation has recently introduced the Client Pathways policy, guidance and related paperwork. This is being implemented in the service and details the service users involvement with the service from initial contact to moving on and the closure of the individuals file.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <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 and compliant with appendix 1(The Day Care Setting Regulations (NI) 2007).</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>

<p>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.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment:	
Regular notes are made for each service user to reflect their involvement in the service and record any events, for example a change in their mental health, and the action taken. When there are no events to record staff still record this in the service user's notes within each five sessions attended by the service user	Compliant
Inspection Findings:	
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.	Compliant
Criterion Assessed:	
<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. 	COMPLIANCE LEVEL
Provider's Self-Assessment:	
Staff training, policies and procedures, and the organisational chart provide staff with all the necessary information in relation to reporting responsibilities. The Trust also provides guidance on issues that need to be reported and the correct channels to do this.	Compliant
Inspection Findings:	
The registered manager and staff consulted were familiar with the reporting arrangements within the organisation and issues that required to be reported under safe-guarding procedures. The inspector viewed the policies and procedures pertaining to communication, confidentiality, consent, and management of records and found them to be satisfactory.	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: Records are signed by staff, service users and also signed off by the Registered Manager during scheduled reviews of service user files. Entries are made recorded clearly, and are signed and dated at the time of entry.	Compliant
Inspection Findings: Records examined on the day of inspection were legible accurate, up to date and had been signed. The registered manager had signed records when file reviews had taken place.	COMPLIANCE LEVEL Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	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:	
<p>Regulation 14 (4) which states:</p> <p>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.</p>	COMPLIANCE LEVEL
Provider’s Self-Assessment:	
<p>MindWise does not support the use of restraint as per the MindWise Restrictive Practice Policy Statement (2014), however if there is evidence that there is a need for this then all measures are taken to minimise the effect and support the Human Rights of the service user.</p>	Compliant
Inspection Findings:	
<p>The inspector discussed this theme with staff, examined four individual service user records, reviewed the Restrictive Practice Policy Statement and examined a selection of records as described in The Day Care Settings Regulations (Northern Ireland) 2007 Schedule 5.</p> <p>The information verified that the centre do not use restraint, and that no service users are currently looked after in this day care setting whose behaviour requires a plan for restraint.</p> <p>Staff spoken to on the day of inspection discussed how they used diversion and diffusion to manage behaviours which may have the potential to escalate. 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. Discussion with staff working in the centre revealed they are knowledgeable regarding the protection of service users’ human rights.</p>	COMPLIANCE LEVEL Compliant

<p>Regulation 14 (5) which states:</p> <p>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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p> <p>MindWise does not support the use of restraint as per the MindWise Restrictive Practice Policy Statement (2014), however if there is evidence that there is a need for this then all measures are taken to minimise the effect and support the Human Rights of the service user. Restrictive practices have not been used in the service.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>No service users had been subject to restraint and this setting has a no restraint policy which is consistent with the settings ethos, statement of purpose and aims of the service. The policy was revised in September 2014.</p>	<p>COMPLIANCE LEVEL</p> <p>Not applicable</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>
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<p>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p> <p>Complaint</p>
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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. Qualifications and experience are considered during the recruitment process. Mandatory training is provided in line with the organisational training matrix and each member of staff completes an induction workbook. An Induction competency checklist form is completed for each new member of staff.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>The registered manager has the QCF level five which is one of the qualifications required for registered manager’s registration. The inspector examined the statement of purpose and ascertained that there was information pertaining to the management structure and staffing arrangements and this was clear and informative. Two staff questionnaires returned expressed dissatisfaction with the staffing arrangements in the centre when the registered manager had been off on extended leave. The inspector noted that the staff member who manages the centre in the absence of the manager had not been trained for this role and did not have qualifications required or</p>	<p>Not compliant</p>

<p>registration with NISCC. The registered manager had been on sick leave for a prolonged period in the months preceding the inspection. This matter was reviewed by the inspector in conversations with staff on duty on the day, the registered manager and the area manager, Ms Jackie Mc McCaughey.</p> <p>A requirement is made to review staffing to ensure that suitably qualified persons are in charge in the absence of the registered manager. A further requirement is made to review staffing levels to ensure adequate numbers of staff are working in the day centre on a daily basis.</p> <p>The organisation undertakes monthly monitoring visits to the day care setting in accordance with Regulation 28. Three monitoring reports were examined and were detailed and informative. Discussion with service users confirmed they are aware what management structure is in place and who is in charge of the day care setting and their roles and responsibilities.</p>	
<p>Regulation 20 (2) which states:</p> <ul style="list-style-type: none"> The registered person shall ensure that persons working in the day care setting are appropriately supervised 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment:</p>	
<p>There are three staff in the service, the Registered Manager, a Woodwork Instructor and a Horticulture Instructor. The Registered Manager is responsible for providing the daily support and regular supervision to all staff at the service. The Registered Manager receives regular supervision and support from the Area Manager.</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>As discussed under regulation 20(1) in the absence of the registered manager there is a lack of suitably qualified staff to supervise persons working in the day care setting. The area manager outlined how she supports staff by visiting the centre weekly as well as carrying out monthly monitoring visits; but the inspector was not satisfied that this arrangement sufficiently addresses the need for management in the setting on a day to day basis.</p>	Not compliant

<p>Regulation 21 (3) (b) which states:</p> <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 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p> <p>All staff in the service have passed through the organisations selection process, which ensures that all staff have the relevant qualifications and experience to carry out their job roles. The Registered Manager has recently completed the QCF Level 5 in Leadership in Health and Social Care and an additional member of staff has commenced studies in September to obtain the QCF Level 3 in Health and Social Care. Both of these individuals have been supported to do so by the organisation. All staff in the service attend staff training regularly as well as other training that has been sourced in addition to the staff training.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>Discussion with staff did not validate their experience was commensurate with their role and responsibilities. Two staff members do not have qualifications which enable them to regard themselves as suitably qualified to undertake their role and responsibility especially when the registered manager is on leave. One person has commenced QCF Level 3 in Health and Social Care in September 2014.</p>	<p>COMPLIANCE LEVEL</p> <p>Not Compliant</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Compliant</p>

<p>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Not Compliant</p>

11.0 Additional Areas Examined

The inspector had a walk through the premises and noted the main activity room was cold and draughty. The thermometer reading was 17.5 degrees centigrade. This matter had been noted and a recommendation made during the inspection of 2013/2014. The inspector discussed the issue with an estates inspector who visited the centre on 11 December 2014 and the recorded temperature was 16 degrees centigrade. The estates inspector made suggestions to staff to improve the temperature within the centre and emailed his requirements to the person in charge in the absence of the registered manager. The requirements included ensuring doors at entrances and exits are kept closed and a review of the internal layout of the premises. This matter and areas for improvement are included in the quality improvement plan.

11.1 Complaints

The complaints record was reviewed as part of this inspection. The annual complaints return for 2013 identified no complaints had been recorded.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Patrick Murtagh, 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:

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



Quality Improvement Plan

Announced Primary Care Inspection

Mindwise, Magherafelt

13 November 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, Patrick Murtagh, registered manager during 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.

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 (NI) 2007					
No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	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.	One	In relation to the Staff to Service User Ratio requirements, MindWise has a Staff to Service User Ratio Report that is reviewed regularly. This document has been reviewed (13/1/15) to reflect changes in staffing levels at the service. Currently the service operates with three staff and a maximum of twenty five service users per session. This equates to a staff to service user ratio of 1:8.33, compared to the average of all other MindWise day care settings which is 1:10.	Within three months of the date of inspection 5 February 2015
2	20 (2)	The registered person shall ensure that persons working in the day care setting are appropriately supervised. 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.	One	A Competency and Capability checklist is completed for all service staff who are in charge of the service in the absence of the Registered Manager. This checklist was provided to the inspector at the time of inspection. These checklists have been created to met the requirements set by previous	Within three months of the date of inspection 5 February 2015

				<p>inspectors and have been accepted by RQIA. If the manager is off for more than 28 days provision is made to have another manager registered for the service. One member of staff is currently attending the QCF Level 3 in Health and Social Care also.</p>	
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No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
3	26(2)(k)	<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>	One	<p>Requirements have been met in relation to the previous inspection of the service, with the door saddle replaced as requested.</p> <p>The service has also underwent financial pressures as a result of a major refurbishment of the central heating system to address this issue.</p> <p>In addition to this, signs have been placed on all external doors to advise that these doors should be kept closed. Also, the staff at the service now monitor workshop temperatures twice daily to ensure the temperature remains at sixteen degrees celcius or above.</p>	Within three months of the date of inspection 5 February 2015

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	Paddy Murtagh
Name of Responsible Person / Identified Responsible Person Approving QIP	Edward Gorringe

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable			
Further information requested from provider	yes	Michele Kelly	22/2/2015