



The **Regulation** and
Quality Improvement
Authority

Primary Announced Care Inspection

Name of Establishment:	Mindwise, Ballyclare
Establishment ID No:	11316
Date of Inspection:	23 June 2014
Inspector's Name:	Dermott Knox
Inspection No:	17720

**The Regulation And Quality Improvement Authority
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Name of centre:	Mindwise, Ballyclare
Address:	15 - 17 Rashee Road Ballyclare BT39 9HJ
Telephone number:	(028) 9334 1714
E mail address:	leanne.norman@mindwisenv.org
Registered organisation/ Registered provider:	Ms Anne Doherty
Registered manager:	Miss Leanne Norman
Person in Charge of the centre at the time of inspection:	Miss Leanne Norman
Categories of care:	DCS - MP, DCS - MP (E)
Number of registered places:	20
Number of service users accommodated on day of inspection:	12
Date and type of previous inspection:	15 April 2013 Primary Announced Inspection
Date and time of inspection:	23 June 2014 9.45am – 3.00pm
Name of inspector:	Dermott Knox

Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect day care settings. A minimum of one inspection per year is required.

This is a report of a primary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards and themes and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of day care settings, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Day Care Settings Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Day Care Settings Minimum Standards (January 2012)

Other published standards which guide best practice may also be referenced during the inspection process.

Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the minimum standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

Consultation Process

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

Service users	5
Staff	1
Relatives	0
Visiting Professionals	2 Volunteers

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	8	1

Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Day Care Settings Minimum Standards and theme:

- **Standard 7 - Individual service user records and reporting arrangements:**

Records are kept on each service user's situation, actions taken by staff and reports made to others.

- **Theme 1 - The use of restrictive practice within the context of protecting service user's human rights**
- **Theme 2 - Management and control of operations:**

Management systems and arrangements are in place that support and promote the delivery of quality care services.

The registered provider and the inspector have rated the centre's compliance level against each criterion and also against each standard and theme.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

Profile of Service

Mindwise offers support and services to those affected by a mental illness. The organisation provides a wide range of services including advocacy, carer support, community support, employment and training links, housing and day care services. There are several day care facilities throughout Northern Ireland. MindWise (New Vision) is a Northern Ireland Registered Charitable Organisation.

MindWise Ballyclare is registered with RQIA to accommodate a maximum of 20 service users at a time, referred from community/hospital professionals within the categories of MP and MP(E), (Mental Disorder excluding learning disability and dementia, under and over 65 years). The centre is situated in a terrace house, which includes a small bookshop, close to the town centre of Ballyclare and within walking distance of community facilities e.g. Health Centre, shops etc.

The MindWise Ballyclare service opens four days per week, Monday to Thursday inclusive from 9.30am – 5.00pm. Service users are responsible for providing their own transport to and from the service. Lunch is not provided in Mindwise Ballyclare and service users bring this with them or go out to a local café or bakery.

Summary of Inspection

A primary announced inspection was undertaken in Mindwise Ballyclare Day Centre on Monday 23rd June 2014 from 9:45 am until 3:00 pm. Prior to the inspection the service provider submitted a self-assessment of the day centre's performance in the one standard and two themes forming the focus of the inspection. The one requirement and five recommendations from the previous inspection had been fully met.

The inspector was introduced to several of the members attending the centre and held discussions with five members during the day. Individual discussions were also held with two volunteers, the manager, one staff member and the area manager, who was present in the centre throughout the inspection. Discussions focussed on the standards, team working, the involvement of Trust professionals, management support, supervision and the overall quality of the service.

All of those who contributed to discussions commented positively about the quality of care provided. Members were very complimentary about the overall quality of the service and its value to them. There was evidence to confirm that satisfactory arrangements were in place regarding supervision, staff training, staffing and management arrangements, responding to members' needs, confidentiality and recording.

Overall, the discussions with members indicated a strong commitment by the management and the staff to meet or exceed the minimum standards for day care settings and to pursue the full inclusion and involvement of members. Valuable contributions to the service were being made by very committed volunteers and this is commendable.

The inspector wishes to acknowledge the open and constructive approach by the management and staff throughout the inspection process. Gratitude is also extended to members, who welcomed the inspector to the centre and contributed to the evaluation of the service provided.

There are no requirements or recommendations arising from this inspection.

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.

The centre has written policies and procedures on recording and reporting, data protection, confidentiality, consent, and care planning and review. The policies and procedures were available for staff reference. The registered person had arrangements in place to review policies and procedures to ensure that they were up to date and accurate.

In the sample of four service user care records examined, there were many examples of members having signed to indicate their involvement and agreement with the content. One member had declined to have his/her photograph included in the file and this had been recorded and signed. Mindwise has standardised a new "Client Pathway" recording system and this was being introduced in the Ballyclare centre as new referrals were received and new members commenced. The system includes a clear and comprehensive Needs and Risk Assessment, a Risk Management Plan, Support Plan and Review Record. Members' files were found to be well maintained and up to date, with good progress notes for each person attending the centre.

The Mindwise, Ballyclare service was judged to be operating in compliance with this standard.

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

Mindwise has a policy and guidelines on the use of restrictive practices, which states that physical restraint should not form part of staffs' response to any member's presenting behaviours. The policy references the European Convention on Human Rights, Article 5, the Deprivation of Liberty Safeguards – Interim Guidance and the DHSSPS Guidance on Restraint and Seclusion.

The evidence available from members, staff and the written records, verified that there had not been any instances of restrictive practices in the centre. There was evidence of the use of good communication, relationship building and calming techniques and the manager confirmed the importance of developing good understanding of their members' needs and preferences.

The working atmosphere within the centre provided further evidence of the relaxed and encouraging methods in use to empower and facilitate members in recovering greater control of their own short and longer term functioning. There were many examples of members developing greater confidence and improved health through involvement in creative, artistic, sporting and musical activities.

The centre was judged to be operating in compliance with 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.

Staff records showed that the registered manager is appropriately qualified and experienced to take charge of the centre, having gained Level 5 in Leadership and management. Training for key aspects of this role had been provided by Mindwise. In the extended absence of the manager, a temporary replacement manager is provided, but in short-term absences, there is a

capable staff member to cover. Mindwise uses 'Guardian 24' security systems in lone-working situations.

There was evidence from discussions with the manager and staff to confirm that they work supportively and well with one another. The manager had systems in place for supervision, appraisal and promoting staffs' learning. Records of staff training and supervision were well-presented and up to date, with formal supervision sessions being provided every 8 to 12 weeks.

The staffing structure and reporting arrangements were clearly set out in writing in the statement of purpose, for reference by all stakeholders. Staff presented as being knowledgeable and competent in their roles and responsibilities.

Monitoring arrangements are standardised across Mindwise services and the four monitoring reports examined were well-detailed and addressed all of the required matters.

There was good evidence to indicate compliance with the criteria in this theme.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	16(2)(b)	<p><u>Annual Review of Service Users' Day Care Placement</u></p> <p>The registered persons must ensure the MindWise Ballyclare service:</p> <ul style="list-style-type: none"> (a) participates in person-centred care review meetings with the referral agent responsible for the service user's placement (standard 15.2); (b) the initial review should take place within four weeks of the commencement of the service user's placement; thereafter as a minimum, a formal review should take place once per year (standard 15.3 refers). (c) consideration should be given to involving other relevant agencies where appropriate e.g. respite and residential staff; members of the multi-disciplinary team etc in the service user's person-centred review (standard 15.3). 	<p>Mindwise has taken all necessary steps in efforts to involve the referral agent in the review process for members. In the absence of an active contribution to reviews by the referral agent, the provider carries out the review with each individual member. Reviews are being held twice yearly and outcomes of these are shared with the referral agent.</p> <p>Mindwise has introduced an initial review within its new Client Pathway system.</p>	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	15.4, 15.5 & 15.6	<p><u>Review Preparation Report</u></p> <p>The registered manager must ensure:</p> <ul style="list-style-type: none"> (a) a written review report is devised for the service which encompasses all of the areas in standard 15.5. (b) this is completed by staff in consultation with the service user and provided for the review meeting. (c) Following the review, the service user's care plan is revised if necessary to reflect outcomes of the review, actions required and those responsible for these actions, and by when. When this happens, the service user is provided with a copy of the revised plan (criteria 15.4, 15.5 and 15.6 refers). 	<p>The Client Pathway system includes a pre-review report, prepared by staff along with the individual member. This provides the substantial input for the review meeting and the conclusions and agreed actions are recorded. Review outcomes are then used, as necessary, to revise the member's support plan.</p>	Compliant
2	15	<p><u>Review Minutes</u></p> <p>The registered manager must ensure a minute/record of a summary of the discussions from the review meeting is made and retained in the service user's file (criteria 15.5 refers).</p>	<p>This was verified from members' records.</p>	Compliant
3	5.2 and 5.6	<p><u>Service User's Care Plan</u></p> <p>The registered manager must ensure each service user's individual care plan is comprehensive:</p>	<p>A revised format for care/support plans had been introduced. The four support plans examined at this inspection were comprehensive and in keeping with the standard.</p>	Compliant

		<p>(a) derived from the service user's needs assessment;</p> <p>(b) includes details of all relevant areas specified in standard 5.2;</p> <p>(c) kept up to date and reflects the service user's current needs;</p> <p>(d) where there are behaviours likely to pose a risk for the service user or others; or are specific supervision or monitoring arrangements needed, these are highlighted in the care plan (additional information section refers).</p>		
4	25.1	<p><u>Environment</u></p> <p>The registered persons must ensure the identified area of stained flooring is made good or the flooring in this area replaced (additional information section refers).</p>	Flooring throughout the building had been cleaned.	Compliant
5	27.3	<p><u>Infection Prevention and Control</u></p> <p>In the interests of infection prevention and control, the registered manager must ensure:</p> <p>(a) plastic liners are in all bins in WCs;</p> <p>(b) the WC pull cord is replaced with one that can be easily cleaned or that has a wipeable cover over it (additional information section refers).</p>	This recommendation had been implemented.	Compliant

Standard 7 - Individual service user records and reporting arrangements:	
Records are kept on each service user's situation, actions taken by staff and reports made to others.	
Criterion Assessed:	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:	
The MindWise Data Protection Policy 2013 governs data management within the service. The policy applies to all employees, casual workers, agency workers, volunteers, trustees and those processing data on behalf of MindWise.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
Members' records were kept securely and there was evidence from discussions with several members and a support worker, to confirm that confidentiality of personal information was well maintained.	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.	
7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.	
Provider's Self-Assessment:	
Service users may request access to their file as per the Data Protection Policy 2013 and the Confidentiality and Information Sharing Policy . Service users are provided with copies of support plans and reviews if desired. A log of information requests and outcomes is held in the service.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
Members expressed their confidence in the manager and staff, in terms of data protection and confidentiality. Members were regularly consulted about their health and wellbeing and were encouraged to make choices regarding the form of their involvement in the service. None of the members who spoke with the inspector said that they had requested a copy of their support plan, but there was written evidence of this having been offered at a review meeting and declined.	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>The MindWise Client Pathway Toolkit 2014 : The toolkit is the updated framework previously in operation and is in the process of implementation with new service users. As existing service users reviews are due the new paperwork will be used. The new Risk Management Policy and Procedure (April 2014) and Incident Management Procedure are in practice in all aspects of support and service delivery.</p>	<p>Moving towards compliance</p>
<p>Inspection Findings:</p> <p>At the date of this inspection, there was evidence on file to confirm that the Client Pathway Toolkit was being introduced progressively in the centre and that all of the matters identified above were now being addressed in members’ records, where they were relevant.</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</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.	COMPLIANCE LEVEL
Provider's Self-Assessment:	
Service user notes reflect attendance and events and these are recorded on a weekly basis for service users who attend regularly.	Substantially compliant
Inspection Findings:	
The frequency of recording, with regard to each member's attendance, activities and progress, was now in compliance with this criterion.	Compliant
Criterion Assessed:	
7.6 There is guidance for staff on matters that need to be reported or referrals made to: <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:	
MindWise Policies and Procedures; Management Structure and organisational chart provide information and guidance for all staff on internal roles and responsibilities ; MindWise' and statutory risk assessments; referral forms; RQIA requirements and Trust Policy provide guidance on matters that need to be reported. Guidance information is available in various formats. The registered manager carries out supervision and team meetings. There are incident reporting and vulnerable adults reporting flowcharts for staff to follow and ensure information is reported to the correct people.	Compliant
Inspection Findings:	
The provider's self-assessment was verified through examination of selected policies and procedures and from discussions with the manager, a staff member and the area manager.	Compliant

<p>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.</p>	
<p>Provider’s Self-Assessment: Support plans are signed by staff and the registered manager as well as the service user themselves. Records and notes are signed and dated by staff and where the service users has been involved they also sign and date the notes. The Registered manager reviews paperwork to ensure records are up to date.</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>There was written evidence of a high level of involvement by members in agreeing and signing their records. The registered manager carried out regular checks on members’ files to ensure that they were accurate and up to date.</p>	Compliant

<p>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Substantially compliant</p>
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<p>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Compliant</p>
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Theme 1: The use of restrictive practice within the context of protecting service user’s human rights	
Theme of “overall human rights” assessment to include:	
Regulation 14 (4) which states:	COMPLIANCE LEVEL
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.	
Provider’s Self-Assessment:	
MindWise Restrictive Practice Policy Statement (2014) : MindWise does not support the use of restrictive practices, unless it can be evidenced that there is a need for this and all steps are taken to minimise effect. Staff work in such a way that supports Service Users to fully access their Human Rights.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
There was both written and verbal evidence in the centre to verify that there were no restrictive practices in use. There was a high level of autonomy and choice exercised by members and evidence from discussions to indicate a good level of mutual support amongst them.	Compliant
Regulation 14 (5) which states:	COMPLIANCE LEVEL
On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.	
Provider’s Self-Assessment:	
MindWise Restrictive Practice Policy Statement (2014) : MindWise does not support the use of restrictive practices, unless it can be evidenced that there is a need for this and all steps are taken to minimise effect. Staff work in such a way that supports Service Users to fully access their Human Rights. There have not been any occasions when service users have been subject to restraint within the service.	Compliant

Inspection Findings:	COMPLIANCE LEVEL
There was no evidence to indicate any use of restrictive practices within the Mindwise Centre.	Not applicable

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

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

Theme 2 – Management and Control of Operations	COMPLIANCE LEVEL
<p>Management systems and arrangements are in place that support and promote the delivery of quality care services.</p> <p>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</p>	
<p>Regulation 20 (1) which states:</p> <p>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</p> <p>(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;</p> <p>Standard 17.1 which states:</p> <p>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</p>	
Provider's Self Assessment:	
<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>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>The provider's self-assessment was verified through examination of the arrangements for staffing the centre, the training records and selected other records, such as those for incidents and accidents and the members' progress notes. The management structure is set out in the statement of purpose.</p>	Compliant

<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 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>The registered manager provides regular formal and informal supervision to the service staff team. Annual appraisals identify personal development and training needs of individuals. The learning and development policy advises staff and line managers of access to effective learning and development opportunities that meet their needs and those of the organisation and service users accessing the service.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>Mindwise uses the NHS Leadership Framework as part of the self-assessment and appraisal system for management staff. This was regarded by the registered manager as being a very useful reflective and developmental tool. There were good quality supervision records in place for the manager and staff. Being a small centre, the manager works closely with staff and volunteers and demonstrated a good understanding of each person’s support and development needs.</p>	<p>Compliant</p>
<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>Qualifications and experience are considered during the recruitment process in terms of how they best meet the needs of the service. Mandatory training is provided in line with the organisational training matrix and must be completed in order to complete induction. The learning and development policy advises staff and line managers of access to effective learning and development opportunities that meet their needs and those of the organisation.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The manager and the area manager discussed the staffing of this and other centres and there was evidence in the manager’s employment records to show that satisfactory recruitment and selection procedures were in place.</p>	<p>Compliant</p>

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

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

Additional Areas Examined

Complaints

One complaint had been recorded in the year preceding this inspection and this had been resolved to the satisfaction of the complainant.

Service User Guide

Minor suggestions for amendments to the service user guide were made and the manager carried out the revisions during the inspection.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Miss Leanne Norman, Registered Manager, 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.

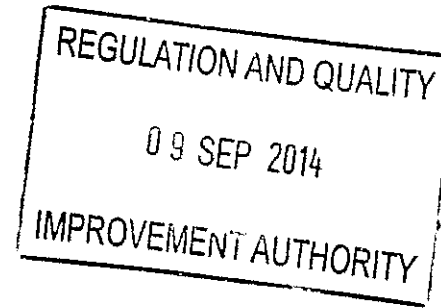
Enquiries relating to this report should be addressed to:

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Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

les.



The Regulation and Quality Improvement Authority



No requirements or recommendations resulted from the primary announced care inspection of MindWise, Ballyclare which was undertaken on 23 June 2014 and I agree with the content of the report.

Please provide any additional comments or observations you may wish to make below:

SIGNED: [Signature]

SIGNED: [Signature]

NAME: A. DOHERTY
Registered Provider

NAME: Leanne Norman
Registered Manager

DATE 8/9/14

DATE 11/9/14

Approved by: <u>[Signature]</u>	Date
	<u>15/9/2014</u>