



The **Regulation** and
Quality Improvement
Authority

Mindwise, Ballyclare
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**Unannounced Care Inspection
of
Mindwise, Ballyclare**

7 May 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 7 May 2015 from 10.30 to 17.30.

Overall on the day of the inspection the Day Care Service was found to be delivering safe, effective and compassionate care. Concerns were raised regarding safe egress from an identified rear fire exit in the case of an emergency. This was discussed with the staff member responsible for the service on the day of inspection and a telephone call was made by the inspector to the area manager. A requirement is made about this.

Other areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, The Day Care Settings Minimum Standards 2012.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	4

The details of the QIP within this report were discussed with Mr Peter Girvan, community mental health worker responsible for the centre in the absence of the manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mr Edward George Alexander Gorringe	Registered Manager: Ms Sandra McFadden
Person in Charge of the Day Care Setting at the Time of Inspection: Mr Peter Girvan	Date Manager Registered: 27 February 2015
Number of Service Users Accommodated on Day of Inspection: 10	Number of Registered Places: 20

3. Inspection Focus

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

Standard 5 Care plan:	Each service user has an individual and up to date comprehensive care plan
Standard 8 Service users' involvement:	Service users' views and comments shape the quality of services and facilities provided by the Day Care Setting

4. Methods/Process

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

Prior to the inspection and part of the process, the following records were examined:

- notifiable events submitted since the previous care inspection
- the registration status of the service
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIP) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre-inspection assessment audit

During the inspection, I observed care delivery/care practices and undertook a review of the general environment of the day service. During the inspection process the inspector met with nine service users and one staff.

The following records were examined during the inspection:

- One complaint and compliments
- One accident/untoward incident
- Statement of Purpose
- Service user's guide
- Minutes of two service user's meetings

- Five service users care files
- One service user quality assurance questionnaire
- Policies and procedures regarding standards 5 and 8
- Three monthly monitoring reports

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the day service was an announced care inspection on 23 June 2014.

5.2 Review of Requirements and Recommendations from the last Care Inspection

There were no requirements or recommendations made from the previous inspection.

5.3 Standard 5 Care plan: **Each service user has an individual and up to date comprehensive care plan.**

Is Care Safe? (Quality of Life)

The day service has corporate policies and procedures pertaining to assessment, care planning and review. The policies and procedures about standard 5 are:

- Client1 Pathway Policy and Procedure (Appendix 1: Client Pathway Tool Kit)
For Housing, Day Care and Community based services

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

Discussions with the staff member responsible for the day service in the absence of the manager said most service users attending Mindwise have stable mental ill health, however there can be periods when this fluctuates. When these dips occur, staff are always available and respond in a sensitive, caring and non-judgemental way. Discussions with service users conclude this to be the case. Several said the manager and staff know them very well and they would be lost without Mindwise and the support it gives them.

Discussions with nine service users and one staff; review of care records and general discreet observations of staff interactions with service users concluded safe care is delivered in the Mindwise, Ballyclare day service.

Is Care Effective? (Quality of Management)

The service's statement of purpose was reviewed by the manager in March 2014. Service user's care plans within Mindwise are called 'support plans.' These are reviewed by staff with service user's on a six monthly basis or sooner if changes are needed.

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

The inspector's review of five service user's care plans showed these to be person centred. The inspector found the support plans to be qualitative and detailed reasons why the service user is attending the service and how their needs are being met. The support plans detail the personal outcomes sought by the service user, their daily and weekly programme; management of any identified risks and other relevant areas specified in standard 5.2.

All five of the support plans had either been completed with or by the service user with staff support. Positive comments were shared with the staff member about the high level of service user involvement with their support plans. These were signed by the service user, staff member and manager. There was evidence the support plans are kept up to date and reflect the service user's needs.

The inspector reviewed random samples of service user's progress care notes. These were mostly qualitative and informative regarding how the service user was feeling on the day and any activities, groups or classes they participated in. The inspector noted the phrases "*in good form*" and "*in great form*" were used repeatedly. This was discussed with the staff member responsible for the service during the inspection. These statements can be viewed as subjective and without substantiating information do not provide an accurate account of the service user's demeanour on the day. Progress care notes must be objective. A recommendation is made in the QIP about this.

Staff have received support planning training since the last inspection and attended a risk management workshop in April 2015.

Based on the inspector's review of five service user's support plans and discussions with service users, it is concluded care is effective in Mindwise, Ballyclare service.

Is Care Compassionate? (Quality of Care)

Discreet observations of care practices found that service users were treated with sensitivity, friendliness, care and respect. Service users are encouraged to make their own decisions, be independent and are discreetly supported by staff when this is needed. Staff presented as knowledgeable, experienced and compassionate. Discussions with staff reflected a person centred approach is used with service users, this is underpinned by strong core values.

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

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

Areas for Improvement

There was one area for improvement identified with this standard. This recommendation regards the objective and factual use of language in service user's care notes.

Number of Requirements	0	Number Recommendations:	1
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5.4 Standard 8 service users' involvement:

Service users' views and comments shape the quality of services and facilities provided by the Day Care setting

Is Care Safe?

The policies and procedures regarding standard 8 are:

- Involving People: Consultation and Information Sharing Policy
- Communication with Families
- Involving People: Consultation and Information Sharing Policy

Two of the policies were dated April and December 2011. Standard 18.5 states policies and procedures are to be reviewed systematically on at least a three yearly basis. A recommendation is made about this in the QIP.

Discussions with nine service users and receipt of five RQIA completed service users questionnaires reflect staff seek service user's views and opinions on a daily basis in all of their interactions and care practices. Discussions with service user's, staff and management reflect how service user's are involved in the running of the service. Examples were given about how staff and management have responded to their suggestions, views and opinions.

Discussions with nine service users and one staff; review of the minutes of service users meetings; annual quality assurance questionnaires and the service's complaints records and discreet observations of staff interactions with service users concluded safe care is delivered in Mindwise, Ballyclare.

Is Care Effective? (Quality of Management)

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

Service users are represented on the Board of Trustees offering guidance, advice and expert knowledge. Service users also have the opportunity to sit on the Mindwise focus groups which involves consultation and development of all Mindwise projects.

There are monthly service users meetings held and service users are encouraged and supported to facilitate and run these meetings. A review of the minutes of two meetings showed these to be user led, qualitative and informative. The records reflected service user's agendas, summaries of the topics discussed with areas identified for action and the outcome/s of same. The inspector noted there were no minutes of meetings over a six month period retained in the file. This was discussed with the staff member responsible for the service in the absence of the manager. Assurances were given to the inspector, monthly service user meetings did take place over these six months and the minutes of these should be saved on

the computer. Discussions with service users confirmed monthly meetings take place. The manager is advised to ensure the minutes of service users meetings are retained in a central file for monitoring and inspection purposes.

The service's statement of purpose quotes MindWise is a membership led organisation which welcomes service users and carers. It considers carers an important part of the equation in the process of recovery. MindWise encourages service users and carers to work together.

Annual quality assurance service user questionnaires are distributed in the MindWise service. The most recent one was undertaken in January 2014, however the evaluation report does not state this. Thirteen service users completed and returned questionnaires. The report was comprehensive and includes all of the questions asked along with their responses displayed on bar charts. There was no date recorded on the evaluation report or if any action/s were needed.

The report showed there were high percentages of service user satisfaction about MindWise Ballyclare. Service users stated they feel very involved in the day to day participation in running the service; members meetings and user led groups. The inspector spoke positively about this to the staff member. The annual evaluation report stated service users said:

- *"It gets me out of the house instead of looking at the four walls and feeling down."*
- *"You can come and go whenever you want and you're not pressured into doing anything you don't want to do."*

It is noted there were five areas that required follow up action by the MindWise Ballyclare service however the report did not reflect the action to be taken about these. The matters concerned:

- *"At times staff being too busy."*
- *"Keen to move on and try other things e.g. further education."*
- *"Would like to be reminded"* (regarding the service's complaints procedure).
- *"More staff time for outings."*
- *"... I would like to see more full time staff, allowing us to get out from the centre more."*

A recommendation is made in the QIP for the registered persons to ensure any future Mindwise Ballyclare evaluation reports are:

- (a) dated i.e. when the questionnaires were distributed and collated
- (b) includes the outcomes of the actions taken as a result of the service's previous collated quality assurance questionnaires
- (c) includes the action to be taken (with timescales) from the current collated quality assurance questionnaires. If no actions are needed the report should state this.

The inspector reviewed five service user's care files, in particular MindWise's records of the annual reviews of individual's day care placements. Minimum standard 15.5 states these reports address service user's views and opinions about their care and support in the day service.

The annual review reports entitled 'record of support plan review' contained overview information which was basic in that they did not contain all relevant information stated in standard 15.5.

Discussions with the staff member concluded MindWise is aware of this and the organisation consequently devised a new annual review template. The inspector was told there are plans for MindWise Ballyclare staff to commence using these new annual review forms next week.

One of the five service users most recent annual review documentation was dated 25 June 2013. This was discussed with the staff member and assurances were given to the inspector, the identified service user's annual review would be arranged in the near future. A recommendation is made in the QIP for the registered persons to ensure:

- (a) all service users have an annual review of their day care placement with where possible their referral agent (standard 15.3)
- (b) The identified service user's annual review is held as soon as possible.
- (c) the service user's annual review report contains all of the information stated in standard 15.5.

The inspector reviewed three of the area manager's monthly monitoring reports. The reports included interviews with service users and their views and opinions about the day service. These were all positive and reflected their satisfaction with the quality of care provision. The report dated 1 April 2015 contains an action point about the need to ensure service user's annual reviews are carried out. The monthly monitoring reports were comprehensive and informative. They contained the outcomes of actions taken from the previous monthly monitoring visits.

The inspector's assessment and judgement is MindWise Ballyclare service provides effective care, however this could be further improved regarding service user's annual reviews and more detailed annual review documentation.

Is Care Compassionate? (Quality of Care)

Discreet observations of care practices found that service users' were treated with respect and care.

Refer to sections 5.5.2 and 5.5.7 for qualitative comments made by service users about the Mindwise day service.

Discussions with nine service users conclude they are treated very well and with respect by the manager, staff and volunteers. They all stated the manager and staff go above the call of duty to ensure everyone is treated fairly and with respect. It can be concluded the quality of care provision in the Mindwise, Ballyclare service is compassionate.

No issues or concerns about the quality of care provision were raised with the inspector.

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

Areas for Improvement

There were two areas for improvement identified with this standard. These two recommendations regard:

1. The Mindwise Ballyclare 2015 service users' annual quality assurance evaluation report:
 - (a) must be dated
 - (b) contain an overview of any action taken as a result of service user's responses from the previous years questionnaires. These should specify who is responsible and contain timescales.
 - (c) include the action to be taken (with timescales) from the outcomes of the 2015 quality assurance evaluation questionnaires. If no action is needed the report should state this.
2. In relation to service user's annual reviews of their day care placement:
 - (a) all service users have an annual review of their day care placement with where possible their referral agent (standard 15.3)
 - (b) the identified service user's annual review is held as soon as possible.
 - (c) the service user's annual review report contains all of the information stated in standard 15.5.
3. Standard 18.5 states policies and procedures are to be reviewed systematically on at least a 3 yearly basis. The identified policies and procedures must be reviewed.

Number of Requirements	0	Number Recommendations:	3
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5.5 Additional Areas Examined

5.5.1 Fire Safety

During a tour of the environment the inspector noted the rear fire exit door located in the manager's office did not fully open. The access was being partially blocked by a car which could result in physically disabled service users not being able to safely exit the building. The rear of the premises is owned by another landlord and is a car lot selling vehicles.

In the event of a fire at the front or middle of the MindWise building, the safest escape route meeting at the designated assembly point is via this rear fire exit. The manager and staff have reported this to their area manager. Several of her monthly monitoring reports contain details of this issue and the organisation's efforts in attempts to resolve this.

A requirement is made for the registered persons to ensure the Mindwise Ballyclare fire risk assessment is reviewed by a competent person. In particular, the adequacy, suitability and effectiveness of the final exits and routes to a place of safety should be reviewed. The

completed returned QIP must state the outcome of the review and the measures taken to ensure that safe and effective means of escape are provided at all times.

5.5.2 Service Users' Views

The inspector met with nine service users during this inspection. Most discussions took place with individual service users in two of the relaxation areas in the day service. Several service users chose to meet with the inspector in the office. They all expressed their satisfaction with the quality of the day service and their relationship with management and staff.

Some of the comments made included:

- *“Coming here has really helped my confidence and has brought me out of myself. I’ve learned to travel independently on the bus and how to use the computer since I started here. The staff listen and this has helped me a lot. I love it here and it’s done me the power of good.”*
- *“I enjoy the art and painting here and the pool. This place has really helped me and gets me out of the house. I’d be lost without it. Everyone is friendly and kind to each other.”*
- *“We have a voice here, the staff and manager listen. We’ve monthly meetings and we can talk about whatever we want and make suggestions. It’s well run.”*
- *“This is a great place. I like coming here, especially the music sessions. The staff are good, laid back and they have got to know us well.”*
- *“I enjoyed the yoga and the pharmacy talks that were on. I like coming here and enjoy volunteering in Bookwise. This place has helped me a lot.”*
- *“I enjoy coming here. It gets me out of the house and stops me thinking too much about things. I’ve made friends and like chatting with them. There’s a good atmosphere and it’s a relaxing place.”*
- *“It’s a supportive place, it’s good to meet friends and I enjoy the pool games. There’s lots of things to do and there’s no pressure. Staff listen to you and you can approach them if you need to.”*
- *“I love coming here. Before I started here, I used to dread the start of the week. Coming here means I now look forward to the week. The staff listen to me and you get good support here.”*
- *“This place helps me, it lifts my mind and gets me out of the house. I look forward to coming here. I like playing pool.”*

5.5.3 Staff Views

The inspector had discussions with the community mental health worker responsible for the service in the absence of the manager as part of this inspection process. The staff member spoke positively about their roles and duties, staff morale, teamwork and managerial support. Staff informed the inspector they felt a good quality of day service is provided to service users.

No concerns were expressed.

5.5.4 General Environment

The inspector undertook a tour of the main central space used by service users, the toilet/bathroom areas and the communal kitchen. The environment was appropriately heated and was clean and tidy. There were good housekeeping arrangements in place. There was a range of service user information displayed on walls or notice boards regarding the programmes and activities on offer. The general décor and furnishings were fit for purpose.

Since the previous inspection, gas heating has been installed to replace the oil heating. Work is near completion as a result of three new windows and a new door being fitted. This allows much more natural light in the communal space. The landlord has also arranged for a new shop front for the service. The staff member responsible for the day service in the absence of the manager informed the inspector that once all the work is completed the landlord will arrange for the flooring to be cleaned.

5.5.5 Accident/Incident Reports

The inspector's review of accident and incidents reports from the previous inspection, found there to have been none recorded from 23 April 2014. However review of a monthly monitoring report in April 2015 showed there was an incident that had occurred in March 2015. This was discussed with the staff member responsible for the service in the absence of the manager. He was aware of this incident and discussed this with the inspector. As this was saved on the service's computer system, he printed it and placed this copy in the accident and incident folder.

5.5.6 Complaints

One complaint had been recorded since the service's last inspection. This was investigated and the complainant was satisfied with the outcome of this.

Discussions with nine service user's conclude they are aware of the MindWise complaints process. They stated they would have no difficulty raising any areas of dissatisfaction, concern or complaint with staff or the manager.

Mindwise's annual quality assurance questionnaire asked service user's *"do you fully understand MindWise's complaints procedure?"* One service user stated *"I should do, but would like to be reminded."* The evaluation report did not state the follow up action taken as a result of this comment. A recommendation is made in the QIP about the need for the annual evaluation report to include the actions to be taken as a result of issues raised in service users questionnaires.

A discussion took place with the staff member responsible for the service about the need to record in the complaints book any area of dissatisfaction, concern or complaint expressed.

5.5.7 Questionnaires

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

Questionnaire's issued to	Number issued	Number returned
Staff	8	3
Service Users	8	5

All comments on the returned questionnaires were positive. All of the service users stated they are very satisfied with that the quality of care provision is safe, effective and compassionate. Some comments received from service users are detailed below:

- *"I feel like I'm at home here and company is great. I feel like I know everyone and they know me."*
- *"Staff are caring. It just feels like home. It's very safe and secure."*

Areas for Improvement

One area for improvement was identified with these additional areas examined. This matter concerns fire safety.

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

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Peter Girvan, mental health community worker responsible for the day service in the absence of the manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

6.1 Statutory Requirements

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

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

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

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

Quality Improvement Plan

Statutory Requirements

Requirement 1

Ref: Regulations

26(4)(a)

26(4)(c)

26(4)(d)(iii)

Stated:

First time

To be Completed by:

Immediate regarding safe egress of the fire exit.

The review of the fire risk assessment to be completed by 20 June 2015

The registered persons must ensure the Mindwise Ballyclare fire risk assessment is reviewed by a competent person. In particular, the adequacy, suitability and effectiveness of the final exits and routes to a place of safety should be reviewed. The completed returned QIP must state the outcome of the review and the measures taken to ensure that safe and effective means of escape are provided at all times.

Following receipt of the returned QIP from MindWise, the registered persons were contacted requiring them to review the service's Fire Risk assessment as per the above requirement.

Response by Registered Manager Detailing the Actions Taken:

The fire risk assessment was completed by a competent fire risk assessor in February 2014, a copy of this document is now available in the Health and Safety file in the service. The fire risk assessment details this issue under the remedial action list. 'Fire exit keep clear' signs have been installed and the owner of the car sales premises has been informed of the need to have clear emergency exit at all times. This will be monitored daily and the Fire Authority will be contacted if the owner is not compliant.

Quality Improvement Plan

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 7.7</p> <p>Stated: First time</p> <p>To Be Completed by: Immediate and ongoing</p>	<p>The registered manager should ensure service user's progress care notes do not contain subjective information for example: <i>'in good form'</i> or <i>'in great form'</i>. Care notes should be objective.</p> <p>Response by Registered Manager Detailing the Actions Taken: Following the inspection staff have been recording service user care notes as per recommendation.</p>
<p>Recommendation 2</p> <p>Ref: Standard 18.5</p> <p>Stated: First time</p> <p>To Be Completed by: 25 July 2015</p>	<p>The registered persons must ensure policies and procedures are reviewed systematically on at least a three yearly basis. The identified policies and procedures must be reviewed.</p> <p>Response by Registered Manager Detailing the Actions Taken: Policy for information sharing is currently in date and due for review August 2015. Printed policy in the service is up to date. Communication with families policy is currently being reviewed.</p>
<p>Recommendation 3</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> <p>To Be Completed by: 31 March 2016</p>	<p>The registered persons must ensure the Mindwise Ballyclare service users' annual quality assurance evaluation report:</p> <ul style="list-style-type: none"> (a) is dated (b) includes the outcomes of the actions taken as a result of the service's previous collated quality assurance questionnaires (c) includes the action to be taken (with timescales) from the current collated quality assurance questionnaires. If no actions are needed the report should state this. <p>Response by Registered Manager Detailing the Actions Taken: Next service user survey report is due at the end of August 2015. The action plan will be dated and will include the outcomes of the actions from the previous report and an action plan with time frames for any identified areas of improvement.</p>

<p>Recommendation 4</p> <p>Ref: Standard 15</p> <p>Stated: First time</p> <p>To Be Completed by: Immediate and ongoing</p>	<p>The registered persons must ensure:</p> <p>(d) all service users have an annual review of their day care placement with where possible their referral agent (standard 15.3)</p> <p>(e) The identified service user's annual review is held as soon as possible.</p> <p>(f) the service user's annual review report contains all of the information stated in standard 15.5.</p> <p>The completed returned QIP must state the date the annual review for (b) occurred and the internal monitoring processes and systems in place to ensure service users have an annual review of their day care placement.</p>
<p>Response by Registered Manager Detailing the Actions Taken:</p> <p>All pre reviews have been completed and annual reviews are currently taking place for all service users who have been with the service for more than a year. Referral agents have been contacted re: availability and invites to the reviews have been sent. A pre review meeting for (B) was completed on 01.06.15 and her annual review is due to take place on 23.06.15. The information stated in standard 15.5 is covered through the pre review and annual review meetings and documentation. The Acting registered Manager has developed a spread sheet that includes dates of pre-reviews and annual reviews completed and when they are due to ensure they are completed annually.</p>	

Registered Manager Completing QIP	S.L.McFadden	Date Completed	23.06.15
Registered Person Approving QIP	Edward Gorringe	Date Approved	30.06.15
RQIA Inspector Assessing Response	Louise McCabe	Date Approved	24.09.15

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

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

The email below was received from the manager of MindWise Ballyclare service on 24 September 2015:

"A fire risk assessment at Ballyclare resource centre had been completed by a competent fire risk assessor in Feb 2014 and detailed of the emergency exit issues, this has since been reviewed in Sept 2015.

The manager and MindWise's Health and Safety Officer have been liaising with the owner of the car sales and the landlord of Ballyclare resource centre in regards to the fire exits. The following actions have taken place:

- The cars have been moved back from the fire doors to give adequate space.
- Alarms have been fitted to the fire doors (requested by the owner of the car sales.)

In regards to means of escape the fire risk assessment states 'A robust agreement has been implemented between MindWise and the owner of the neighbouring property regarding parking vehicles in close proximity to the rear fire exit doors. This agreement states that a minimum of 800mm curtilage clearance will be maintained at all times so as to permit unrestricted emergency egress in the event of a fire. It is further that the exit doors will be used as emergency only and to that end motion sensor alarms and appropriate signage have been affixed to the doors. Procedures have been put in place to ensure that the above arrangements are monitored at regular intervals during opening hours...'

...In terms of monitoring myself and other staff at Ballyclare day centre check the fire exits as part of our daily health and safety checks to ensure the cars have not moved closer to the building.

As a further action I have arranged for a fire officer from the safety office to come to the day centre on 24th Sept 2015 to carry out an inspection. Whilst here he will observe a fire drill and speak to the owner of the car sales if he has any concerns."