



The Regulation and
Quality Improvement
Authority

PRIMARY INSPECTION

Name of Agency:	Mindwise (Belfast)
Agency ID No:	10959
Date of Inspection:	16 April 2014
Inspector's Name:	Audrey Murphy
Inspection No:	17740

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

General Information

Name of agency:	Mindwise
Address:	Fortwilliam Core and Cluster 72 Fortwilliam Park Belfast BT15 4AS
Telephone Number:	028 90772983
E mail Address:	gwynneth.witherow@mindwisenv.org
Registered Organisation / Registered Provider:	MindWise Ms Anne Doherty (Acting)
Registered Manager:	Mrs Anne Marie McKee
Person in Charge of the agency at the time of inspection:	Mrs Anne Marie McKee
Number of service users:	12
Date and type of previous inspection:	23 September 2013, Primary announced inspection
Date and time of inspection:	16 April 2014 9:30 am – 5:30 pm
Name of inspector:	Audrey Murphy

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 supported living type domiciliary care agencies. 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, minimum standards and other good practice indicators 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 domiciliary care, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Domiciliary Care Agencies Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Domiciliary Care Agencies Minimum Standards (2011)

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
- 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	4
Staff	6
Relatives	1
Other 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	14	9

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 quality themes:

The following four quality themes were assessed at this inspection:

- **Theme 1 - Service users' finances and property are appropriately managed and safeguarded**
- **Theme 2 – Responding to the needs of service users**
- **Theme 3 - Each service user has a written individual service agreement provided by the agency**

Review of action plans/progress to address outcomes from the previous inspection

The agency's progress towards compliance with the six requirements and three recommendations made following the inspection of 23 September 2013 was assessed. The agency has fully met four of the requirements stated previously and partially met two of these.

The agency has fully met the minimum standards with regard to the three recommendations stated previously.

The registered provider and the inspector have rated the service's compliance level against each good practice indicator and also against each quality 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 is a domiciliary care agency which also provides housing related services to people with severe mental illness who can live independently but who need some level of support. Services include intensive 24 hour support including assistance with medication, budgeting, activities of daily living and involvement in the local community, with the overall goal of promoting good mental health, independence and maximising quality of life.

The domiciliary care agency is situated within Fortwilliam Haven in north Belfast and provides supported living to up to 12 tenants. The staffing is comprised of housing support workers, community mental health workers, a team leader and the registered manager. The agency also has access to a Mindwise bank of staff

The agency has a newly appointed manager who commenced her position in October 2013. A newly appointed team leader had joined the scheme just prior to the inspection.

Summary of Inspection

The announced inspection was undertaken at the agency's registered office, 72 Fortwilliam Park, Belfast on 16 April 2014, 9:30 am – 5:30 pm.

During the inspection a range of policies and procedures and other documentation was examined and the inspector met with the registered manager, six agency staff, four service users and with the relative of a service user. Mrs Gwynneth Witherow, Mindwise Area Manager, was also in attendance during the inspection.

In advance of the inspection visit, nine agency staff returned to RQIA completed questionnaires. Staff who returned a questionnaire all confirmed they had received training in safeguarding vulnerable adults and all rated the training as effective and their knowledge of the reporting procedures as "very good" or "excellent". Agency staff also reported that they had received training in human rights and that all service users have a care and support plan that meets their needs and has been prepared with HSC Trust involvement.

Staff who returned a questionnaire also confirmed they had received training in the supported living model of care and commented on their understanding of this; comments included:

"The main principles are a supported living service, which is person-centred, designed around individuals, to promote empowerment, self-determination, choice, with inclusive community opportunities".

"Person centred recovery, Independence, Empowerment."

Service users who participated in the inspection provided very positive feedback in relation to the quality of care and support they receive from agency staff. Service users advised the inspector that they experience encouragement and support to maintain and develop their independence and some reported that they would wish to move to a more independent setting in the future.

Detail of inspection process:**Theme 1 - Service users' finances and property are appropriately managed and safeguarded**

Service users' finances and property are not managed by agency staff and agency staff do not act on behalf of service users.

Service users have been issued with an agreement outlining the relevant service charges for food, heating, lighting, laundry and maintenance. Service users do not contribute from their personal income towards their care or support.

Service users have all been provided with secure storage space within their private accommodation and the agency does not provide storage for service users' money or other property.

The agency does not operate a transport scheme and service users (and where appropriate, their relatives) take full responsibility for expenditure. Agency staff provide some service users with advice and guidance on budgeting.

The agency has been assessed as 'Compliant' with this theme.

Theme 2 – Responding to the needs of service users

The agency has developed a range of documentation in relation to referrals, needs and risk assessment and care / support planning and explicitly highlighted the human rights of service users within this.

Agency staff have undertaken risk assessments with individuals in relation to the main kitchen at night and it was evident from these that service users experience restricted access to this area at night. It was also evident that agency staff had engaged with service users in relation to this and put in place alternative arrangements to facilitate service users' access to drinks and snacks at night.

The agency's policy on the use of restrictive practice was not consistent with agency staffs' accounts of the recognition of the locking of the kitchen at night as a restrictive practice and it was recommended that this is reviewed. It was also a requirement that agency staff involve the HSC Trust in decisions that result in the implementation of restrictive practices.

The agency's statement of purpose and service user guide (Tenant's Handbook) were examined and require further development in relation to the definition of 'personal care'.

The agency has been assessed as 'Not Compliant' with this theme.

Theme 3 - Each service user has a written individual service agreement provided by the agency

The service users have been issued with a 'Service Provision Agreement' which sets out their allocation of care and support hours and itemises the details of the service charges which are paid weekly to Mindwise.

Service users do not make a contribution from their personal income for care or support costs.

It was recommended that the service provision agreements are revised and that they should not make references to conditions of tenancy or occupancy.

The agency has been assessed as 'Substantially Compliant' for this theme.

Additional matters examined

Monthly Quality Monitoring Visits by the Registered Provider

The reports of the quality monitoring visits undertaken on behalf of the registered provider were examined and it was noted that the views of service users' representatives had not been obtained for the months of March 2014, January 2014, November 2013, October 2013 and, September 2013. The views of professionals with involvement in the service had not been included in the reports of March 2014, February 2014 and November 2013.

A requirement and recommendation have been made with regard to monthly quality monitoring visits.

Administration of Medication

The arrangements in place for service users to receive their medication were discussed during the inspection as it was evident that medications were stored and dispensed from an area adjacent to the dining / sitting room.

The inspector observed agency staff accessing medications which were securely stored within the area and dispensed over a 'counter' which was in place during administration times. The inspector raised concerns in relation to the lack of privacy afforded to service users when receiving their medications as any discussions at these times could be overheard by other service users. The inspector was advised that some service users were being supported to self-administer their medications however the majority required significant assistance with the storage and administration of their medications.

The inspector discussed the potential for this practice to appear institutional, particularly when service users require medications at a similar time and may congregate in the area to receive them.

The inspector advised agency staff that this practice was not in keeping with a personalised care service and that service users should receive their care in manner which promotes their privacy, dignity and the confidentiality of their information.

The registered person is required to review the arrangements for dispensing service users' medications.

Statement of Purpose

The agency's Statement of Purpose had been revised and submitted to RQIA prior to the inspection visit. A further revision of the Statement of Purpose is necessary and must include appropriate references to the provision of personal care, as defined in Article 10 (3) of the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order, 2003.

Reviews

The registered manager completed and returned to RQIA a questionnaire which sought information about the role of the HSC Trust in reviewing the needs and care plans of service users during the period 1 April 2013 – 31 March 2014 (in accordance with In accordance with the DHSSPS Circular HSC (ECCU) 1/2010 "Care Management, provision of services and charging guidance").

The information returned to RQIA was discussed during the inspection and it was evident that the HSC Trust are regularly involved in the needs assessment and care planning processes for service users. Agency staff and service users described Trust colleagues as approachable and responsive to changing needs.

Charging Survey

At the request of RQIA, the registered manager submitted a completed survey of charging arrangements to RQIA in advance of the inspection.

The survey was discussed during the inspection and the registered manager advised the inspector that all of the service users are responsible for their own finances and that they manage these independently of agency staff, some with support from family members.

The registered manager confirmed that agency staff do not act on behalf of service users and are available to offer advice and support with budgeting.

The charges to service users were discussed and each of the service users pays a set amount which covers all food, heat, electricity and laundry costs. All service users pay the same amount and the registered manager outlined the service users' right to opt out of the food budget.

Service charges are paid by service users by direct debit. No service users' money or valuables is stored by Mindwise staff and all service users have been provided with secure storage areas within their homes.

The inspector would like to thank the service users and agency staff for their warm welcome and full cooperation throughout the inspection process.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
1.	22 (8)	The registered person must ensure that the details of any complaint investigation, the outcome and the service user's level of satisfaction are recorded.	The agency has handled two complaints from service users since the previous inspection and the records of these were examined and reflected the outcome of the investigation and the service user's level of satisfaction.	Once	Fully Met
2.	15 (2)	The registered person must ensure that the service user's agreement specifies the number of support hours available to them individually.	The agency maintains records of the individuals' entitlement of care and support hours.	Once	Fully Met
3.	14 (b) & (d)	The registered person must ensure that staff do not eat groceries purchased by, or on behalf of service users. Staff must make their own arrangements for food provision whilst on duty.	<p>The registered manager confirmed that service users' food is not eaten by agency staff.</p> <p>The agency has in place arrangements for staff to avail of a meal while on duty; agency staff confirmed that they either bring their own food to work or purchase food when at work and that service users' food is not eaten by agency staff. The registered manager advised that the organisation provides some basic staff provisions and these are obtained through petty cash.</p>	Once	Fully Met

<p>4.</p>	<p>14 (a) & (e)</p>	<p>The registered person must ensure that service users risk assessments identify the specific risks in the kitchen which justify the kitchen being locked between 11:30pm to 7:30am.</p>	<p>The registered manager advised the inspector that the service users' access to the main kitchen at night has been discussed with service users. The specific risks associated with the main kitchen being open at night were discussed during the inspection and agency staff reported risks in relation to sleeping patterns being disturbed for some service users, over eating and staffing provision at night reduced to one sleep over member of staff who is on call within the building from midnight to 8am. The inspector was also advised of risks associated with service users accessing the main kitchen when under the influence of alcohol or drugs.</p> <p>The service users have access to two smaller kitchens – one on each floor and these were reported to be stocked with tea / coffee making facilities.</p> <p>A service user who met with the inspector confirmed that they had use of a small kitchen at night.</p> <p>Restricted access to the kitchen has been identified by agency staff as a restrictive practice and this was described as the least restrictive option.</p> <p>Individual risk assessments had been updated to reflect the risks associated</p>	<p>Once</p>	<p>Partially Met</p>
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			<p>with service users accessing the main kitchen at night. The impact of this on other service users has also been outlined within the care records.</p> <p>The HSC Trust awareness of this restrictive practice was discussed. The inspector was advised that the HSC Trust had not been advised by agency staff of the arrangements to restrict the service users' access to the kitchen. A requirement has been made with regard to this.</p>		
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<p>5.</p>	<p>14 (a-f)</p>	<p>The registered person must ensure that a working definition of 'restrictive practice' specific to service users with mental health needs is developed and implemented.</p>	<p>The agency's Restrictive policy Statement was examined during the inspection and was noted to have been developed in October 2013.</p> <p>The policy examined stated: 'Mindwise does not support the use of restrictive practices and staff work in such a way that supports service users to fully access their human rights.'</p> <p>The agency's views on the use of restrictive practice was discussed with agency staff and it was apparent that staff are committed to ensuring that the least restrictive measure is in place at all times and that restrictive practices while not desirable are at times necessary. It was also apparent that there are restrictive practices in place for some service users and that the policy could be misleading.</p> <p>This requirement has been partially met and it was recommended that this policy is reviewed and that it reflects the agency's position on the use of restrictive practices and that it makes reference to the involvement of the HSCT Trust.</p>	<p>Once</p>	<p>Partially Met</p>
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6.	15 (6) (a)	<p>The registered person must ensure that the agency requests the Trust designated person to confirm the immediate protection plan for any VA referral screened by the Trust as a safeguarding issue.</p>	<p>The agency's safeguarding referrals were discussed with the registered manager.</p> <p>The agency has liaised with the HSC Trust and has received an "Adult Safeguarding Referral Pathway for Adult Safeguarding Referrals from Voluntary Agencies".</p> <p>The agency has made one safeguarding referral to the HSC Trust and advised that this had been acknowledged by the Trust and immediate safeguards agreed. The immediate protection plan was incorporated into the service users' care plan.</p>	Once	Fully Met
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No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1.	2.2	It is recommended that the agency clearly demonstrate how they discuss and consult with the people supported about who they share their accommodation with as stated in the Tenant's Guide.	<p>From discussion with agency staff and service users during the inspection, it was evident that service users have been advised during tenants' meetings and within their agreements that they will be consulted about who they share their accommodation with.</p> <p>The agency has an admissions panel who consider the compatibility of prospective service users and existing service users. The inspector examined tenants meeting records and these referenced discussions with agency staff about prospective tenants.</p> <p>Service users have been provided with an agreement document from Mindwise highlighting their right to be consulted about any prospective tenant.</p> <p>Agency staff who participated in the inspection confirmed that existing tenants are consulted and prospective tenants are introduced to existing tenants and shown around prior to taking up their tenancy.</p>	Two	Fully Met

2.	1.1	It is recommended that the registered person ensures that service users' human rights are explicitly outlined on their support plan.	The agency has reviewed the care and support plan documentation and developed a draft Client Needs and Risk Assessment template. This includes a number of outcomes for service users including managing mental health, self-care, life skills, social networks, work, and relationships. Within each outcome there are references to the relevant human rights considerations.	Once	Fully Met
3.	14.10	It is recommended that the registered person ensures that staff receive child protection training at least every two years.	The agency's training records were examined and reflected uptake in child protection training since the previous inspection.	Once	Fully Met

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED

Statement 1:

The agency maintains complete and up to date records in respect of the terms and conditions of the provision of personal care

- The agency provides to each service user a written guide, including a personalised written agreement detailing the specific terms and conditions in respect of any specified service to be delivered, including the amount and method of payment of any charges to the service user;
- The individual agreement details all charges payable by the service user to the agency, the services to be delivered in respect of these charges and the method of payment;
- Where service users pay for additional personal care services which do not form part of the HSC trust's care assessment, documentation exists confirming that the HSC trust are aware of any arrangements in place between the agency and the service user;
- The individual agreement clarifies what arrangements are in place to apportion shared costs between the agency and the service user(s). This includes those costs associated with any accommodation used in connection with agency business, where this is conducted from the service users' home;
- There are arrangements in place to quantify the costs associated with maintaining any unused areas within the service users' home which they do not have exclusive possession of;
- The service user guide/ individual agreement clarifies what the arrangements are for staff meals while on duty in the service users' home;
- Where the agency is involved in supporting a service user with their finances or undertaking financial transactions on the service user's behalf, the arrangements and records to be kept are specified in the service user's individual agreement;
- The agency has a policy and procedure in place to detail the arrangements where support is provided by agency staff to enable the service users to manage their finances and property;
- The agency notifies each service user in writing, of any increase in the charges payable by the service user at least 4 weeks in advance of the increase and the arrangements for these written notifications are included in each service user's agreement user's home looks like his/her home and does not look like a workplace for care/support staff.

COMPLIANCE LEVEL

<p>Provider's Self-Assessment</p>	
<p>Service-user guide provided to all tenants and updated and tenant's informed of any changes and guide made available. The individual service agreement with tenant details the tenant charge and what the tenant charge covers. Individual agreements detail benefits, rent charge, also outlines support chare and care charge and how these are paid,. The agreement outlines arrangements for staff meals when on duty, and covers meetings arranged by Manager and arrangement for tea, coffee for visitors. The agreement specifies that staff will not be responsible for handling any tenant monies, but staff can support the Tenant to draw and follow a an individual budget plan, if they wish. The agreement specifies the breakdown of care and support hours and the service-user guide specifies the care and support offered and available. The guide specifies that tenant's will be notified 4wks in advance of any changes in charges.</p> <p>There is an office space on the premises, an additional space for archiving and one room where the Area Manager is based. There is a sleep-over room for staff on duty. Any information for tenants is in a designated area of the premises. All other areas are arranged as Tenant's home and do not look like a workplace for staff.</p> <p>Service-user agreement specifies tenant's right to opt-out of the arrangement and finances for meals and to provide their own, if they wish.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>Service users have been issued with a Service Provision Agreement and this reflects the charges payable by the individual to the agency. The agreement also outlines the contributions from the HSC Trust and the NIHE's Supporting People programme for personal care and housing support provided by the agency.</p> <p>Service users do not make any personal contribution to the cost of their care or support.</p> <p>The individual's weekly entitlement to care and support hours is outlined within their service agreement.</p> <p>Service users make payments by standing order on a weekly basis to Mindwise in respect of the food, heating and lighting, laundry and maintenance costs. These costs were itemised within the service agreements and within the Tenants' Handbook and each service user pays the same amount. As outlined in the self-assessment, the agreement advises services users that they will be notified four weeks in advance of any changes in charges.</p> <p>The Service Provision Agreement outlines the individuals' right to opt out of the shared meals provision.</p>	<p>Compliant</p>

The arrangements for staff to have a meal in the homes of service users were discussed with agency staff and these had been reviewed following the previous inspection. Agency staff do not share the food purchased by the service users and have been provided with storage space to store food items they may choose to bring to work. The agency has developed policy guidance for staff with regard to staff meals on duty and this clearly outlines the expectation that staff will provide their own meals or avail of the tea / coffee provided by petty cash.

The Tenants' handbook also outlines arrangements for staff meals when on duty.

The agency's registered office is within the service users' home and agency staff also have a sleep over room within the building. A service user and their relative invited the inspector to their room which was noted to have been personalised and comfortable. Service users who participated in the inspection advised the inspector that they are encouraged to personalise their accommodation and that agency staff respect their privacy.

From discussion with agency staff it was evident that the charging and bulk shopping arrangements had been discussed in the weeks prior to the inspection with the HSC Trust. The inspector was advised of the plans in place to consult with service users in relation to the feedback received from the HSC Trust and of the agency's commitment to promoting the independence of service users.

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED

Statement 2:

Arrangements for receiving and spending service users' monies on their behalf are transparent, have been authorised and the appropriate records are maintained:

- The HSC trust's assessment of need describes the individual needs and capabilities of the service user and the appropriate level of support which the agency should provide in supporting the service user to manage their finances;
- The agency maintains a record of the amounts paid by/in respect of each service user for all agreed itemised services and facilities, as specified in the service user's agreement;
- The agency maintains a record of all allowances/ income received on behalf of the service user and of the distribution of this money to the service user/their representative. Each transaction is signed and dated by the service user/their representative and a member of staff. If a service user/their representative are unable to sign or choose not to sign for receipt of the money, two members of staff witness the handover of the money and sign and date the record;
- Where items or services are purchased on behalf of service users, written authorisation is place from the service user/their representative to spend the service user's money on identified items or services;
- There are contingency arrangements in place to ensure that the agency can respond to the requests of service users for access to their money and property at short notice e.g.: to purchase goods or services not detailed on their personal expenditure authorisation document(s);
- The agency ensures that records and receipts of all transactions undertaken by the staff on each service user's behalf; are maintained and kept up-to-date;
- A reconciliation of the money/possessions held by the agency on behalf of service users is carried out, evidenced and recorded, at least quarterly;
- If a person associated with the agency acts as nominated appointee for a service user, the arrangements for this are discussed and agreed in writing with the service user/ their representative, and if involved, the representative from the referring Trust. These arrangements are noted in the service user's agreement and a record is kept of the name of the nominated appointee, the service user on whose behalf they act and the date they were approved by the Social Security Agency to act as nominated appointee;

COMPLIANCE LEVEL

<ul style="list-style-type: none"> • If a member of staff acts as an agent, a record is kept of the name of the member of staff, the date they acted in this capacity and the service user on whose behalf they act as agent; • If the agency operates a bank account on behalf of a service user, written authorisation from the service user/their representative/The Office of Care and Protection is in place to open and operate the bank account, • Where there is evidence of a service user becoming incapable of managing their finances and property, the registered person reports the matter in writing to the local or referring Trust, without delay; <p>If a service user has been formally assessed as incapable of managing their finances and property, the amount of money or valuables held by the agency on behalf of the service user is reported in writing by the registered manager to the referring Trust at least annually, or as specified in the service user's agreement.</p>	
<p>Provider's Self-Assessment</p>	
<p>All service-users will manage their own finances, unless specifically outline by the Trust, or by their family, with their agreement, as outlined by family and tenant and recorded and signed and kept in tenant file. MindWise Finance Department keep an itemised amount of tenant charge received from tenant and amount of monies received for care from the Trust.tenants are in possession of their own benefits and the Agency does not hold any money or possessions on the Tenant's behalf. The Agency does not act as Agent or Appointee for any tenant.Service agreement specifies that staff will contact the Trust, where it appears that a tenant is becoming incapable of managing their own finances. Items are not purchased by staff on the tenants' behalf.MindWise have a managing service-users money policy and staff attend training on managing service-users money, should the need for this arise.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>As outlined within the self-assessment, all of the current service users manage their finances independently of agency staff. Some service users were reported to have the support of their family members to manage their finances.</p> <p>The inspector was advised that the payments received by the agency for the costs associated with the service users' food, heating and lighting, laundry and maintenance are made directly by the service users, by direct debit, to Mindwise and that agency staff do not handle these transactions or maintain records of them; these charges are outlined in the service users' care records and had been signed by service users.</p>	<p>Compliant</p>

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
<p>Statement 3:</p> <p>Where a safe place is provided within the agency premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained:</p> <ul style="list-style-type: none"> • Where the agency provides an appropriate place for the storage of money and valuables deposited for safekeeping, robust controls exist around the persons who have access to the safe place; • Where money or valuables are deposited by service users with the agency for safekeeping and returned, a record is signed and dated by the service user/their representative, and the member of staff receiving or returning the possessions; • Where a service user has assessed needs in respect of the safety and security of their property, there are individualised arrangements in place to safeguard the service user's property; • Service users are aware of the arrangements for the safe storage of these items and have access to their individual financial records; • Where service users experience restrictions in access to their money or valuables, this is reflected in the service user's HSC trust needs/risk assessment and care plan; <p>A reconciliation of the money and valuables held for safekeeping by the agency is carried out at regular intervals, but least quarterly. Errors or deficits are handled in accordance with the agency's SVA procedures.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p> <p>Agency does not store valuables or money for individuals. Tenants are provided with a locked cupboard in their room, some individuals have purchased a safe to store money and valuables. Tenants are asked to inform staff or Manager/Team Leader if they lose or mis-place a key. In addition, all tenants have a room key, with records kept by staff to ensure every tenant has a key. Tenants are asked to inform staff if they lose or mis-place a key.</p> <p>Front door operates by a key-pad system. Main gate locked at night and all tenants have a key for side gate. This complies with MindWise policy on managing service-users money..</p>	Compliant

Inspection Findings:	
As outlined in the self-assessment, agency staff do not provide service users with secure storage for their money or other property. Service users are encouraged by agency staff to secure their personal living areas and to make use of the secure storage within their rooms.	Compliant

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED

Statement 4:

COMPLIANCE LEVEL

Arrangements for providing transport to service users are transparent and agreed in writing with the service user/their representative:

- The needs and resources of the individual service user are considered in conjunction with the HSC Trust assessment;
- The charges for transport provision for an individual service user are based on individual usage and are not based on a flat-rate charge;
- Service users have the opportunity to opt out of the transport scheme and the arrangements for opting out are detailed within the agency's policies and procedures;
- Written agreement between the service user and the agency is in place, detailing the terms and conditions of the transport scheme. The agreement includes the charges to be applied and the method and frequency of payments. The agreement is signed by the service user/ their representative/HSC trust where relevant and a representative of the service;
- Written policies and procedures are in place detailing the terms and conditions of the scheme and the records to be kept;
- Records are maintained of any agreements between individual service users in relation to the shared use of an individual's Motability vehicle;
- Where relevant, records are maintained of the amounts of benefits received on behalf of the service user (including the mobility element of Disability Living Allowance);
- Records detail the amount charged to the service user for individual use of the vehicle(s) and the remaining amount of Social Security benefits forwarded to the service user or their representative;
- Records are maintained of each journey undertaken by/on behalf of the service user. The record includes: the name of the person making the journey; the miles travelled; and the amount to be charged to the service user for each journey, including any amount in respect of staff supervision charges;
- Where relevant, records are maintained of the annual running costs of any vehicle(s) used for the transport scheme;
- The agency ensures that the vehicle(s) used for providing transport to service users, including private

<p>(staff) vehicles, meet the relevant legal requirements regarding insurance and road worthiness. Where the agency facilitates service users to have access to a vehicle leased on the Motability scheme by a service user, the agency ensures that the above legal documents are in place;</p> <ul style="list-style-type: none"> Ownership details of any vehicles used by the agency to provide transport services are clarified. 	
<p>Provider's Self-Assessment</p>	
<p>The Agency does not operate a transport scheme, or have a scheme vehicle. The Agency is not in receipt of any benefits for tenants. Service agreement outlines that tenants will pay for their public transport or taxi needs from their own finances. Service agreement outlines that staff can accompany tenants to appointments if they require, but tenants will pay for this transport. Service agreement outlines that staff may be undertaking duties on behalf of the organisation, in such cases, the staff member will claim mileage expenses from the Organisation. Service agreement outlines that staff are unable to carry tenants in their own cars, due to insurance restrictions.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>As outlined in the self-assessment, the agency does not have a transport scheme. Service users who avail of a lift from agency staff are not charged for this.</p> <p>None of the service users were availing of the Motability Scheme.</p>	<p>Compliant</p>

<p>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Compliant</p>
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<p>INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Compliant</p>
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THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 1:</p> <p>The agency responds appropriately to the assessed needs of service users</p> <ul style="list-style-type: none"> • The agency maintains a clear statement of the service users' current needs and risks. • Needs and risk assessments reflect the input of the HSC Trust and contain the views of service users and their representatives. • Agency staff record on a regular basis their outcome of the service provided to the individual • Service users' care plans reflect a range of interventions to be used in relation to the assessed needs of service users • Service users' care plans have been prepared in conjunction with the service user and their HSC Trust representative(s) and reflect appropriate consideration of human rights. 	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Needs and risk assessments reflect the Trust input on Referral forms prior to admission and followed through on needs assessment, risk assessments and Support plans. Tenants each have a named staff key-worker. The staff key-worker, with the individual, will compile Risk assessments and a support plan. The statutory key-worker for the individual will attend 6monthly reviews for individual and will contribute to support plans and risk assessments at Review. Statutory key-workers visit regularly. Risk assessments and support plans are reflective of the needs and wishes of tenants and compiled in line with Human Rights legislation. New referral pathways procedures compiled by organisation for consultation at present. Support plans reviewed with tenant 6 weekly. Support plan outcomes available quarterly. Organisation operating new risk management procedure.</p>	Compliant
Inspection Findings:	
<p>A range of care records were examined and service users' needs and risks were clearly documented by agency staff and had been reviewed by the HSC Trust.</p> <p>The inspector examined some draft templates of new needs assessments and care / support plans for service users; these were noted to contain references to the service users' human rights which had been aligned to the specific outcome for service users.</p>	Compliant

The care records of three service users were examined and contained daily progress notes and key worker summaries of the individual's progress towards aspects of their care and support plan. Agency staff had written an evaluation against each outcome and these reflected discussions with and the views of the service users. It was evident from these records and from discussions with agency staff and service users that staff make referrals to HSC Trust staff in response to changing needs. Service users were noted to have six monthly and annual reviews and the attendance of HSC Trust staff at these meetings was evident. Agency staff described excellent working relationships with the HSC Trust and advised the inspector that they could contact the Trust at any time in relation to any changing needs identified.

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 2:</p> <p>Agency staff have the appropriate level of knowledge and skill to respond to the needs of service users</p> <ul style="list-style-type: none"> • Agency staff have received training and on-going guidance in the implementation of care practices • The effectiveness of training and guidance on the implementation of specific interventions is evaluated. • Agency staff can identify any practices which are restrictive and can describe the potential human rights implications of such practices. • The agency maintains policy and procedural guidance for staff in responding to the needs of service users • The agency evaluates the impact of care practices and reports to the relevant parties any significant changes in the service user’s needs. • Agency staff are aware of their obligations in relation to raising concerns about poor practice 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p> <p>All staff receive mandatory training as outlined on Training calender and all staff keep a record of training. In addition, other internal and external training can be identified with Manager and staff at supervision and appraisal and can be applied for, as required, or identified by Manager or staff member. Staff receive training on support plans and risk assessment. Staff receive training on mental health issues, challenging behaviour, recovery and wellness recovery action plans. All staff training is evaluated at time of training and evaluated in supervision, and staff meetings. Supervision held 4-6wkly and staff meetings held monthly.</p> <p>All staff have access to restrictive practices policy and have discussed restrictive practices at staff meeting and with tenants at Tenant meeting. Human Rights legislation available in individual tenant files and new needs assessment and care plans outline human rights legislation.</p> <p>All policies and procedures available on staff website. All staff have individual e-mail and access to policies and procedures. All new policies and procedures and updates available on website and made available to staff at staff meeting and supervision.</p> <p>Tenant reviews held 6 monthly, with tenant, family, staff, statutory key-worker and care manager. Support</p>	Compliant

<p>plans reviewed 6 weekly. Reports available for Tenant reviews. Daily notes in place, daily hand-over to staff, communication book, monthly summaries, weekly key-work, or as agreed with Tenant..All staff receive vulnerable adults training. Vulnerable adults and whistle-blowing policy available on website.</p>	
<p>Inspection Findings:</p>	
<p>The agency's staff training records were examined and reflected uptake in training in the mandatory areas and in the Wellness Recovery Action Programme, report writing, child protection, equality and diversity, mental health awareness and lone working.</p> <p>Agency staff confirmed that they can access all of the agency's policies and procedures through the Mindwise website and staff who participated in the inspection advised the inspector that they felt they had received adequate training for their roles.</p> <p>Agency staff described their understanding of restrictive practice and identified the use of a restrictive practice in the homes of service users, i.e. locking the service users' kitchen door at night. The agency has developed a policy on restrictive practice and this reflects the DHSSPS guidance on restraint and seclusion and references the Human Rights Act. It was recommended however that this policy is further developed and should clearly outline the agency's position in relation to restrictive practices and the necessity of HSC Trust involvement.</p> <p>The impact of the practice of locking the kitchen door on those service users who do not require this restriction were discussed. Agency staff advised the inspector that this impact was a positive one as it meant that all service users were benefiting from a safer environment at night.</p> <p>Agency staff who participated in the inspection outlined their responsibility in raising concerns about poor practice and described the manager and area manager as very approachable.</p>	<p>Substantially Compliant</p>

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 3:</p> <p>The agency ensures that all relevant parties are advised of the range and nature of services provided by the agency</p> <ul style="list-style-type: none"> • Service users and their relatives and potential referral agents are advised of any care practices that are restrictive or impact on the service users’ control, choice and independence in their own home. • The agency’s Statement of Purpose and Service User Guide makes appropriate references to the nature and range of service provision and where appropriate, includes restrictive interventions • Service users are advised of their right to decline aspects of their care provision. Service users who lack capacity to consent to care practices have this documented within their care records. • Service users are provided with a copy of their care plan (in a format that is appropriate to their needs and level of understanding) and receive information in relation to potential sources of (external) support to discuss their needs and care plan. • The impact of restrictive practices on those service users who do not require any such restrictions. 	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>All tenants receive a copy of their Support plan and sign that they agree with all Support plans and risk assessments. Restrictive practices outlined in Tenant handbook and Statement of Purpose. Information on the organisation available for prospective tenants or families/carers. Information available to tenants on independent advocacy service.</p> <p>Individual risk assessments outline impact of restrictive practices on those who do not require this and arrangements to lessen impact of restrictive practices The direction statement which is part of the Referral pathway, informs tenants that there are other providers in the area. The Internal Quality audit, asks tenants if they are aware of what the Service does and doesn't provide. Staff will support tenants to access other providers.</p>	Compliant
Inspection Findings:	
<p>The agency has developed a range of documentation to support the referral, assessment and care / support planning processes.</p>	Not Compliant

The agency's definition of 'personal care' was discussed during the inspection and the inspector highlighted the role of agency staff in assisting service users with their medication as an aspect of personal care, as defined in Article 10 (3) of the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order, 2003.

The Tenant's Handbook was examined and states: "MindWise does not provide personal care. In the event of a Tenant requiring personal care this would be provided by Belfast Trust".

The agency's Statement of Purpose was examined and states: "We do not offer personal care". The registered person is required to review both of these documents in accordance with the definition outlined in the legislation.

The agency's statement of purpose outlines the practice of restricting access to the main kitchen at night and sets out the alternative arrangements in place for service users to access drinks and snacks. The agency's statement of purpose had been revised prior to the inspection and provides specific information about restrictive practices in place.

From discussions with agency staff it was evident that service users had been advised of the practice of the kitchen being locked at night however it was not clear if they had been advised of their right, as tenants, to have access to this area of the building. It was also not clear if the HSC Trust had been made aware of the risks associated with service users accessing the kitchen at night or if this aspect of the service users' care and support plans were in accordance with the HSC Trust care plan.

The service users have a 'Client Assessment Plan' and an associated support plan for each outcome. This information was detailed and person centred and had the appropriate human rights considerations included. It was not clear however if these documents had been shared with service users and the signatures of service users were not consistently evidenced in the documents. It was recommended that service users are provided with a copy of their care plan (in a format that is appropriate to their needs and level of understanding) and receive information in relation to potential sources of (external) support to discuss their needs and care plan.

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 4</p> <p>The registered person ensures that there are robust governance arrangements in place with regard to any restrictive care practices undertaken by agency staff.</p> <ul style="list-style-type: none"> • Care practices which are restrictive are undertaken only when there are clearly identified and documented risks and needs. • Care practices which are restrictive can be justified, are proportionate and are the least restrictive measure to secure the safety or welfare of the service user. • Care practices are in accordance with the DHSSPS (2010) Circular HSC/MHDP – MHU 1 /10 – revised. Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance. • The agency evaluates the impact of restrictive care practices and reports to the relevant parties any significant changes in the service user’s needs. • The agency maintains records of each occasion restraint is used and can demonstrate that this was the only way of securing the welfare of the service user (s) and was used as a last resort. • Restraint records are completed in accordance with DHSSPS (2005) Human Rights Working Group on Restraint and Seclusion: Guidance on Restraint and Seclusion in Health and Personal Social Services. • The agency forwards to RQIA and other relevant agencies notification of each occasion restraint is used • The registered person monitors the implementation of care practices which are restrictive in nature and includes their on-going assessment of these practices within the monthly quality monitoring report 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p> <p>The organisation does not use physical restraint as per MindWise Restrictive practice policy statement. Any restrictive practices are outlined on Tenant handbook, and outlined on individual risk assessments, which are reviewed by staff and tenant and Manager on risk management log and any significant changes are reported appropriately. Any restrictive practice is considered with the organisation's restrictive practice policy and discussed with tenants at Tenant meeting, which is held 2 weekly.</p>	Compliant

Inspection Findings:	
<p>The agency has developed a policy on restrictive practice and this reflects the DHSSPS guidance on restraint and seclusion and references the Human Rights Act. Agency staff who met with the inspector described their understanding of restrictive practice and identified the use of a restrictive practice in the homes of service users, i.e. locking the service users' kitchen door at night.</p> <p>The agency's restrictive practice policy states clearly that agency staff do not practice restraint, and as stated previously, it was recommended that the policy is revised and should clearly outline the agency's position in relation to restrictive practices and the necessity of HSC Trust involvement.</p> <p>It was also recommended that the implementation of restrictive practices is assessed and documented during monthly quality monitoring visits.</p>	<p>Substantially Compliant</p>

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL Compliant
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INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL Not Compliant
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THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
Statement 1	COMPLIANCE LEVEL
<p>Evidence inspected confirms that service users/representatives have written information and/or had explained to them the amount and type of care provided by the agency</p> <ul style="list-style-type: none"> • Service users/representatives can describe the amount and type of care provided by the agency • Staff have an understanding of the amount and type of care provided to service users • The agency’s policy on assessment and care planning and the statement of purpose/service user guide describe how individual service user agreements are devised. • The agency’s service user agreement is consistent with the care commissioned by the HSC Trust. The agency’s care plan accurately details the amount and type of care provided by the agency in an accessible format. 	
<p>Provider’s Self-Assessment</p> <p>Amount and type of care is outlined on individual service agreement, signed by tenants. Direction statement states nature of support and care offered. All staff aware of amount and type of care provided by the organisation. as per service level agreement with BHSCT. Staff are aware of the service level agreement which determines the amount of care provided and to the needs assessment for individual tenants for the nature of care provided.</p> <p>Service user guide details how assessments and Support plans are devised. New referral pathways procedures currently available in draft format, for final agreement and implementation.</p>	Compliant
<p>Inspection Findings:</p> <p>Service users, the relative of a service user and agency staff who contributed to the inspection described the amount and type of care provided by the agency.</p> <p>The Service Provision Agreements were examined and had been signed by the service users and agency staff. The agreements state: ‘This document is a contract to occupy the accommodation at the scheme’ and “The landlord reserves the right to ask you to leave the accommodation in certain circumstances. For example failure to comply with your prescribed medication regime ...persistent refusal to carry out activities which have been agreed by you”. The inspector was concerned to note that the service agreements that had</p>	Substantially Compliant

been prepared by the agency were outlining circumstances in which a 'tenant' could be asked to leave their accommodation. The separation of the role of the landlord and that of the care provider were discussed with agency staff during the inspection; it was recommended that the service agreements are revised and that service users are referred to their tenancy agreements for information in relation to security of tenure.

The agreement specifies the accommodation to be occupied, including the communal areas, the agreements also specify the service charges which include food, heating and lighting, laundry and repairs and maintenance.

It was noted that the agency receives 'block funding' from the HSC Trust and that all service users were in receipt of the same level of funding in respect of their care needs. The agency had provided the individual service users with a breakdown of their care and support allocation and aligned this to the individuals' care and support plan.

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
<p>Statement 2</p> <p>Evidence inspected confirms that service users/representatives understand the amounts and method of payment of fees for services they receive as detailed in their individual service agreement.</p> <ul style="list-style-type: none"> • Service users/representatives can demonstrate an understanding of the care they receive which is funded by the HSC Trust • Service users/representatives can demonstrate an understanding of the care which they pay for from their income. • Service users/representatives have an understanding of how many hours they are paying for from their income, what services they are entitled to and the hourly rate. • Service users/representatives have an understanding of how to terminate any additional hours they are paying for from their income • Service users/representatives have been informed that cancellation of additional hours they are paying for from their income will not impact upon their rights as a tenant. 	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Service users agreement specifies amount and cost of care, provided by the Trust. Currently, tenants receive benefits. No personal care is provided by the organisation. Should additional care be required, the Care Manager can be approached by the registered Manager to provide an enhanced care package, should the tenant require this, to enable them to maintain their tenancy. Currently no tenants within the service are purchasing additional care packages, however we recognise the right to do so.</p>	Compliant
Inspection Findings:	
<p>As outlined in the self-assessment, service users do not make contributions from their personal income towards their care or support.</p> <p>Service users who participated in the inspection outlined their understanding that their care is paid for by the HSC Trust.</p>	Compliant

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
<p>Statement 3</p> <p>Evidence inspected confirms that service users' service agreements, care plans are reviewed at least annually confirming that service users/representatives are in agreement with the care provided and the payment of any fees.</p> <ul style="list-style-type: none"> • Service users/representatives confirm that their service agreement, care plans are reviewed at least annually by the commissioning HSC Trust, and confirm that they are in agreement with the care provided and the payment of any fees. • Records and discussion with staff confirm that the agency contributes to the HSC Trust annual review. • Records and discussion with staff confirm that reviews can be convened as and when required, dependent upon the service user's needs and preferences. • Records confirm that service users' service agreements, care plans are updated following reviews. Authorisation from the HSC Trust and consent from the service user/representative is documented in relation to any changes to the care plan or change to the fees paid by the service user. 	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p> <p>Individual service agreements outline the care provided and the payment of fees. This outlines that Reviews will be held 6 montly, with the relevant Trust. In addition, tenants, staff or the Trust, may ask for earlier dates for Reviews at any time and this will be accommodated, as per Statement of Purpose and Tenant handbook. The agency contributes to the Review. The agency provides a written report for Reviews providing details on mental health, physical health, daily living activities, relationships, complaints, risk assessments, medication.</p> <p>Any changes to fees is signed by the Tenant, with notice as outlined in service agreement. Changes or ammendments to Support plan is discussed with the Trust statutory key-worker, organisation staff and tenant and can be amended as appropriate, following a 6monthly Review or following a 6 weekly update of Support plan, or following Incidents.</p>	Compliant
<p>Inspection Findings:</p> <p>At the request of RQIA, the agency provided to RQIA in advance of the inspection a summary of the review arrangements in place for service users. This information was discussed during the inspection and validated.</p>	Compliant

As outlined in the self-assessment, service users are held six monthly, annually and more often if necessary with HSC Trust staff. It was evident that agency staff are in regular contact with the HSC Trust and that changing needs and risks are discussed regularly.

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant
INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially Compliant

Any other areas examined**Complaints**

The agency had received two complaints since the previous inspection. The records of these were examined and reflected the outcome of the investigation. The satisfaction of service users in relation to these matters was discussed with the registered manager who advised that this difficult to determine.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Anne Marie McKee, 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:

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



Quality Improvement Plan

Announced Primary Inspection

Mindwise (Belfast)

16 April 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 Mrs Anne Marie McKee (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 Domiciliary Care Agencies Regulations (NI) 2007

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	23 (1) (5)	<p>(1)The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided</p> <p>(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p>	One	All tenants completed a pro-forma to confirm if they agree to families being contacted for purposes of monitoring visit and available in service user's file.	From the date of inspection
2.	15 (2) (a)	<p>The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, prepare or ensure that a written plan ("the service user plan") is prepared which shall—</p> <p>(a) be consistent with any plan for the care of the service user prepared by any Health and Social Services Trust or Health and Social Services Board or other person with responsibility for commissioning personal social services for service users;</p> <p>This requirement refers to the agency's use of restrictive practice in the homes of service users in the absence of HSC Trust involvement.</p>	One	<p>The Organisation's policy on restrictive practice has been updated and amended, to reflect the use of any restrictive practices.</p> <p>Registered Manager has contacted BHSCT with regard to restrictive practice and requested agreement from the trust.</p> <p>Service user's support plans being amended to reflect the use of restrictive practice and to be agreed and signed by BHSCT.</p> <p>Future Reviews to reflect agreement from trust and multi-disciplinary team with regard to restrictive practice.Are</p>	Four months from date of inspection – 6 August 2014

3.	7	<p>The registered person shall— (a) keep under review and, where appropriate, revise the statement of purpose and the service user's guide.</p>	One	Registered Manager has reviewed the Statement of Purpose.	Three months from date of inspection – 9 July 2014
4.	14 (e)	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided— (e) in a manner which respects the privacy, dignity and wishes of service users, and the confidentiality of information relating to them</p> <p>This requirement refers to the agency's arrangements for dispensing service users' medications.</p>	One	Registered Manager has met with service-users at service-users meeting and discussed weekly medication being stored and administered by staff, where appropriate, in the service users own room. Registered Manager has spoken to Boots and arrangements being made for service users to receive weekly medication in medi-sure packs, so these can be stored in service users room, in a locked cupboard.	Four months from date of inspection – 6 August 2014

Recommendations

These recommendations are based on The Domiciliary Care Agencies Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	8.11	<p>The registered person monitors the quality of services in accordance with the agency's written procedures and completes a monitoring report on a monthly basis. This report summarises any views of service users and/or their carers/representatives ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.</p> <p>It is recommended that the views of professionals are obtained and recorded within monthly quality monitoring reports.</p> <p>It is recommended that any restrictive practices in place are monitored during the monthly quality monitoring visit.</p>	One	<p>Area Manager has completed forms as provided by RQIA for monthly monitoring visits. The views of professionals are recorded in the monthly monitoring visit. The Area Manager has discussed restrictive practice with Registered Manager and reviews the use of restrictive practice at monthly monitoring visits.</p>	From the date of inspection
2.	9	<p>There are policies and procedures in place that direct the quality of care and services.</p> <p>This recommendation refers to the further development of the agency's policy on the use of restrictive interventions.</p>	One	<p>The organisation's policy on restrictive practice has been reviewed and amended.</p>	Four months from date of inspection – 6 August 2014

3.	5.1	It is recommended that service users are provided with a copy of their care plan (in a format that is appropriate to their needs and level of understanding) and receive information in relation to potential sources of (external) support to discuss their needs and care plan.	One	Key workers are arranging for all service users to have a copy of their support plan, to sign that they have been offered a copy and to ensure this is present in service users files.	Four months from date of inspection – 6 August 2014
4.	4.2	<p>The agreement between the service user and the service provider specifies the terms and conditions of the service provision.</p> <p>This recommendation refers to service user agreements referencing conditions of occupancy of the accommodation.</p>	One	Registered Manager has reviewed the terms and conditions of the service provision and amended the service provision agreement. Key workers will ensure all new service provision agreements are signed and stored in service user's files.	Four months from date of inspection – 6 August 2014

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	Anne Mckee
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Anne Doherty

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓	Audrey Murphy	23 July 2014
Further information requested from provider			