



The Regulation and
Quality Improvement
Authority

PRIMARY INSPECTION

Name of Agency:	Mindwise (Carrickfergus)
Agency ID No:	11121
Date of Inspection:	18 April 2014
Inspector's Name:	Audrey Murphy
Inspection No:	17739

The Regulation And Quality Improvement Authority
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General Information

Name of agency:	Mindwise
Address:	1 Henry Gill Court Ellis Street Carrickfergus BT38 8AX
Telephone Number:	028 93329575
E mail Address:	teamleaders.carrick@mindwisenv.org
Registered Organisation / Registered Provider:	MindWise Ms Anne Doherty (Acting)
Registered Manager:	Ms Tracy-Anne Turner
Person in Charge of the agency at the time of inspection:	Ms Tracy-Anne Turner
Number of service users:	12
Date and type of previous inspection:	8 July 2013, Primary announced inspection
Date and time of inspection:	18 April 2014 9:30 am – 3:00 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	3
Relatives	0
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	9	8

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 full compliance with the three requirements and two recommendations made following the previous inspection was examined. The agency has been assessed as fully compliant with two requirements and has partially met the third. The agency has fully met the minimum standards with regard to two recommendations made following the previous inspection.

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 provides domiciliary care services (supported living) to people with severe mental illness who can live independently but who need some level of support to live in their own homes. Henry Gill Court is situated in Carrickfergus, Co Antrim, and provides support to 12 individuals. Staffing consists of a team of 10 full time staff (housing support workers), one full time team leader and a registered manager.

Service users all rent their accommodation from Oaklee Housing Association.

Support is provided on a core and cluster basis; six tenants have their own flats and six live within the main supported house. Service users are assessed according to individual need and can receive assistance with medication, daily living skills, emotional support, and involvement in the local community, with the overall goal of promoting independent living, and good mental health.

Some of the service users have been living at the scheme since it opened in 2002. The 'core' house provides intensive care and support. Service users receive support to remain in their accommodation while others have requested support to move to more independent living.

Referrals to the service are all from the NHSCT who fund the personal care received. The Northern Ireland Housing Executive's Supporting People programme fund the housing support which is also provided by agency staff.

Some additional service users receive housing support only and the inspector was advised of Mindwise's plans to extend this service within the local area.

Summary of Inspection

The announced inspection was undertaken at the agency's registered office, 1 Henry Gill Court Ellis Street, Carrickfergus on 18 April 2014, 9:30 am – 3:00 pm.

The inspector examined a range of care records and other documentation maintained by the agency and spoke at length with the registered manager, team leader and with four service users. Mrs Jackie McCaughey, Area Manager, Mindwise, was also in attendance throughout the inspection.

In advance of the inspection, eight staff returned to RQIA a completed questionnaire and indicated that they had all received training in safeguarding vulnerable adults and found this to be effective. Staff who returned a questionnaire also reported that they had received training in human rights and that all of the service users' have a care and support plan that has been prepared in conjunction with the HSC Trust and meets the individual needs of service users. Staff indicated that they had received training in the supported living model of care and provided some commentary on their understanding of this:

"Promote independence, recovery, have a tenancy agreement, have own key, right to choose who to live with and where in the community." Other staff commented on the importance of service users' dignity and privacy and the promotion of their independence.

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 the care or support provided to them by Mindwise agency staff.

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 take full responsibility for expenditure. Agency staff provide some service users with advice and guidance on budgeting. There was one recommendation made with regard to the service users' agreement outlining the arrangements for service users to be advised in advance of any changes to the charges payable to the agency.

The agency has been assessed as 'Substantially 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.

It was evident that agency staff were responding to a range of assessed needs and had received training in both the mandatory areas but also in areas relevant to the needs of service users.

Agency staff have undertaken risk assessments with individuals in relation to unsupervised access to the main kitchen and it was evident from these that service users experience restricted access to this area in certain circumstances. 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 a smaller kitchen at all times. Agency staff had identified this practice as restrictive; however, the agency's policy on the use of restrictive practice was not consistent with agency staffs' accounts of the recognition of the restricted access to the kitchen as a restrictive practice. It was recommended that policy is reviewed.

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' for this theme.

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

Service users have been issued with a breakdown of the care and support hours allocated to them individually however it was noted that all of the service users receive the same allocation, regardless of assessed needs. It was not possible to determine how these allocations were delivered on a weekly or daily basis to individuals and it was recommended that individual service agreements are developed.

The agency has been assessed as 'Moving Towards Compliance' for this theme.

Additional matters examined

Monthly Quality Monitoring Visits by the Registered Provider

The reports of the monthly quality monitoring visits undertaken on behalf of the registered provider were examined and had been completed by a Mindwise area manager. The area manager was present during the inspection and discussed with the inspector the arrangements in place for consulting service users' representatives during monitoring visits. The inspector was advised that service users' relatives are not always present or contactable and that some service users have expressed their wish that their relatives are not consulted or contacted by agency staff.

It was recommended that those service users who wish to have their relatives or representatives consulted for the purposes of quality monitoring are identified and that arrangements are put in place of their consultation.

It was also recommended that any restrictive practices implemented in the homes of service users are included in the monitoring visits.

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 agency staff do not support service users with their finances or act on behalf of service users.

The inspector was also advised that service users do not make a contribution from their personal income towards the costs of the care or support provided by agency staff. One service user purchases personal care services privately from another domiciliary care agency.

Reviews

At the request of RQIA, the registered manager returned to RQIA a completed questionnaire in relation to the reviews undertaken by the HSC Trust 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 stated that all off the service users have had a review of their needs and care plan during this time period by a member of the HSC Trust.

Agency staff confirmed that all service users have had reviews and that these are multi-disciplinary. The inspector was also advised that statutory key workers attend the review meetings and agency staff take notes of the meetings and make any changes to the service users' care records.

Agency staff reported good working relationships with the HSC Trust community mental health team and described the out of hours arrangements for accessing additional supports for service users. Service users were all reported to have a statutory key worker and access to HSC Trust social work, occupational therapy, psychiatry, CPN's and psychology.

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. The statement must also include within its' description of the nature and range of services provided, any restrictive practices implemented in the homes of service users.

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.	14 (a) & (e)	The registered person must ensure that written consent is given by service users to have one of the two kitchens locked on occasions due to the need for adequate staff supervision when service users are cooking.	<p>Service users have two kitchens within their home and staff are available to support service users to prepare an evening meal.</p> <p>Staffing levels at meal times were discussed and the registered manager confirmed that service users were in agreement to a kitchen being locked at times when staff were not available to supervise service users. This agreement was documented within the service users' care records and had been signed by service users.</p>	One	Fully Met

2.	14 (a-f)	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>The agency has developed a policy statement in relation to restrictive practice.</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 use of restrictive practice in the homes of service users was discussed and the inspector was advised that agency staff have considered the restricted access to one of the kitchens as a restrictive practice.</p> <p>It was recommended that the agency review the restrictive policy and include within this reference to the HSC Trust involvement in the assessment of needs / risks associated with any restrictive practice.</p>	One	Partially Met
3.	15 (2)	The registered person must ensure that the service user's agreement specifies the number of support hours available to them individually.	The service users' agreements were examined and the number of care and support hours was itemised for each individual.	One	Fully Met

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1.	1.1	It is recommended that the registered person ensures that service users' human rights are explicitly outlined on their support plan.	<p>The inspector was advised that the agency is in the process of completing Mindwise care pathway documentation.</p> <p>The care and support records of the current service users were examined and provided evidence that agency staff have aligned the outcomes for service users with the Human Rights Act.</p> <p>Agency staff have discussed with service users their human rights.</p>	One	Fully Met
2.	14.10	It is recommended that the registered person ensures that staff receive child protection training a least every two years.	<p>The agency's training records were examined and agency staff had undertaken this training.</p> <p>The Mindwise Training Matrix reflected the areas of training that are provided for agency staff; this includes child protection, risk assessment, fire awareness, challenging behaviour, recovery, support planning, equality and diversity, medication, report writing, vulnerable adults, managing service users' money, mental health awareness, food safety.</p>	One	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>Each service user is given a tenant guide and a copy of MindWise and Oaklee Homes Group tenancy/service provision agreements where details of costs are outlined and explained. They also have a breakdown of their service charge and what this covers; Heat/Light/Water/Electric, Laundry/Cleaning, Food (for the main house, not included for the flats) and Repairs/Maintenance. MindWise do not provide personal care. However, if a service user chooses to receive personal care from an external agency, documentation exists to confirm this and that the NHSCT is aware and in agreement with this. MindWise has a Joint Management Partnership contract with Oaklee Group Homes and all maintenance is carried out by them. Any support with budgeting is outlined in each individual's support plan. MindWise Service User's Money Policy (2013) outlines the procedure for management of finances. Also, Service User's Money training is listed on the Training Matrix, must be completed within the first 6 months of commencing post and provided to staff bi-annually. Service user's would be individually notified of any increase in service charge and given at least four week's notice of the increase taking place. Staff work areas are confined to the staff office areas and the staff bedroom for sleepover staff.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>As outlined in the self-assessment, service users have been issued with a Tenant's Guide and with information in relation to their individual allocation of care and support hours.</p> <p>Service users have signed agreements in relation to the charges they pay to Mindwise for heating, lighting, laundry and food. Service users pay, by standing order, the weekly service charges that are paid directly to Mindwise. The agency maintains records of all money received by Mindwise for each service user.</p> <p>Agency staff advised the inspector that service users have been advised that they will receive at least four weeks notice of any changes to the service charge and it was recommended that this is included within the service user guide (Tenant's Guide).</p> <p>The inspector was advised that service users all pay identical amounts for heating, lighting, food, laundry and maintenance. The agency's registered office is within the building where six service users live and the inspector was advised that Mindwise pay a significant portion of the overall heating and lighting costs. Service users were reported to shop locally and to avail of a 'fair share' scheme; food costs were therefore minimal for service users.</p>	<p>Substantially Compliant</p>

The arrangements in place for staff to have a meal when working in the homes of service users were discussed. The inspector was advised that Mindwise provide some basic provisions for staff and that staff bring their own food to eat during meal breaks.

Agency staff confirmed that they do not act on behalf of service users, nor do they make purchases on their behalf. One service user was noted to be in receipt of support with budgeting and it was evident that the service user had been fully involved in the development of the support plan. Positive outcomes of the support plan were described as including more resources for clothing, holidays, leisure activities.

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

Statement 2:

COMPLIANCE LEVEL

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;

<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>We do not have arrangements for spending or receiving service users monies on their behalf as MindWise Service User Money Policy 2013 clearly outlines that staff are prohibited from assuming any responsibility for a service user's money or financial arrangements. The NHSCT would be contacted and informed immediately in writing and an emergency case review would be convened at the earliest possible opportunity, if an individual was assessed as incapable of managing their own finances or property. The Finance department, located at MindWise Head Office have and maintain all records of service charge payments relating to all service users who avail of services. The MindWise Financial Regulations (2012) governs all financial operations of the organisation.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>As outlined in the self-assessment, the agency does not act on behalf of service users or take responsibility for service users' money. The agency maintains records of all money received by Mindwise for each service user.</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
Provider's Self-Assessment	
<p>MindWise does not take responsibility for the storage of service user's money and valuables for safekeeping. However, each service user is provided with lockable storage cabinets placed within their private space and will be encouraged and supported to utilise these effectively. They are the sole keyholders of these and staff encourage any valuables to be locked away when not in use for safekeeping. If they choose to purchase their own safe they are free to do so.</p>	Compliant
Inspection Findings:	
<p>The agency does not provide secure storage for service users' money or property within the agency office. All service users are provided with a secure lockable cupboard within their accommodation to secure their</p>	Compliant

valuables. The registered manager confirmed that agency staff do not store any money or property for service users.	
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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>There are no charges to service users for transport. Service charge breakdown relates to specific costs for the provision of heat, light and food in the main house and heat and light for each individual flat. The flat tenants live more independently and purchase their own groceries.. Any issues with mobility or difficulties accessing transportation would be included and explained within the prospective tenant's application and then discussed further at the Admissions Panel with the service user, MindWise Registered Manager and Team Leader, representatives from the NHSCT, Northern Ireland Housing Executive Complex Needs and Oaklee Housing group. MindWise staff are prohibited from becoming a Motability designated driver for a service user . Staff who may use their vehicle for business purposes must have a valid driving license, ensure the vehicle is deemed roadworthy with a valid MOT certificate, tax and insurance which includes proof of business use sent to the Finance Manager. Any expenses accumulated are checked by the member of staff's line manager, countersigned by the Area Manager and claimed back as per MindWise Expenses and Business Mileage Policy (2013). There is also MW H&S Guidance Vehicle and Driving (due for review June 2014), which includes information on the use of minibuses, private vehicles and important points regarding undertaking a journey. All policies are accessible on the MindWise staff website</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The agency has a vehicle for the use of service users which had been donated to the organisation by the HSC Trust. Mindwise maintain the vehicle and pay the full costs associated with the vehicle upkeep, maintenance and fuel.</p>	<p>Compliant</p>

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

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
<p>Provider’s Self-Assessment</p> <p>During the initial process of referral to the service (see Housing Services Referral Policy 2011), an explanation of a prospective tenant's needs and risks are requested within the application pack. They, along with their referral agent are invited to each fill in the risk assessment which includes numerous risks with other information requested regarding all support that the person may require. A full current risk assessment completed by the NHSCT and a psychiatric report is also requested. These areas will all be discussed and minuted at the Admissions Panel. These and the MindWise Outcomes Framework direct the assessment and support-planning process, part of which is the Client Assessment plan (see Client Assessment Plans Completion Guidance 2013). Support-plans have the related Human Rights Articles on them, goals are individually tailored to each service user, are agreed/ signed/ dated by them, their keyworker and their line manager. They are reviewed 4-6 weekly by the service user and their keyworker. Quarterly outcomes reports are compiled and sent to Head Office to detail positive, negative or no change in progress. Staff are required to attend support-plan training and Risk Assessment Policy Workshops.</p> <p>MindWise has a Risk Management Policy and procedure (2013). A risk register and log is kept by the service and sent on a quarterly basis to Head Office to form an organisational data base of risks which are scored via the risk matrix and colour coded accordingly. These are updated and reviewed regularly by the service and are informed by reviews, events or incidents.</p>	Compliant

Inspection Findings:	
<p>The service users' care records were examined and contained needs and risk assessments and support plans. Service users' support plans were signed by the service users and are reviewed regularly with their key worker and formally during annual reviews, or more frequently if required.</p> <p>The agency's care records included explicit references to the service users' human rights and 'Guidelines for completing client assessment plans' were in place.</p> <p>Agency staff complete a daily record of the service users' progress and contribute to the HSC Trust review. The service users' views were evident throughout their assessments, care plans and review documentation. Review records that had been taken by agency staff had been shared with the HSC Trust and included actions to be taken and the individual (s) responsible for these. The review meetings included HSC Trust staff.</p> <p>The service users' care records contained guidance documentation for staff on their completion. There was evidence within the care records and from discussion with staff of a range of interventions and approaches being used with individual service users to meet their needs.</p>	Compliant

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
Provider’s Self-Assessment	
<p>MindWise staff have to meet the relevant experience and criteria during the Recruitment and Selection process as laid out in MindWise Recruitment and Selection Policy (2012). They begin a robust induction, mandatory training, completion of an Induction Standards Workbook where an induction checklist, policies and procedures are reviewed, explained and signed off by them and their line manager within certain specified timeframes e.g. a day, week, month, etc. required to satisfy all legislative and external requirements within a six month period and have a successful probationary period. Regular 4-6 weekly supervisions and yearly appraisals where a personal development plan is devised, take place as per MindWise Learning and Development Policy 2014. MindWise Restrictive policy statement 2013 uses a DHSSPS definition/guidance regarding restrictive practice and states staff must support service users to fully access their Human Rights. Types of actions that would be considered as restrictive practice are included for reference. Staff supervision -see MindWise Managing People Better Policy 2014 takes place every 4-6 weeks and included is a section for raising concerns regarding any anti-discriminatory practices. MindWise Whistleblowing Policy 2011 asks staff to report any concerns about practice and gives a list of examples for reference. MindWise has an</p>	Compliant

<p>Equality and Diversity Policy 2013 and staff must complete Equality and Diversity training within 6 months.</p>	
<p>Inspection Findings:</p>	
<p>The agency's training records were examined and provided evidenced of uptake in a range of mandatory and other relevant areas including mental health, recovery, record keeping.</p> <p>The agency's use of restrictive practices in the homes of service users was discussed and the inspector was advised of one practice in which the service users' access to a kitchen area of their home is restricted in certain circumstances. Service users have been consulted in relation to this and their consent to this practice has been obtained and documented by agency staff.</p> <p>There was evidence of agency staff making appropriate referrals to HSC Trust and of Trust staff involvement in the ongoing assessment of needs and risks.</p> <p>As outlined in the self-assessment, agency staff receive regular supervision and those who returned a questionnaire to RQIA indicated that they were aware of the agency's whistle blowing policy.</p>	<p>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>The referral pack for Housing services and service information booklet contains information on all aspects of the Carrickfergus service, MindWise ethos on Recovery, choice and independence. During the first initial visit of a potential tenant with their referral agent, charges are also explained, what they include and if that is suitable for them or do they prefer another option. The Statement of purpose and Tenant Handbook explain the nature and range of the service provided and provides details of an individual's private space and all communal areas, of regular tenants meetings, options for suggestion, their involvement in running all aspects of the household. Service users can have copies of their support-plans if they wish and are often signposted to other organisations for guidance or advice via their statutory keyworker, our supporting them to do this if required, via MindWise Advocacy services and the Handbook has a list of various contact details of other organisations/ bodies which may be useful. Service users have various options for suggestions or improvements e.g. tenant or organisation surveys, suggestion box, one to one, keywork session, agenda template for the next meeting in the lounge, visits from their CPN, Social worker or their co-worked appointments with the psychiatrist and Community Mental Health Team. There are no service users who lack capacity.</p>	Compliant

Inspection Findings:	
<p>The agency has developed a range of documentation to support the referral, assessment and care / support planning processes.</p> <p>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, behavioural support and counselling as aspects of personal care, as defined in Article 10 (3) of the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order, 2003.</p> <p>The agency's Statement of Purpose was examined and states: "We do not offer personal care". The registered person is required to review the statement of purpose and the service user guide in accordance with the definition outlined in the legislation. These documents must also include within the description of the nature and range of services provided, any restrictive practices in place in the homes of service users.</p> <p>Service users' assessment, risk assessments and associated support plans had been signed by the service users and reflected their involvement in their development. Agency staff reported that service users can access their records from the agency office.</p>	Not Compliant

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>MindWise Restrictive Practice Policy statement states that all staff must support service users in their full Human Rights and not restrict service users lives. Statutory keyworkers along with the Community Mental Health Team are involved and advised of support plan goals and plans tenants decide upon. Service users all participate in yearly NHCT reviews along with MindWise staff, their statutory keyworker and the Consultant Psychiatrist, held at the service. Human Rights articles are included on service users support-plans and have also been discussed at Tenants Meetings. MindWise core values are displayed for service users and visitors to read.</p>	Compliant

Inspection Findings:	
<p>The agency's practice of restricting the service users' access to a kitchen area within their home was discussed and agency staff advised the inspector that they had identified this as a restrictive practice. It was evident from these discussions that agency staff ensured that this practice was used infrequently and that service users at all times have access to at least one of their kitchen areas.</p> <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.</p> <p>It was recommended that the agency's policy on restrictive practices is reviewed to reflect the agency's current position on the use of restrictive practices, where necessary in the homes of service users.</p> <p>Agency staff confirmed that service users do not require any form of restraint and that any service user who required interventions of this nature would be discussed immediately with the HSC Trust.</p> <p>Agency staff have received guidance on human rights and were able to describe their understanding of the impact of care practices on the rights of service users. Agency staff have also received training in challenging behaviour, mental health awareness and lone working.</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>	Substantially Compliant

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
	Not Compliant

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>The service is funded by the Northern Health & Social Care Trust and Supporting People. The Service Level Agreements specify the type of care or support that the service is commissioned to offer and the client group to which it is to be offered on a 24 hour basis. Service users have been given a breakdown percentage of their care/ support charges paid for them. Supporting People have their own list of eligible support tasks or criteria, which lists examples of tasks. Staff attend Outcomes support-planning training and follow the Outcomes Framework Collection Models Guidance 2010 with service users which describes the steps of achievement within each of the 10 outcomes. There is also Outcomes Framework Staff Reference Guide 2010 and Client Assessment Plans Completion Guidance 2013. Each staff member's line manager will be involved and supporting them during the process and also countersign/ check support-plans. They are discussed at regular supervision sessions and any feedback given. All support or care is consistent with the NHSCT requirements. The newly available and updated 'Client Pathways' details the process of assessment of need and risk from the outset.</p>	Compliant
<p>Inspection Findings:</p> <p>As outlined within the self assessments, service users have been provided with a breakdown of the care and support hours that have been allocated to them individually. It was noted that while each individual has been advised of their entitlement, all of the service users’ entitlements were identical. This information had been</p>	Moving Towards Compliance

provided in writing to service users who had signed the documentation. However, it wasn't clear from the care records how this care and support time was apportioned on a daily / weekly basis, nor was it possible to determine how individuals' assessed care and support needs were being met.

The inspector noted that service users do not have an agreement in relation to the specific arrangements for their care services and that service users were not provided with information about what they could expect in relation to their allocated hours or care and support. It is recommended that each service user is issued with a service agreement in accordance with Minimum Standard 4.

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
<p>Provider's Self-Assessment</p> <p>Service users are fully involved in every step of their support from the beginning when they complete the referral form with their referral agent. They choose how often they would like keywork sessions, at a time suitable to them, they devise and complete goals of their choosing within a suitable, individually tailored timescale and agree, sign, date the plans. Each service user participates in their review of support-plan, the yearly reviews with the NHSCT Consultant Psychiatrist and their statutory keyworker (having participated in preparation of the review notes and added their personal comments) and also attend their co-worked appointments where they can discuss any issue. If a service user wishes to pay for care from their personal income from an external source, all measures taken to ensure the individual is in possession of a breakdown of the service, when it takes place, cost per hour, number of hours and statements of payments made. Any service user would be aware of how to cancel any service they do not wish to have and have full access to regular reviews of the service, being made aware that it has no impact whatsoever on their tenancy with MindWise. Staff will support them if necessary and assist in the process.</p>	Compliant

Inspection Findings:	
<p>The inspector was advised of one service user who makes a payment from their own income to another domiciliary care agency for personal care; Mindwise do not administer or manage this arrangement and advised the inspector that the service user had been supported by the HSC Trust to establish and maintain this arrangement privately.</p> <p>As outlined within the agency's returned charging survey, service users do not pay the agency for any care or support provided.</p> <p>Service users who participated in the inspection advised the inspector that they had been involved in their care and support planning and described some aspects of the care their receive from agency staff.</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>Service user yearly reviews take place with representation from the NHSCT (Consultant Psychiatrist, their statutory keyworker and MindWise staff). Each service user participates in the preparation of the review notes, the meeting, have had the opportunity to add their views/ comments on the notes and also asked during the review if there is anything else they would like to mention, raise or discuss regarding any aspect of their care and support. Minutes of the reviews are kept and placed in each service user's file and the reiew of support-plan or with a statutory keyworker can be called when required prior to the usual timescale if necessary as a response to changing needs. The support-plan review agreement specifies this with service users. Any changes or new goals decided upon at review are then recorded and support-plans updated as required. Regular discussion and liaison takes place as and when necessary with service users and their statutory keyworkers regarding any significant issues or changes in support and recorded in each service user's file. Support plans are also referred to within the NHSCT reviews which are minuted and the service user is asked their views on progress and if there are any issues.</p>	Compliant

Inspection Findings:	
<p>The agency's records provided confirmation that service users' needs and care are reviewed at least once annually by HSC Trust staff. Agency staff advised the inspector that HSC Trust staff are closely involved with the agency and are responsive to any requests for their input.</p> <p>It was evident that agency staff prepare for the service users' annual reviews and that service users are fully involved throughout the process. Agency staff also keep records of the outcome of the review and update needs / risk assessments and care plans accordingly.</p> <p>As stated previously, the allocation of care and support hours was noted to be identical for all service users and it was not possible to determine how these were being delivered to individuals.</p>	<p>Moving Towards Compliance</p>

<p>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Compliant</p>

<p>INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Moving Towards Compliance</p>

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Ms Tracy-Anne Turner, 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 (Carrickfergus)

18 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 Ms Tracy-Anne Turner, 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)	(1)The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided (5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.	One	Regular monthly monitoring visits take place by an Area Manager. Letters were given to all service users asking for permission to contact their carers-all twelve have declined permission. This will be reviewed yearly with service users or earlier if at the request of service users.	From the date of inspection
2.	7	The registered person shall— (a) keep under review and, where appropriate, revise the statement of purpose and the service user's guide. This requirement refers to: <ul style="list-style-type: none">• The use of the term 'personal care'• inclusion with the description of the nature and range of services provided any restrictive practice being implemented	One	A revised Statement of Purpose and Tenant Guide for MindWise Carrickfergus explains the type of personal care that is provided. The Restrictive Practice Policy Statement was also amended on 9 th July.	Three months from date of inspection –11 July 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.	4	<p>It is recommended that each service user has a written individual service agreement.</p> <p>This recommendation refers to service users receiving individual service agreements which are reviewed regularly and outline the arrangements for any changes to charges.</p>	One	<p>The Tenant Guide has been updated to include information about being informed in writing four weeks in advance if there are any changes to service charge.</p> <p>Work is currently being carried out to also include this information within the individual service agreements.</p>	Four months from date of inspection – 8 August 2014
2.	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 service users' representatives (including professionals) are obtained and recorded within monthly quality monitoring reports.</p>	One	<p>Regular monthly monitoring visits take place at MindWise Carrickfergus by an Area Manager. These are kept up to date. Any actions taken by the Registered Manager to ensure the service is meeting the minimum standards required will be included. This process involves recording contact made with statutory personnel regarding the quality of the service offered. Service users have declined permission for their carers or family to be contacted. The monitoring visit also includes discussion of any restrictive practices which may</p>	Four months from date of inspection – 8 August 2014

		It is recommended that any restrictive practices in place are monitored during the monthly quality monitoring visit.		be taking place in agreement with the service user and HSCT to benefit the life of the service user.	
3.	9	<p>There are policies and procedures in place that direct the quality of care and services.</p> <p>It is recommended that the agency review the restrictive policy and include within this reference to the HSC Trust involvement in the assessment of needs / risks associated with any restrictive practice.</p>	One	MindWise has reviewed it's Restrictive Practice Policy statement to outline certain circumstances where restrictive practices may be required and of benefit.	Four months from date of inspection – 8 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	Tracy-Anne Turner
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Anne Doherty Deputy Chief Executive Officer

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓	Audrey Murphy	21/07/14
Further information requested from provider			