

Unannounced Care Inspection Report 12 and 22 December 2017



MindWise, Downpatrick

Type of Service: Day Care Setting
**Address: 3 Ballydugan Industrial Estate, 2 Ballydugan Road,
Downpatrick, BT30 6TE**
Tel No: 02844617964
Inspector: Suzanne Cunningham

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a Day Care Setting with a maximum of 16 service users that delivers a programme of day care and day time activities Monday to Thursday for adults who have needs arising from mental health diagnosis.

3.0 Service details

Organisation/Registered Provider: MindWise Responsible Individual(s): Mr Edward George Alexander Gorringe	Registered Manager: James Darragh
Person in charge at the time of inspection: James Darragh	Date manager registered: 22 September 2010
Number of registered places: 16 - DCS-MP(E), DCS-MP	

4.0 Inspection summary

An unannounced inspection took place on 12 December 2017 from 10.30 to 16.00 and 22 December 2017 from 09.00 to 10.00.

This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff knowledge and competency in regard to safe care; risk management; the day care setting environment; providing the right care, in the right place, in the right time; activities; the ethos of the day care setting; listening to service users; governance arrangements; and maintaining good working relationships.

No areas requiring improvement were identified.

Service users said: “this is a really good place to come to”; “I would be lost if I didn’t have here”; “this helps me focus on being well”; “a place for self-help – second to none”.

The findings of this report will provide the establishment with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users’ experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with name, position, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection dated 14 March 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 14 March 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the registration details of the day centre
- information and correspondence received from the registered manager and MindWise
- incident notifications which revealed two incidents had been notified to RQIA since the last care inspection in March 2017
- unannounced care inspection report 14 March 2017

During the inspection the inspector met with:

- the registered manager
- seven service users
- two care staff

Questionnaires were given to the staff on duty to distribute between service users, representatives and staff. Nine were returned by service users and none by staff or relatives at the time of writing this report.

The following records were examined during the inspection:

- one volunteer individual record
- three service users' individual care files
- a sample of service users' daily records
- the complaints/issue of dissatisfaction record from April 2016 to December 2017
- a sample of incidents and accidents records from March 2017 to December 2017
- the staff rota arrangements during September, October and November 2017
- the minutes of service user committee meetings held in August, September and October 2017
- staff supervision dates for 2017
- monthly monitoring reports from September to November 2017
- the staff training information for 2016 and 2017
- the settings statement of purpose and service user guide

Eight areas for improvement identified at the last care inspection were reviewed and assessment of compliance was recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 14 March 2017

The most recent inspection of the establishment was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 14 March 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 21 & Schedule 2 Stated: First time	The registered provider must ensure a record of recruitment and selection processes are held within the centre that evidence compliance with Regulation 21 Schedule 2 of The Day Care Regulations (2007). This must be available in the setting for inspection for each staff member.	Met
	Action taken as confirmed during the inspection: Inspector confirmed records confirming recruitment and selection processes had been improved; records were available and up to date at the time of inspection.	
Area for improvement 2 Ref: Regulation 20 (1) Stated: First time	The registered provider must assess staffing arrangements and service users' needs on each day to ensure there is enough staff on duty to meet the regulations and minimum standards. The staffing arrangements must be appropriate in number, qualifications and skill to meet service users' needs and deliver their care plans, deliver person centred care and activities, and the number of staff on duty must be able to maintain a safe environment for example a safe fire evacuation.	Met

	<p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed in discussion with the manager and by inspecting an assessment of staff available to meet service users' needs that there was times when staffing numbers are low. The manager and staff were discussing the best way to manage this, the manager assured there will be ongoing monitoring to ensure practice was safe and effective.</p>	
<p>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 23.3</p> <p>Stated: First time</p>	<p>The registered provider should complete a competency and capability assessment for staff who may assume responsibility for the setting in the manager's absence. The assessment and staff arrangements should provide assurance there is a capable and competent person in charge of the setting at all times.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>The manager had completed competency forms with staff and these were available and up to date on 22 December 2017.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 23</p> <p>Stated: First time</p>	<p>The registered provider should record daily staffing arrangements that evidence the appropriate number of staff are on duty to undertake the roles and responsibilities required in the setting, this should include who is in charge of the setting in the manager's absence.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>The weekly rota was available and had incorporated changes to make the improvements required at the time of inspection.</p>	

<p>Area for improvement 3</p> <p>Ref: Standard 3</p> <p>Stated: First time</p>	<p>The registered provider should put in place appropriate arrangements for all services users to have a written individual agreement that is compliant with standard 3.</p> <hr/> <p>Action taken as confirmed during the inspection: Service users' agreements were available for inspection and were up to date when inspected on 22 December 2017.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 7</p> <p>Stated: First time</p>	<p>The registered provider should put in place arrangements for the service users individual records to be reviewed and amended to ensure they are current, describe current needs and how these will be met by staff. Any restrictions in place must be evidenced as the least restrictive measure that can be put in place to ensure the service users' needs are met.</p> <p>Specifically assessments, care plans, review minutes should detail the most current information and be signed by all relevant parties to the agreement. Service user's individual recording should be person centred and avoid generic terms.</p> <hr/> <p>Action taken as confirmed during the inspection: Three service users' individual records were inspected which found the team had implemented a new review report and well-being report which were consistent with standards 15 and 5. Whilst progress was not evidenced in all the files inspected; the most up to date information had been transferred to the new format at the time of inspection which indicated the staff's intention to fully implement the improvements for the review.</p>	<p>Partially met</p>
<p>Area for improvement 5</p> <p>Ref: Standard 17.9i</p> <p>Stated: First time</p>	<p>The registered provider should implement file audits to ensure individual service user care files are compliant with standard 7.</p> <hr/> <p>Action taken as confirmed during the inspection: The file audits were available and up to date at the time of inspection, two were inspected and detailed improvements</p>	<p>Met</p>

Area for improvement 6 Ref: Standard 22.2 Stated: First time	The registered provider should improve arrangements for staff supervision and increase the frequency so this is compliant with standard 22.2.	Met
	Action taken as confirmed during the inspection: The supervision records were available and up to date at the time of inspection which evidenced this improvement had been implemented.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The settings daily staff arrangements and records were inspected for September, October and November. This provided evidence that on average a minimum of two staff were on duty daily in the day care setting. The record detailed who was in charge of the day care setting and who was leading activities.

Competency and capability assessments had been completed for staff who had acted up in the manager's absence and two records were inspected. This identified the staff who may be in charge were willing to undertake management tasks, understood and had the knowledge to fulfil their role and responsibility in the absence of the manager.

Service users' needs were varied in this setting, some service users were observed moving around the setting, communicating confidently and were selecting their own activity, other service users needed more staff support to get involved and take part in activities on offer. Observation of these arrangements showed staff were discretely communicating with service users who needed support to encourage them to get involved. Staff were seen encouraging all service users to make independent choices, develop their social skills, their concentration and creative skills.

One volunteer individual record was inspected which revealed there was an induction programme in place for volunteers, and supervision arrangements which included reflection on their role and responsibilities. Generally the staff and service users were positive about volunteers helping in the setting and some service users saw this as a role for them in the future when they felt may not need the support of the day care setting any more. The records provided evidence volunteers were supported to ensure their contribution to the setting was safe and effective.

The settings training record showed staff had received mandatory training and training relevant to their roles and responsibilities. Examples of training staff received in 2016/2017 were safeguarding and keeping adults safe; child protection training; emergency first aid; food safety; fire warden training; risk assessment; fire safety training; managing challenging behaviour and personal safety training.

The examination of the settings incidents, accidents and notifications forwarded to RQIA found safety issues and risks had been identified, recorded responded to and managed. Assessments and care plans had been reviewed and updated as necessary to ensure practice was safe and effective. The sample of records inspected indicated the relevant incidents/notifiable events were reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

The inspection of MindWise including the observations of the environment and inspection of records concluded the environment presented as clean and tidy, furniture, aids and appliances presented as fit for purpose. Fire safety precautions were inspected and it was noted fire exits were unobstructed, that the fire drill had been carried out in July 2017, the fire risk assessment was completed in March 2017 and the action plan had been responded to.

The service users were asked if they felt safe in MindWise, overwhelmingly the feedback from service users was they felt safe in this day care setting, one service user identified they had told staff about a hazard outside of the setting on the grounds, he explained this had been responded, made safe in the short term and there was a long term plan in place to get rid of the risk. The service users said they can raise any concerns or issues with staff, by posting them in the complaints box or by talking to the manager. Service users confirmed they knew what to do and where to go if there was a fire and knew the importance of keeping safe in and outside of the setting. Service users said "staff talk to me and help me with my anxiety"; (staff) "support me with appointments"; "everybody knows everybody"; (the day centre) "lifts me, good friends here".

One relative was visiting at the time of the inspection and they said the staff were supportive, they described they could drop in and speak to staff at any time.

Staff discussed they felt care was safe in this setting, they said the lay out of the building works for the service and activities, they were a safe point of contact for service users and provided somewhere where service users could get support as they needed it. They described they have a good rapport with service users and the open communication approach enables service users to feel confident in speaking to them. Staff described they referred concerns on to the service users social worker or other professionals and were clear regarding their role and responsibility to do so. They commented the support from community services was not as responsive as they would like, however they had followed up with the service user and professionals to ensure needs got met. A recent example of this was a choking incident in the setting which resulted in a referral for a speech and language assessment. At the time of the inspection the assessments had not been done so staff were checking on timescales and putting in place strategies with the service user to slow eating down and prevent further choking episodes.

Nine service users returned questionnaires to RQIA post inspection. They identified they were "very satisfied" regarding the questions "is care safe" in this setting. By this they meant there were enough staff to help them, they felt protected and free from harm, they could talk to staff if they had concerns, and the environment was safe and clean.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff knowledge and competency in regard to safe care, risk management and the day care setting environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Three service users' care files were inspected; they contained the service user's individual assessments and care plans which described their physical, social and emotional needs. The files had been audited to improve timeliness and recording in the service user's individual records, the inspection identified there were still areas for improvement however, discussion and examination of the recent recording showed the staff and manager had processes in place to facilitate the improvements.

Inspection revealed records were stored safely and securely in line with data protection. Staff discussion confirmed they used these records to guide their practice and they acknowledged the importance of keeping records current, including recording changes to the plan, in a timely manner. Overall the inspection found the settings management of service user records enabled staff to recognise service users' needs and respond to them effectively.

Service users in both settings revealed they had taken part in a number of activities for example exercises, outings, and creative activities. They identified getting out of their house and mixing with others was an effective way for them to feel well as it helped them take their mind off concerns or if they needed to they could talk to staff.

Discussion with staff revealed they felt the centre was providing an effective standard of care, they confirmed they were knowledgeable regarding service users' needs and plans and gave examples of service users who needed more intense support; they discussed the importance of information sharing, they were clear regarding their role and responsibility to support service users in the setting, were working to develop their independence skills and support them to access other supports in the community. Discussion with staff regarding specific service users' needs and plans revealed they were knowledgeable regarding the content of the plans and what strategies were in place to keep service users safe. Staff also discussed what they were doing to achieve the best outcomes for individuals as well as the whole group.

Overall staff described their communication, written records and procedures had ensured they provided safe and effective care, they knew what each service user needed and how best to meet their needs. Staff confidently expressed their views and knowledge regarding safe and effective care.

Nine service users returned questionnaires to RQIA post inspection. Eight identified they were “very satisfied” and one identified they were “satisfied” regarding questions on “is care effective” in this setting. By this they meant they had got the right care, at the right time in the right place; staff knew their care needs, they were aware of their care plan and the care met their expectations.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to providing the right care, in the right place, in the right time and activities.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

On the day of the inspection the staff and service users were organising their Christmas fair and discussing what they would spend extra funds on that they had been awarded. The service users meeting held on the day of the inspection was chaired by a service user, the focus was on finding out what service users wanted to do, their views about staff suggestions and opinions/ feedback about what they had done. Staff were present to support them to achieve this. Staff were observed encouraging service users to agree the groups goals and decide what outcomes they wanted to achieve.

Discussion with the manager revealed the annual survey had been completed with service users and their responses were being collated by an independent manager in MindWise. The manager described once the outcome report is received, where possible they will incorporate any suggestions into their daily plan and explore how the day centre can respond to any areas of improvement with the service user group.

Overall discussion with service users, staff and observation of activities and communication found examples of service users being treated with dignity and respect while promoting and maintaining their independence. Service users confirmed they were asked their opinion regarding what they liked to do in day care and their ideas and preferences were sought for the activity plan.

Service users were asked if care in the setting was compassionate, fulfilled their expectations and encouraged them to be involved, they said they enjoyed coming to the day centre because they were allowed to organise themselves. They said: “there is a good atmosphere”; “plenty to do every day”; “we are encouraged to give suggestions”; “we are listened to, this is somewhere to learn new things”; “I love coming here”. Service users said staff will help them with a range of needs including filling in forms and they felt assured the support would be there for as long as they needed it. One service user said the service users also look out for each other and if they

notice someone is absent or they might need help they can let staff know. Finally they said support seems to happen automatically, the staff just know when to help.

The discussion with staff revealed they were clear regarding the ethos of the setting and their approach to supporting service users. They described staff offer empathy; listen to service users; offer guidance and reassurance; give advice regarding resources available in the community; give service users time and one to one support when they ask for it or are observed as needing it; encourage individuals who are not confident to try new things or do more and respect service users views and decisions. Staff said in the context of safe support “we treat people with respect, it’s about what they want not what we want”.

The inspection of this domain confirmed there were robust systems in place to promote effective communication between service users, staff and other professionals.

Nine service users returned questionnaires to RQIA post inspection. Eight identified they were “very satisfied” and one “satisfied” regarding questions on “is care compassionate “in this setting. They identified they were treated with dignity and respect, staff were kind and caring, their privacy was respected, they could choose activities and they were included in decisions and the staff support them to make decisions about the care they received in the setting.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the ethos of the day care setting and listening to service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The registration certificate was up to date and displayed appropriately. Staff confirmed they had access to a range of policies and procedures in place that they use to guide and inform their practice.

Supervision records detailed the staff had received recorded individual, formal supervision at least every three months.

The complaints record was inspected and this showed no complaints had been recorded since 01 April 2016 to December 2017.

The Regulation 28 monthly quality monitoring visits had been undertaken monthly by the independent monitoring officer. The reports showed the visits included unannounced visits and qualitatively reflected service users and staff views and opinions, the reports commented on the conduct of the setting and did not reveal any concerns that were outstanding.

The Service users said they were very familiar with the manager of the setting and felt the setting was “run well”. One service user said the manager was “amazing and approachable, they said he will tell you how it is and help you”. They also described the staff are there to help and said “support happens automatically”.

The staff were asked what their opinion was regarding leadership in the setting, they described they work well together as a team and were satisfied that they could approach management for anything. They discussed the responsible individual had visited the centre to ask their views. They said they felt listened to and were encouraged to give ideas or suggestions for improvement. They did discuss they felt under pressure regarding recording time and the manager gave a commitment to help staff plan their recording time. Overall the staff confirmed this was a supportive environment to work in and the manager was approachable.

Nine service users returned questionnaires to RQIA post inspection. Seven identified they were “very satisfied” and two “satisfied” regarding questions on “is care well led” in this setting. They identified they knew who was in charge of the setting at any time, the service was well managed, their views are sought about their care and quality of service and they know how to make a complaint.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)