Aspen Statement of Purpose

Inspire Mental Health
Wellbeing & Recovery Services

Aspen
16 Finaghy Road South
Belfast
BT10 ODR
Telephone: 02890 611513
E-mail: aspen@inspirewellbeing.org
Contents

Introduction
1.0 Registered Provider
1.1 Registered Manager
2.0 Number and relevant Qualifications & Experience of Staff
3.0 Philosophy of Care
   Aims of the Facility
   Aims and Objectives
4.0 Status and constitution
5.0 Organisational Structure of the Facility
6.0 Restrictive Practice
7.0 Number of Individuals to be provided with Services
8.0 The range of needs (categories of care) that the Beacon Day Support is intended to meet and the number in each category
9.0 Admission Criteria
10.0 The arrangements for Individuals to Engage in Social Activities, Hobbies and leisure Pursuits
11.0 The arrangements made for consultation with Individuals or their representatives about the operation of the day care setting
12.0 The fire precautions and associated Emergency Procedures
13.0 The arrangements made for contact between Individuals and their representatives
14.0 Complaints Procedure
15.0 Review Procedure
16.0 Number and size of Rooms in the Beacon Day Support Setting
17.0 The arrangements made for respecting the privacy and dignity of Individuals
**Introduction**

The Northern Ireland Association for Mental Health was founded by Lady Margaret Wakehurst in 1959. Lady Wakehurst had a personal interest in mental health and believed there was a need to create an organisation to provide better support to sufferers, and to help increase public awareness. The original name ‘Beacon House’ was the name of our central office building in Belfast. The beacon symbol was that of the hand of friendship holding the lamp of life. Often, when asked to describe the experience of mental illness, people will refer to darkness, with only a spark of light of hope in the distance.

Inspire mental health works to promote the mental well-being of everyone in society.

Inspire mental health promotes individual involvement and personal development through a range of support and opportunities.

*Inspire (the new name for Niamh - Northern Ireland Association for Mental Health), is a charity and social enterprise based in Northern Ireland focusing on promoting wellbeing for all through our mental health, learning disability and professional wellbeing services locally, across the island of Ireland and the rest of the United Kingdom. Aspen, Belfast is one of 14 community wellbeing Services which operates throughout Northern Ireland.*

**Brief description of Aspen**

Aspen was formerly known as the South Belfast Beacon centre. The centre was opened in 1962 by Dame Margaret Wakehurst at 84 University Street, Belfast. A long established service continued to grow to meet changing needs of individuals and purchasers in the South, North and West areas of Belfast.

In 2002 it was identified that our building no longer met the requirements of our service which had changed immensely from 1962 and highlighted in the joint NIAMH /SCMH “The User Focused Monitoring of Individuals Views about Quality of Life and Beacon Day Care Services” (2002).

Individuals actively engaged in the development of our Service that seen the centre progress from a traditional Day care approach to a dynamic service that supported the individual’s chance to work on their areas of need and integrate them fully into the community.

SBBC temporarily relocated to 3 Stranmillis Road whilst our new premises underwent conversion.

Aspen Inspire community wellbeing Service opened in Nov 2004. It is situated at 16 Finaghy Road South, Belfast BT10 0DR.

Aspen previously had a contract with the Legacy Trust (formerly S&E Belfast Trust and North & West Belfast Trust) Covering South Belfast and North and West Belfast. This has been maintained through the amalgamation of Trusts into the Belfast Trust. Aspens contract covers the Belfast area.
Aspen has active links with Morton Community Centre, Finaghy Community Centre, Atlas Centre, Belfast Metropolitan College, Ballynafeigh Advice Service, Aware Defeat Depression and the Women’s Information Group.

**Aspen opening hours are:**

Mon - 9am - 5pm  
Tue - 9am - 5pm  
Wed - 9am - 5pm  
Thur - 1pm - 8.30pm  
Fri - 9am - 4pm

**1.0 Registered Provider**
The Registered Provider is: Inspire Mental Health  
Business Address:  
Inspire  
Central Office  
Lombard House  
10-20 Lombard Street  
Belfast  
BT1 1RD

Company Number: ni 25428  
Charity Number: xn 47885

**1.1 Registered Manager**
The Registered Manager of Aspen is:

**Name: Jojo Moran**

**Relevant Qualifications and Experience:**
The registered Manager (37 hrs per week) – started with Inspire in January 2002 giving her 16 years’ experience in providing support to individuals in inspire community wellbeing services. She has group work experience, is a trained Walk Leader and Cook it Tutor and trained in BSL level one and ASIST trained. She has a Degree in Sociology & Social Policy is an experienced youth Mentor and completed the certificate in Community Mental Health in 2006. She obtained the Diploma in Counselling, June 2008 and the Certificate in Cognitive Therapy Methods in May 2009. In 2013 she completed her QCF Level 5 Diploma in Leadership for Health Social Care.
2.0 Number, Relevant Qualifications and Experience of Employees

Inspire has in place robust recruitment procedures, which aims to ensure that those of the highest integrity and caring qualities are employed. Inspire is dedicated to staff development and all staff complete a comprehensive Induction Programme. Staff at Project Worker level and above complete ‘Induction and Foundation’ Training which is accredited through OCN. Support Workers complete Core Competency Training. In addition there is an ongoing programme of training to ensure that staff maintain and update the knowledge, skills and values required to develop practice. There are a variety of delivery methods which include formal training days, on-line training, and scheme level training. Inspire has also facilitated the Certificate in Community Mental Health Level 3 and NVQ Level 4 in Management. From 2011 it has introduced Qualifications Credit Framework Level 5 Diploma in Leadership for Health and Social Care Training.

Staffing complement for Aspen:

(Currently on maternity leave) Project Worker 1 – (37hrs per week) Employed with Inspire since April 2009. She has 8 years’ experience in Day Support Services in Learning Disability. She has experience in working with children and Adolescents with ASD and Behavioural problems. She has a Degree in Psychology and is currently completing her Diploma in Counselling. In 2011 she completed her NVQ 3 in Health and Social Care. In 2017 completed her nurturing talent and QCF Level 5 Diploma in Leadership for Health Social Care.

Clerical Assistant – (20 hrs per week) Employed with Inspire since September 2006 giving her 12yrs experience in supporting the team in providing services in Day Care. Assisting to develop clerical support among individuals. Qualifications include RSA, ECDL, ECDL level 2 and word processing level 3.

Support Worker- (30hrs per week) Employed with Inspire since Oct 2014. Has previously worked as a clerical staff with Inspire and has experience facilitating groups. Has completed a Level in Health and Social Care and has over 10 years’ experience facilitating youth activities in the local community. Takes an active role in the Health and Safety committee and wellbeing committee.

Project Worker 2 (maternity cover)– (37 hours per week) Employed with Inspire since August 2016 as a support worker for Inspire - Started off with Inspire on a student placement in 2014 then began volunteering shortly after. In 2014/15 she completed a Level 2 Diploma in Health and Social Care and in 2015/16 she completed a 90-Credit Extended Diploma in Health and Social Care all completed through Belfast Metropolitan College.

Project Worker 3 – (37hrs per week) Employed with Inspire since August 2017. She has 8 years’ experience in managing a mental health day centre. She has a degree in psychology, a post-graduate certificate in counselling and a post –graduate diploma in guidance and counselling. She also has a certificate in management from the Institute of management as well as a certificate in body massage and a diploma in reflexology.
Volunteers

Traditionally the use of volunteers has been central to the work of Inspire and it is envisaged that this will continue to be seen as a major resource in the provision of services. All volunteers will be recruited and trained in keeping with inspire Policy.

Aspen currently has 2 Volunteers who provide support with facilitation of group activities.

Individual’s involvement

At Aspen we currently have 5 individuals involved in facilitating and co-facilitation of groups. Some of these individuals have undergone OCN level 2 facilitation training. The groups have ranged from gardening, cookery history, mobile phone group, walking group, pool etc.

2 individuals completed the 2 day WRAP training. We also have 4 individuals from Aspen who are champions for the hands up project. This is an opportunity for individuals to get involved in various levels across the organisation i.e. in recruitment, inspections etc.

3.0 Inspire Philosophy of Care/Support

Inspire mental health is a resource which promotes individual involvement and personal development through a range of support and opportunities. Trained staff and volunteers work closely with individuals who are actively involved in all aspects of Aspen’s operation. The individualship concept is fundamental in creating a sense of belonging and contributing to all the activities that make up the programme.

Components of the Recovery Model are also key to Aspen Inspire community wellbeing services. Inspire’s Values reflect the principles of recovery and recognise that it is a personal and unique process.

"Recovery is not about cure, but is about growth and is more a continuing journey which is deeply personal, and is related to taking back control over ones life" Repper and Perkins, 2003.

By assisting in the day-to-day life of the Scheme, individuals share responsibility for activity planning, shopping, meal preparation and self-help - all essential to independent living. Individual involvement is key to the development of User Led Sessions and Individuals Support Teams. Promotion of good mental health is achieved through personal involvement within a therapeutic environment of warmth, acceptance and understanding. Opportunities are also explored in the local community so that individuals can gain the maximum benefit from community recreational and educational programmes such as leisure Centres and adult education facilities.

The varied programmes of support on offer allow individuals the freedom of choice to strive towards their full potential. Through the promotion of individual participation, individuals know their presence is wanted and needed. Inspire’s Principles of Normalisation enables individuals to build self-esteem, confidence and skills necessary to lead productive and satisfying lives.
Philosophy of Care - The overall goal of Inspire community wellbeing services is to promote individual involvement and personal development through a range of support and opportunities.

<table>
<thead>
<tr>
<th>Aims of inspire Mental health</th>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>To provide a range of constructive options promoting positive mental health within the community and facilitating the individuals recovery</td>
<td>To offer a relevant and Balanced programme of Activity that incorporates Community Outreach opportunities for each individual.</td>
</tr>
<tr>
<td>To help support and maintain the individuals recovery</td>
<td>To develop an Individual Support plan for each individual based on their areas of need with assigned Staff Individuals.</td>
</tr>
<tr>
<td>To encourage and enhance each individual's quality of life</td>
<td>To provide an individual support plan that reflects goals for individuals to achieve.</td>
</tr>
<tr>
<td>To provide person centered provision where care and support is based on individually assessed needs</td>
<td>To actively provide opportunities for individuals to engage in user led activities and promote the individuals right to choose their input</td>
</tr>
<tr>
<td>To promote a holistic approach to mental health care.</td>
<td>To provide a range of activities that enhance each individual’s physical, emotional and psychological wellbeing</td>
</tr>
<tr>
<td>To promote meaningful interaction which enables individuals to attain their full potential</td>
<td>To consult with individuals regularly in planning and implementing the service programme</td>
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<tr>
<td>To work in partnership with other helping agencies which support the individual</td>
<td>To actively establish links with community and Statutory Organisations to meet the requirements of Individual areas of need –such as tailored outreach activities</td>
</tr>
<tr>
<td>To promote integration thus minimizing social isolation</td>
<td>To provide access and regular use of community / social facilities for groups / individuals through the centre programme</td>
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</tbody>
</table>

4.0 Status and Constitution

This is a community wellbeing setting owned by a Voluntary Organisation Inspire formally known as (Northern Ireland Association for Mental Health)
Organisational structure of Aspen

Peter Mc Bride  
CEO

Margaret Cameron-Director of Services

Billy Murphy  
Director of Inspire Mental Health

Karen Mc Corry  
Assistant Director

Jojo Moran  
Aspen Manager

Peter McLoughlin  
Support Worker

Kathryn Neely  
Project Worker

Karen Davies  
Project Worker

Siobhan Holmes  
Clerical Assistant

November 18
Restrictive Practice

'Restrictive practice in the mental health context is often perceived in terms of extremes and associated with violence/aggression and physical intervention. The scheme works with the individuals in a holistic way which respects their individuality to avoid labelling and putting individuals in behavioural or diagnostic pigeon holes.'

Careful needs assessments based on strengths, risk assessment and support planning is required to engage with individuals positively when they present with challenging behaviour. Careful assessment should ensure staff is aware of why the individuals present in the way they do. This could include:

- Socially inappropriate behaviour
- Non-compliance, withdrawal or passivity
- Aggressive or destructive behaviour
- Self-harm.

To support an individuals with managing a behaviour. Careful consideration should be given to the reasons behind the presenting behaviour including illness, medication, acute or chronic pain, or other situational factors.

There are many forms of restrictive practice. These could include:

- Blocking a passage
- Locked doors
- Seclusion
- Setting restraints
- Holding money or belongings.
- Rigid daily routines

This list is not exhaustive. It does not include physical restraint or physical intervention. Inspire staff are not trained to provide physical intervention. Any physical restraint should only be as last resort at times of risk of personal safety or of that of the individuals. There may be times when some form of restrictive practice may be required in relation to safety on an individual or other individuals, staff or general public. Overriding principle that is only used

- When necessary
- In the least restrictive manner
- In the least intrusive manner
- For as short a period as possible
- With consent where is possible
Restrictive practice is only implemented as a last resort and only following discussion with the multi-disciplinary team. This is reviewed periodically to ensure decisions are based on a balanced risk assessment. The impact of restrictive practice will be closely monitored, recorded and reviewed at agreed time intervals.

6.0 Number of Individuals to be provided with Services

Aspen, Belfast provides 32 Belfast Trust Beacon Day Support Places per Session for a total of 10 Sessions per week for 48 Weeks per year. This gives a total of 15360 Beacon Day Support places per year.

Inspire may undertake to develop additional sessions outside these for example User Led Sessions or sessions for which we receive additional funding.

7.0 The range of needs that the facility is intended to meet and the number in each category

Adult Mental Health

Learning Disability

8.0 Admission Criteria/ Referral Procedure

People considered suitable for referral are:

a) Aged 18 and over (contracted to provide services for 18 to 65 years age group)
b) Those with a recognized form of mental illness

Or

c) Those that have successfully completed rehabilitation programme for an addiction problem
d) Those that would benefit from attending our community wellbeing service

People considered unsuitable for referral are those:

- With severe dementia
- Where learning difficulties is the primary condition
- With a physical disability and who need significant assistance in relation to this
- Where addiction is the primary condition
- Who need a high level of supervision.

The Referral Procedure may be implemented informally and with some flexibility according to the needs and wishes of the Individual.
Arrangements are made with the Manager for the prospective new Individual to visit accompanied by the Referral Agent/Keyworker. Staff should record the visit in the Diary and in their individuals Notes when they start to attend Aspen.

During the visit the following will be discussed with the Individual and Referral Agent:

- Inspire Day Support Activities
- Opening hours
- Individual interests
- Participation
- Contributions – i.e. tea/coffee
- Physical Health Needs
  E.g. diabetes, epilepsy, mobility, hypertension, sensory impairment
- Safety, Risk/Vulnerability Assessment
  E.g. self harm; violence/aggression, self neglect, schedule one offenders
- Copy of the programme of activity, introduction to Individual Handbook, inspire leaflet and any relevant information should be given.

**Introduction to staff, Key Volunteers and other Individuals:**

If considered appropriate, an Individual should show the new Individual around the Scheme. This should be recorded in the Diary.

If the Individual is agreeable to attend inspire community wellbeing service, agreement will be reached on how the attendance will help him/her. (Individuals Recovery support plan)

**ATTENDANCE** – Discuss with the individual the sessions they will attend, the activities they will take part in, needs regarding transport, diet etc, and agree the date for commencement.

**The referral form and physical health questionnaire**

It will be completed by the Referral Agent in conjunction with the proposed Individual and signed by both if appropriate. A copy of a risk screening tool or comprehensive risk assessment should also be included, all these forms will be received before the Individual starts attending.
It is the referral agent’s responsibility to ensure that the Manager/staff individual is informed of all relevant information relating to the proposed Individual.

Information of a particularly sensitive nature may, on request, be kept in the restricted access section of an Individual’s file.

**Self-Referral**
In the event of a self-referral, the Manager will ask the client to get a Social Worker, Community Psychiatric Nurse, GP etc to complete the referral form if appropriate. Self-referrals may not be accepted unless there is a reliable source of information. All self-referrals must be discussed with a representative from Statutory Mental Health Services. The information must be recorded in the individual’s Notes.

**GP Referrals**
A GP may refer a patient to inspire community wellbeing service for regular/ sessional attendance, or to attend a short-term group, such as anxiety management. GP referrals will be accepted on NIAMH’s Referral Form in either format (long or short) a GP Referral Form, letter or email. The Manager should complete the appropriate inspired Referral form with the potential new individual and establish if they are known to the Statutory Mental Health Services.

**Schedule One Offenders**
If an Individual is identified as a Schedule 1 Offender from the initial referral then this must be brought to the attention of the Director of Services prior to the admission panel taking place. Referrals for clients who have been deemed Schedule One offenders must be discussed with the appropriate representatives (Director of Services, Service Manager, Statutory Mental Health Services, Day Support Manager, Probation Service, Psychiatrist) before a decision is made. If the referral is being accepted a proper monitoring procedure should be set in place. All information, particularly that pertaining to risk, must be received and a management plan agreed before the individual starts to attend.

**Physical Health Assessment**
Some individuals may have particular physical needs. These may be visual or hearing impairment, physical disabilities or particular health needs, such as diabetes. Such physical needs will require special and individual responses from staff. These could include the use of sign language, the provision of particular aides or special diets. If there is a particular way of communicating with an individual this information should be clearly displayed within the inside cover of the individual’s file and the index box for health needs.

On referral to Aspen staff should clearly explain the referral and review process. Individuals should understand that individual’s notes will be recorded, that they will have an individual recovery support plan and a review will be held to look at their progress/activities etc. If the individual has any areas of risk around self-harm, self-neglect or violence and aggression the procedure for monitoring risk should be clearly explained to them.
Emergency referrals to the Inspire community wellbeing service will be treated under the same policy as stated above.

**Safety, Risk & Vulnerability Assessment**

*It is our policy to ensure that all staff know which Individuals present as being a significant risk of self-harm or of being a danger to self or others and which Individuals are vulnerable to abuse or exploitation. This is in order to protect the health, safety and welfare of Individuals/Staff/Volunteers and others.*

**Safety Management Plan (S-1-1-4):**

Safety Management Plans are used in conjunction with Recovery support plans and help to identify issues in relation to safety and risk. These will be based on information obtained through the referral form/statutory risk.

Not all Individuals will require a Safety Management Plan. Where issues are identified as part of the referral process, on receipt of a Risk Screening Tool or Comprehensive Risk Assessment, these are recorded in the Initial Support Plan, then built into the Recovery Support Plan following the 4 week review.

Safety Management Plans will be discussed and amended where necessary at all reviews, this will include contact with the referral agent to ensure the scheme retains an up-to-date Risk Screening Tool and/or Physical Health Assessment were necessary. Adjustments to the form, or the first use of a Safety Management Plan, will reflect any changes in safety and risk for individuals, as a result of an accident or incident, a review, a change of circumstances or an assessment. Issues will be discussed as part of the review and recommendations will be made regarding ongoing support planning and service delivery.
Individuals safety risk vulnerability record

SCHEME: Aspen Day Support

<table>
<thead>
<tr>
<th>Code – (initials/age/gender)</th>
<th>RVA in last 6 months</th>
<th>RVA in last 12 months</th>
<th>RVA in last 5 years</th>
<th>Nature of Risk Vulnerability Issues</th>
<th>Dates of Specific Incidents in last 6 months</th>
<th>Issues for Managers/CO</th>
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Reviewed: ________________________________
by: _____________________________

Page 14 of 23
9.0 Arrangements for Individuals to engage in social activities, hobbies and leisure interests

- Each scheme has a programme of activities and individuals are involved in regularly reviewing the programme to ensure it meets identified need.
- There are activity rooms in each scheme.
- Experienced Tutors are sourced where appropriate
- Groups/ activities are facilitated by staff
- Activities take place in the scheme and in the wider community and at flexible times, including evenings and/or weekends.
- Individuals agree with their key worker their level of involvement.
- Staff encourage individuals to participate at a level appropriate to each individual.
- Individuals encourage each other within a peer support system.

10.0 Arrangements made for consultation with Individuals or their representatives about the operation of the community wellbeing service

Inspire welcomes Individuals involvement and their suggestions both at scheme and Organisational Level. Individuals are actively encouraged to be involved in all aspects of the Beacon Day Support's operation. The individualship concept is fundamental to the success of Aspen, Belfast, creating a sense of each individual belonging and making a valuable contribution. The following are ways in which Aspen Individuals may be consulted, or are able to put forward their views.

- Discussion with Key Worker
- Formal and informal discussions with the Scheme Manager
- Suggestion box, satisfaction surveys/questionnaires
- Inspection Visits (Announced & Unannounced)
- User Focused Monitoring Visits
- Individual Review Meetings
- Scheme Evaluation
- Individuals Support Teams
- User Led Conferences
- User Led Sessions
- In the context of the Service Agreement the Aspen Health and Social Care Trust may carry out their independent evaluation of the Beacon Day Support Setting, and gain Individuals views on Services.
11.0 Fire Precautions and Associated Emergency Procedures

Inspire, so far as is reasonably practicable, will manage in compliance with The Fire Precautions Act 1971, The Fire Precautions(work place) Regulations 1997, The management of Health and Safety at Work Regulations 1999 and other appropriate regulations in order to maintain the Health & Safety of Individuals, Staff, Volunteers and Visitors. The Scheme follows all Fire and Health & Safety Procedures as outlined in Inspires Policy and these may be audited by relevant external bodies and through Inspires Internal Inspection System.

A file which contains all records pertaining to fire safety within the scheme and is kept in an easily accessible place. The file contains separate sections for:

- Fire Risk Assessment
- Sample fire Notice
- Annual Test Certificates
- Fire Drill
- Record of Training
- Records of Maintenance Checks carried out

A Health & Safety File may also be maintained at the scheme containing separate sections for:

- Environmental Risk Assessment
- First Aid Box Checks
- Body Fluids Spill Box Checks
- Portable Appliance Testing
- Security Alarm Checks
- Servicing of Equipment i.e. gas, oil burner, chair lift etc
- Disability Audit

The Policy and Procedure Manual and our policies gives details on emergency procedures (general) a medical emergency, fire, accident and potential Self-harm, as well as guidelines for dealing with untoward incidents.
12.0 **Arrangements made for contact between Individuals and their Representatives**

- Individuals are asked at referral stage if/when they wish carers to be kept informed of their progress
- Review meetings are an opportunity for Carers or referral agents to be kept up to date on progress
- Each community wellbeing service has a quiet room where Individuals can meet privately with representatives
- When an individual requests contact can be made with a representative they will be assisted to do so.

13.0 **The arrangements for dealing with Complaints**

The arrangements for dealing with complaints are detailed in our policy and procedure manual – Complaints, Compliments & Concerns Procedure (Q-1-6). This procedure is intended to cover all persons involved in the work of Inspire (Individuals, Staff, Volunteers and General Public). The complaints procedure is in accordance with our charter of standards. Our complaints system is a three stage process.

**MAKING A COMPLAINT**

If things go wrong or you aren’t satisfied with our services, we want you to tell us so that we can try to put things right.

If you want to make a complaint, there are a number of ways to do this.

**STAGE 1** – You can speak directly to staff, who will try to resolve things for you straight away.

**STAGE 2** – If you are still not satisfied, or you didn’t want to speak directly to staff, you can make a formal complaint to our Services Department. This can be done by letter, by using a complaints form or by telephone to any of the Managers at Central Office or to any staff individual.

If you need help in making a complaint or comment, our staff are trained in dealing with this and will be available and happy to help you. You are also entitled to access independent advocacy services to support you in making a complaint. Additionally, the patient and client council can also assist a person who feels unable to deal with a complaint alone. Details of both are available in your individual’s guide/handbook and Beacon Complaints leaflet.
Inspire
Central office
Lombard House
10-20 Lombard Street
Belfast
Bt1 1RD

Tel: 028 90328474 Fax: 028 90234940
Email: p.walker@inspirewellbeing.org

We want our response to be quick, fair, courteous and helpful.
- Your complaint will be acknowledged in 2 working days
- Any investigation will take place within 10 working days
- We will let you know the outcome within 20 working days.

STAGE 3 – If things are still not resolved to your satisfaction, you may wish to take the matter further. You can do this by contacting your local Health and Social Care Trust, or the NI Commissioner for complaints (the Ombudsman) who can be contacted at:
Progressive House,
33 Wellington Place,
Belfast BT1 6HN,
Or by phone on 028 90233821

Beacon complaints procedures are subject to monitoring and inspection by the Regulation and Quality Improvement Authority (RQIA). If you have any concerns about Beacon complaints procedure or how your complaint has been handled, you can contact the RQIA as follows:
RQIA, 9th Floor, Riverside Tower, 5 Lanyon Place, Belfast BT1 3BT of telephone: 028 90517500.

You have the right to complain.
We learn from your complaints and we use them to help us to improve services.
14.0 The arrangements for dealing with Reviews of the Individuals’ Plan referred to in Regulation 16(1)

**Individuals Notes (S-1-1-10)**
Individual’s notes will commence on the first day of service delivery. Both staff and individuals may enter notes. The individuals will be encouraged to write their own notes or to dictate what they would like to be written. Staff will support and complement this if and when needed. Notes must be factual, legible and relate to the Service generally and the Support Plan in particular. Notes will be reviewed as part of the review process and signed off at this point by the registered manager. Notes are to be completed at **every visit for the first six visits** and thereafter at **least every fifth visit**.

**Recovery Support Plan (S-1-1-14)**
Following the 4 week review the Initial Support Plan will be replaced with a Recovery Support Plan. The individuals will be encouraged and enabled to participate in the support planning process along with any other significant others they may wish to involve. Recovery support planning is about establishing the mutual agenda of work between the person receiving services and the staff individual. The Recovery Support Plan will be based on an individual’s strengths and preferences and include agreed outcomes.

**Strengths Assessment (S-1-1-17):**
The Strengths Assessment follows on from the Strengths Worksheet section of the Referral Form and is to be used at least annually, after a review or as required to enable further planning.

**Reviews**
**First Review @ four weeks:**
The date for the Initial Review meeting is set at 4 weeks in advance of the start date. Attendees will be reminded by phone one week in advance of the date. The Individuals will be asked if there are any others they would wish to be involved.

The meeting will use the Initial Review (S-1-1-19) to discuss any matters arising and to make recommendations for the Recovery Support Plan. Anyone unable to attend the review may submit a comment for consideration prior to the review. A copy of the Initial Review Form may be sent to the referrer if required.

**Second Review @ four months and Annual Review:**
Subsequent reviews will use the Recovery Outcome Review (S-1-1-20) the first page of which is an opportunity for the Individuals and their Beacon Key Worker to summarise the individual’s recovery journey using the following headings/documents:
- Individuals Notes
- Recovery Support Plan (including outcomes)
Strengths Assessment
Safety Management Plan
Any other changes/achievements/incidents/outcomes relevant to your recovery journey

The pre-review Service Questionnaire will also be completed with any issue raised becoming part of the Review Meeting. The Review Meeting will be co-ordinated by the manager or nominated person who will liaise with the individuals and extend a letter of invitation to the statutory key worker along with any others the individuals may wish to be involved.

Page 2 of the Recovery Outcome Review will record attendees, note their contributions and comments on the review process, list any recommendations agreed by those present and record the date of the next review.

Non Attendance
If a new Individuals does not attend for their first session, the individual will be contacted and offered a new commencement date and the referral agent notified. This will be recorded in their file.

If an existing Individuals has not attended or made contact within a two week period the staff individual will telephone the Individuals to ascertain the reason for non-attendance. After a further two weeks of absence a Non-Attendance Letter will be sent to the Individuals and copied to their statutory key worker inviting them to discuss the reason for non-attendance and agree any actions to support the Individuals to attend on a regular basis.

If an Individuals recommences attendance for a period of time and then stops attending again, the above procedure will be followed.

If a regular pattern of non-attendance occurs over a three month period, the Individuals and Statutory key Worker will be invited to attend a Supplementary Review. The outcome of this review may include a change to activities, allocated sessions, signposting to a more appropriate service and/or discharge from the service.

Leaving Procedure
When an individual no longer attends, the community wellbeing service manager may write to them and copy to file, phone the individual or speak to the individuals Key Worker (Referral Agent). This should be recorded in the Progress Notes and the file closed. The date the file is closed should be clearly recorded on the front of the file and the Progress Notes. A date of eight years hence should also be recorded on the front of the file for shredding.
15.0 The number and size of Rooms in the day care setting

Aspen has 11 Rooms (including WC’S) as follows:

<table>
<thead>
<tr>
<th><strong>Ground Floor</strong></th>
<th><strong>First Floor</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Kitchen - 12’4 x 10’11</td>
<td>1st Office- 10’4 x 7’5</td>
</tr>
<tr>
<td>Dining Area – 10’11 x 17’10</td>
<td>QuietRoom-13’1 x 12’7</td>
</tr>
<tr>
<td>Ladies WC - 6’X 3’.3</td>
<td>2nd Office- 10’8 x 14’10</td>
</tr>
<tr>
<td>Men’s WC- 6’X 3’.3</td>
<td>Harmony Room- 9’6 x 4’8</td>
</tr>
<tr>
<td>Disabled WC – 6’4 X 6’10</td>
<td>Storage Room - 9`6 x 6’9</td>
</tr>
<tr>
<td>Sitting Room - 16` x 12’5</td>
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16.0 The arrangements made for respecting the privacy and dignity of Individuals

- The core values of NIAMH include dignity, choice, integration and respect. Dignity and respect are maintained and upheld by ensuring each individual in every aspect of his/her care and support.
- All staff work towards providing an atmosphere of mutual respect between Individuals and Staff, and to uphold the dignity of the individual.
- Individuals are addressed in the manner they prefer. I.e. Mr. /Mrs. or by first name etc.
- All staff work within NIAMHs Confidentiality Policy.
- All staff exercise non-discriminatory practices.
- Appropriate areas are available for Individuals to have private discussions.
- Individuals are consulted and kept informed of changes within the Service.
Date Approved and Implemented:  Feb 2008

Date of Review and Record of changes Made:  Statements of Purpose are usually reviewed on a regular basis. The date of review will be noted here and copies circulated to all relevant parties.

- Reviewed – July 2008 – changes made to Staffing Information
- Reviewed – Jan 2009 – Changes made to Staffing Information and revised Risk and Vulnerability Procedure included.
- Reviewed – May 2009 – Changes made to Staffing Information, Volunteer Information and contract information (in line with new Belfast Trust).
- Reviewed – Nov 2009 – Changes made to Staffing Information.
- Reviewed – Jan 2010 – Changes made to Volunteer Information
- Reviewed – Sept 2010 – Changes made to Staffing Information
- Reviewed – Oct 2011 – Changes made to staffing and volunteer information.
- Reviewed – Feb 2012 – changes made to staffing and volunteer information.
- Reviewed – Sept 2012 – changes made to staffing and structure of organisation.
- Reviewed Nov 2012 – changes made in line with RQIA recommendations.
- Reviewed April 2013 – no changes made.
- Reviewed April 2014 – changes made to staffing, Review Procedures and organisational structure.
- Reviewed November 2014 – Changes made to staffing, including new registered manager and Registered RQIA Responsible Person. Restrictive practice guidelines added.
- Reviewed April 2015 – Changes made to staffing.
- Reviewed October 2015 – Changes made to staffing.
• Reviewed Jan 2016 – changes made to staffing.

• Reviewed Feb 2016 – changes made in line with revised policies and procedures.

• Reviewed May 2016 – changes made to organisational structure & staffing

• Reviewed January 2017 – changes made in line with rebranding of the organization

• Reviewed May 2017– changes made to staffing.

• Reviewed Sept 2017 – changes made to staffing.

• Reviewed Oct 2017 – Changes made to staffing.

• Reviewed Dec 2017 – Changes made to staffing.

• Reviewed May 2018-Changes made to staffing.

• Reviewed September 2018-Changes made to staffing.

• Reviewed November 2018 – changes made to staffing