

# Unannounced Domiciliary Care Agency Inspection Report 17 May 2016



## Mindwise, Belfast

**Type of Service: Domiciliary Care Agency – Supported Living**  
**Address: Fortwilliam Core and Cluster, 72 Fortwilliam Park, Belfast,  
BT15 4AS**  
**Tel No: 02890772983**  
**Inspector: Michele Kelly**

[www.rqia.org.uk](http://www.rqia.org.uk)

## 1.0 Summary

An unannounced inspection of Mindwise, Belfast took place on 17 May 2016 from 09:30 to 14:45.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

On the day of the inspection the agency could demonstrate how they work in partnership with service users to address their needs and develop their capacity for independence, as well as respect and act on people's wishes and choices. The welfare, care and protection of service users is ensured through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the HSC Trust. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times.

No areas for quality improvement relating to safe care were identified during this inspection.

### **Is care effective?**

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of care and support plans. The agency's system of quality monitoring is implemented in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives.

No areas for quality improvement relating to effective care were identified during this inspection.

### **Is care compassionate?**

On the day of the inspection the agency was found to be delivering compassionate care. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives. The agency's quality monitoring systems are robust and include consultation with service users and/or their representatives.

One area for quality improvement was identified involving the arrangements for the dispensing of medications which should be reviewed to ensure that values underpinning the philosophy of care within supported living are integrated into practice.

### **Is the service well led?**

On the day of the inspection the agency was found to be well led. The manager had supportive structures to guide staff. Information was systematically recorded and stored and easily accessible for staff, audit and inspection purposes. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. The agency evidenced support systems that enable service users to get involved e.g. advocacy services.

One area for quality improvement relating to the service being well led were identified during this inspection in respect of the current method used to log and update complaint information.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and previous inspection outcomes and any information we have received about the service since the previous inspection.

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Anne Marie McGarrity, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

### 1.2 Actions/enforcement taken following the most recent care inspection

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

### 2.0 Service details

<b>Registered organisation / registered provider:</b> Mindwise/Mr. Edward George Alexander Gorringe	<b>Registered manager:</b> Anne Marie McGarrity (Registration pending)
<b>Person in charge of the agency at the time of inspection:</b> Anne Marie Mc Garrity	<b>Date manager registered:</b> Registration pending

### 3.0 Methods/processes

Prior to inspection the following records were analysed:

- Previous inspection report
- Previous returned quality improvement plan
- Record of notifiable events for 2015/2016.

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

- Discussion with the manager
- Consultation with three staff
- Examination of records
- File audits
- Evaluation and feedback.

During the inspection the inspector met with the manager and three support workers; following the inspection the inspector spoke to the relatives of one service user. During the inspection the inspector also spoke with three service users to obtain their views of the service. The service users' views are contained within the body of this report. Service users reported that they received assistance with the following:

- Management of medication
- Shopping
- Meals
- Maintaining mental health.

On the day of inspection the inspector met with three care staff to discuss their views regarding care provided by the agency, staff training and staffs general knowledge in respect of the agency. Staff feedback is contained within the body of this report.

The manager was provided with ten questionnaires to distribute to randomly selected staff members for their completion. Four completed staff questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report. The manager was also provided with ten questionnaires to distribute to service users for their completion. Three service users returned completed questionnaires and information from these questionnaires has been included in this report.

The following records were examined during the inspection:

- Three service user records in respect of referral, assessment, care plan and review;
- Schedule of staff supervision and appraisal dates.
- Two induction records
- Complaint log
- Staff training schedule
- Staff duty rotas for week beginning 16 May 2016;
- Monthly monitoring reports for March to April 2016
- Minutes of staff meetings
- Minutes of tenant meetings
- Policies and procedures relating to; risk management, staff recruitment, supervision, induction, safeguarding, whistleblowing, recording, confidentiality, incident notification and complaints
- Records of incidents reportable to RQIA in 2015/2016
- The agency's Statement of Purpose.

#### **4.0 The inspection**

Mindwise provides a supported living type of domiciliary care to people with mental illness who require support to live as independently as possible. The service is located at Fortwilliam in North Belfast and is available for up to 12 service users.

Discussion with the manager, staff, relatives and service users, provided evidence of positive outcomes for service users; details of which have been included within this report.

The inspector would like to thank the manager, service users, relatives and agency staff for their support and co-operation throughout the inspection process.

#### **4.1 Review of requirements and recommendations from the most recent inspection dated 29 May 2015**

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the inspector.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 29 May 2015

Last care inspection statutory requirements		Validation of compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 21 (1)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are—</p> <p>(a) kept up to date, in good order and in a secure manner;</p> <p>(c) at all times available for inspection at the agency premises by any person authorised by the Regulation and Improvement Authority.</p> <p>The agency's alphabetical index of staff must be maintained and up to date.</p> <p>The agency's staff induction training records must be available at all times for inspection.</p> <p><b>Action taken as confirmed during the inspection:</b> The inspector viewed an up to date list of the agency's staff and also examined induction records for two staff members.</p>	<b>Met</b>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 16 (2)</p> <p><b>Stated:</b> First time</p>	<p>(2) The registered person shall ensure that each employee of the agency—</p> <p>(a) receives training and appraisal which are appropriate to the work he is to perform;</p> <p><b>Action taken as confirmed during the inspection:</b> The inspector viewed confirmation that staff had attended mandatory training in respect of Safeguarding Vulnerable Adults in either 2015 or 2016. One staff member who was due to attend in March 2016 but was unable to participate has now been scheduled to attend in September 2016. Records viewed by the inspector also confirmed that supervision and appraisals had taken place in accordance with Mindwise policy.</p>	<b>Met</b>

<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 23 (1) (5)</p> <p><b>Stated:</b> Second time</p>	<p>(1)The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided (5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection</b></p> <p>The inspector was satisfied that quality monitoring is undertaken monthly and three reports were read which evidenced consultations with service and their representatives.</p>		
<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 7</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall—</p> <p>(a) keep under review and, where appropriate, revise the statement of purpose and the service user’s guide.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector viewed the updated Service User Guide (2016) and Statement of Purpose (2016) both contained information in accordance with regulations.</p>		

<b>Last Care inspection recommendations</b>	<b>Validation of compliance</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> First time</p>	<p>Staff are recruited and employed in accordance with relevant statutory employment legislation.</p> <p>It is recommended that the agency’s recruitment policy and procedures specify that the criminal history disclosure information at the enhanced level is sought from Access NI.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector viewed the Recruitment and Selection Policy which specified criminal history disclosure information at the enhanced level is sought from Access NI for relevant jobs.</p>	<p><b>Met</b></p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 13.3</p> <p><b>Stated:</b> First time</p>	<p>Staff have recorded formal supervision meetings in accordance with the procedures.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector was shown evidence of records relating to formal supervision meetings with staff, these were in accordance with procedures.</p>	<p><b>Met</b></p>

<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 8.19</p> <p><b>Stated:</b> First time</p>	<p>There is a written policy on “Whistle Blowing” and written procedures that identify to whom staff report concerns about poor practice.</p> <p>It is recommended that the agency’s Whistleblowing policy is amended to include RQIA as an agency to whom staff can report concerns about poor practice.</p> <p><b>Action taken as confirmed during the inspection:</b> The policy dated November 2014 was viewed by the inspector and it has been updated to refer to RQIA’s role as an agency to whom staff can report concerns about poor practice.</p>	<p><b>Met</b></p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 8.11</p> <p><b>Stated:</b> Second time</p>	<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.</p> <p>This report summarises any views of service users and/or their carers/representatives ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.</p> <p>It is recommended that the views of professionals are obtained and recorded within monthly quality monitoring reports.</p> <p><b>Action taken as confirmed during the inspection:</b> The inspector viewed monthly monitoring reports for March, April and May 2016; these reports contained the views of professionals associated with the agency.</p>	<p><b>Met</b></p>

#### 4.3 Is care safe?

The agency’s registered premises are suitable for the purposes of the agency as set out in the Statement of Purpose. The Statement of Purpose was reviewed by the agency in May 2016.

A range of policies and procedures were reviewed relating to staff recruitment and induction training. The inspector found these policies to be in compliance with related regulations and standards.



The agency has a structured comprehensive twelve week staff induction programme which includes shadowing by an experienced mentor for all newly appointed staff. The agency's induction standards are in line with the Northern Ireland Social Care Council standards for new workers in social care. The inspector viewed induction records for two staff which confirmed that a competency assessment is carried out for each new care worker and subsequent supervision records maintained.

The agency's policies and procedures in relation to safeguarding vulnerable adults and whistleblowing were reviewed. Their 'Safeguarding children and Vulnerable Adults' policy and procedure provided information and guidance as required however it did not reference the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated vulnerable adults guidance issued in July 2015 'Adult Safeguarding Prevention and Protection in Partnership'. This was discussed with the area manager following an inspection of another Mindwise service and the inspector was sent evidence that this document is referred to in training materials. The inspector was satisfied that the manager would update their vulnerable adult policy and procedure as agreed.

The agency's whistleblowing policy and procedure was found to be satisfactory.

Staff training records viewed for 2015 confirmed all care workers had completed the required mandatory update training programme. The training plan for 2016 was viewed which contained each of the required mandatory training subject areas along with other training relevant to service users' care needs.

Three care workers interviewed had a clear understanding of their role and responsibility to identify and report actual or suspected abuse. They each described their role in relation to reporting poor practise and their understanding of the agency's policy and procedure on whistleblowing. One commented:

"Care is safe because tenants are well looked after and looked out for".

The manager also discussed staffing levels which were said to be sufficient. The inspector examined the rota for the week of inspection and was satisfied that staffing levels were adequate. Two staff commented in questionnaires that the current staffing arrangement did not meet the service user needs when staff are allocated leave for training or holidays. The manager confirmed that they were currently recruiting for a new staff member.

Staff questionnaires received by the inspector confirmed that staff had received safeguarding update training during the previous year.

Service user referral information received from the HSC Trust staff contained information regarding the service user and/or their representatives. The inspector examined three support plans in place during the inspection. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed contained evidence that service users and/or representative's views had been obtained and incorporated. Records of risk assessments are completed with each service user, regularly evaluated and reviewed. The agency's governance arrangements include audit of risk.

There was a record of monthly monitoring available on the day of inspection which evidenced working practices being systematically reviewed.

The three service users interviewed by the inspector stated that they felt safe and secure in their homes, they commented:

“There are good staff you can talk to them anytime you want”.  
 “Staff are very helpful”.

Responses received in returned questionnaires from both service users and staff indicate a high level of satisfaction with this service.

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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**4.4 Is care effective?**

The agency’s arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. It was noted that the Statement of Purpose and Service User Guide provide a comprehensive overview of the full nature and range of current service provision and are provided to service users and/or their representatives.

The inspector reviewed a range of care plans which are provided to service users. Staff provided feedback about how care plans are developed alongside service users and/or their representatives, to fully incorporate the views and wishes of service users.

It was evident that staff have developed a good understanding of service users, which was reflected in the care plans and in the discussions they had with the inspector.

Monthly quality monitoring is undertaken by an area manager and the quality monitoring system provides a thorough standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with a range of service users, staff, relatives and HSC Trust professionals, and progress on improvement matters.

Complaints, quality monitoring reports, care records, and the service user evaluation survey provided evidence of how the agency maintains records of comments made by service users and/or their representatives. Records also showed that a team from Mindwise has also met with service users in Fortwilliam as part of an exercise known as S. U. P. E. R. (Service User Participation Engagement Roadshows).

Minutes of tenant meetings clearly documented communication processes between agency staff and tenants, including tenant views and how the agency has responded to them. The inspector discussed an agenda item for a tenants meeting which had been entered by staff; the inspector was concerned that this could be perceived as being authoritarian. The manager explained the background to the item and the inspector was satisfied that the manager would ensure that future matters for inclusion would be explained in an appropriate manner. The inspector was informed of local advocacy services available for the use of service users. Discussions with service users indicated that they have open lines with communication with

staff. Service users provided feedback that they know who to go in the agency to discuss an issue or complaint.

Responses received in returned questionnaires from both service users and staff indicate a high level of satisfaction with this service.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.5 Is care compassionate?

The staff spoken to on the day of inspection described to the inspector that values including privacy, dignity, independence and choice, form an important part of care provision. The inspector noted that staff were reminded of the importance of maintaining confidentiality and setting boundaries in relationships with service users in the staff meeting of 08 April 2016.

The three service users interviewed by the inspector raised no concerns regarding their care or the quality of care being provided by staff. The inspector noted that service users were able to exercise choice regarding a range of daily decisions. Service users who spoke with the inspector valued their independence and the ability to take part in activities of their choosing in their home and the local community. The tenant meeting minutes viewed by the inspector reflected opinions being sought in respect of choices regarding outings.

Service users informed the inspector that they felt that the staff are appropriately trained and knowledgeable regarding their care and support needs.

During inspection the inspector observed that some service users come to a communal area to have their medications dispensed. The inspector was concerned about the institutional nature of this practice and discussed with the manager that it was not in keeping with the ethos of care within a supported living model. The inspector was also concerned that the privacy and dignity of these service users had the potential to be compromised as any discussions regarding medication could be overheard by other service users, staff, visitors etc. The inspector was advised by the manager that other service users store their own medication within their private accommodation and that this matter continues to be reviewed for all tenants.

A recommendation is made in respect of this matter.

Responses received in returned questionnaires from both service users and staff indicate a high level of satisfaction with this service.

### Areas for improvement

Arrangements for the dispensing of medications should be reviewed to ensure that values underpinning the philosophy of care within supported living are integrated into practice.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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#### 4.6 Is the service well led?

The RQIA registration certificate was up to date and displayed appropriately. The Statement of Purpose had been reviewed in April 2016 and it reflects the range and nature of services provided. There has been a change of manager since the last inspection and the present manager has applied for registration with RQIA.

Discussion with the manager and staff evidenced that there was a clear organisational structure within the agency. Staff were able to describe their roles and responsibilities.

Staff confirmed that they had access to the agency's policies and procedures.

All of the service users and a relative confirmed that they are aware of whom they should contact if they have any concerns regarding the service. Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. Incident records viewed demonstrated that appropriate action had been taken by staff on receipt of incident reports. The inspector noted that the governance systems within the agency identify and drive quality improvement. There was evidence of regular and effective staff supervision, appraisal, and management of performance issues.

The inspector reviewed the monthly monitoring reports for March to May 2016. These reports evidenced that the area manager had been monitoring the quality of service provided in accordance with minimum standards.

The inspector asked to see the complaints log and noted that the current method of recording a complaint investigation and outcome was not efficient or conducive to identifying patterns or trends; or in accordance with the agency's policy. The inspector was shown evidence of arrangements for recording previously used within the agency which were in keeping with Mindwise policy and was satisfied that this method would lead to service improvement. A recommendation is made in respect of this.

The three care workers interviewed indicated that they felt supported by senior staff who were described as approachable and helpful. Comments included;

"New manager is great".

"Situation is good for staff and tenants now".

Three services users indicated that the manager would listen to them and address their concerns and suggestions.

Responses received in returned questionnaires from both service users and staff indicate a high level of satisfaction with this service.

#### Areas for improvement

Robust records should be kept of all complaints and these include details of all communications with complainants, the results of any investigations and the action taken. These records should be consistent with the agency's documented policies and procedures.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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## 5.0 Quality improvement plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Anne Marie Mc Garrity as part of the inspection process. The timescales commence from the date of inspection.

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

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

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards. They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

## 5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to [Day.Care@rqia.org.uk](mailto:Day.Care@rqia.org.uk) and assessed by the inspector.

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

## Quality Improvement Plan

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 8.11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 17 August 2016</p>	<p>Working practices in respect of recording complaints information are systematically audited to ensure that they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p>
	<p><b>Response by registered provider detailing the actions taken:</b></p> <p>Complaints book now includes an improved recording of information which is easily audited and is consistent with MindWise Complaints Policy &amp; Procedure. Tenants complete complaints leaflet and the complaint is logged using a new template in the complaints book which includes (Date, Nature of Complaint, Who made it?, Who dealt with it?, How it was resolved &amp; Signatures).</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 1.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 17 August 2016</p>	<p>The values underpinning the standards inform the philosophy of care and staff of the agency consistently demonstrates the integration of these values within their practice.</p>
	<p><b>Response by registered provider detailing the actions taken:</b></p> <p>The medication 'hatch' has now been removed. Tenants who are administered medication by staff have the choice whether to have their medication administered in the medication room or in the adjacent room to ensure privacy and dignity. The medication cabinet can be moved to facilitate this.</p>

***\*Please ensure this document is completed in full and returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) from the authorised email address\****



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