

Inspection Report

24 February 2022



Mindwise

Type of service: Domiciliary Care Agency

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Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Mindwise	Registered Manager: Ms Anne-Marie McGarrity
Responsible Individual: Mrs Anne Doherty	Date registered: 4 August 2016
Person in charge at the time of inspection: Ms Anne-Marie McGarrity	
Brief description of the accommodation/how the service operates: <p>This is a domiciliary care agency supported living type which provides personal care and intensive housing support to up to 12 service users who have experienced mental health issues. Service users receive support and care in relation to their daily living skills and emotional wellbeing and are encouraged to become more independent. The service users are supported by 13 staff including the manager and deputy manager.</p> <p>The service users have an individual bedroom with en-suite facilities and access to a shared living room and kitchen/dining area; they also have access to gardens at the rear of their home. Staff are available to support service users 24 hours per day and each service user has an identified key worker.</p>	

2.0 Inspection summary

An unannounced inspection was undertaken on 24 February 2022 between 10.00 a.m. and 1.25 p.m. by the care inspector.

The inspection focused on the review of staff recruitment and the agency's governance and management arrangements. It also focused on staff registrations with the Northern Ireland Social Care Council (NISCC), adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS) including money and valuables, restrictive practices, monthly quality monitoring, Dysphagia and Covid-19 guidance.

Good practice was identified in relation to the governance and management arrangements within the agency, training of staff and appropriate pre-employment checks being undertaken before staff started to provide care and support to the service users. Good practice was also found in relation to systems in place for disseminating Covid-19 related information to staff.

One area for improvement was identified in relation to Dysphagia training for staff.

RQIA were assured that this agency supplies support workers who are providing safe, effective and compassionate care; and that the agency is well led.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

The inspection focused on:

- contacting the service users, their relatives, Health and Social Care Trust (HSCT) representatives and staff to find out their views on the service
- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

Information was provided to staff, service users and/or their relatives on how feedback could be provided to RQIA about the quality of the services being provided by the agency. This included service user/relative questionnaires and an electronic questionnaire for staff.

4.0 What people told us about the service

We spoke with two service users and three staff. In addition, feedback was received from three service users in the questionnaires returned to RQIA; all the respondents were 'very satisfied' that the care they are receiving is safe, effective, compassionate and the service is well-led. Comments received included:

- "Staff are brilliant to talk to and help me change my bed."
- "Happy here."
- "I get anxious at times and staff support me."

No staff responded to the electronic survey.

Comments received during inspection process-

Service users' comments:

- "Staff are very helpful and friendly."
- "I can come and go as I please."
- "We have tenants' meetings once a month."
- "I feel safe and supported."
- "I find living here really helpful."
- "My key worker does my support plan and I am always included."

Staff comments:

- “I am part of the furniture and am happy within my role.”
- “We have a close and productive team and we bounce off each other.”
- “We get a good handover and there is good communication.”
- “There is an open door policy.”
- “Good management.”
- “I thoroughly enjoy working here.”
- “The team and the manager are a delight to work with.”
- “There is an adequate amount of training offered.”
- “I am aware of the concepts of Human Rights which is still reflected in our practice.”
- “It’s an excellent service.”

5.0 The inspection**5.1 What has this service done to meet any areas for improvement identified at or since last inspection?**

Due to the coronavirus (Covid-19) pandemic, the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

The last care inspection of the agency was undertaken on 16 January 2020 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection. An inspection was not undertaken in the 2020-2021 inspection year, due to the impact of the first surge of Covid-19.

Areas for improvement from the last inspection on 16 January 2020		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for Improvement 1 Ref: Regulation 21 (1)(a) Stated: First time	The registered person shall ensure that the records specified in Schedule 4 are maintained, and they are-	Met
	(a) Kept up to date, in good order and in a secure manner	
	Action taken as confirmed during the inspection: The staff rota was reviewed and was noted to include the staff members’ full name and identified the person in charge for every shift. This area for improvement was assessed as met.	

Area for Improvement 2 Ref: Standard 5.6 Stated: First time	The registered person shall ensure that all records are legible, accurate up to date and signed and dated by the person making the entry.	Met
	Action taken as confirmed during the inspection: Samples of the daily logs were reviewed and they were found to be in compliance with this standard.	

5.2 Inspection findings

5.2.1 Are there systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflect information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC).

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff could describe the process for reporting concerns, including out of hours arrangements.

It was noted that staff are required to complete adult safeguarding training during their induction programme and required updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency has a system for retaining a record of referrals made in relation to adult safeguarding matters. It was noted that two referrals with regard to adult safeguarding had been made since the last inspection. It was noted that adult safeguarding matters had been managed in accordance with the agency's policy and procedures.

There were systems in place to ensure that complaints and notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. No formal complaints had been received since the last inspection however a number of issues had been raised by service users which were recorded in a complaints book. It was noted that these were managed in accordance with the agency's policy and procedures.

The manager confirmed that there were no service users who were subject to DoLS. Advice was given in relation to considering DoLS at each service users' care review and in relation new service users. It was positive to note that all staff had completed DoLS training. Staff spoken with demonstrated that they have an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

The manager confirmed they do not manage service users' monies.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

5.2.2 Is there a system in place for identifying care partners who visit the people supported to promote their mental health and wellbeing during Covid-19 restrictions?

The manager reported that there were no care partners visiting service users during the Covid-19 pandemic restrictions. It was positive to note that the service users had regular contact with family.

5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

The manager confirmed that no service users have been assessed as having Dysphagia needs or swallowing difficulties. A review of the training records identified that staff had not been trained in this area. This was discussed with the manager and assurances were provided that this training would be sourced for all staff. An area for improvement was identified in this regard.

5.2.4 Are there robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in conjunction with the agency's Human Resources (HR) Department and was in accordance with the regulations and minimum standards, and that pre-employment checks were completed before staff members commence employment and engage with service users. Records viewed evidenced that criminal record checks (AccessNI) had been completed for staff.

A review of the records confirmed that all staff provided were appropriately registered with NISCC. Information regarding staff registration details and renewal dates were monitored by the HR department, the manager and through the monthly quality monitoring visits. This system was reviewed and found to be in compliance with Regulations and Standards. Staff spoken with confirmed that they were aware of their responsibilities for ensuring their registrations were up to date.

5.2.5 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included engagement with service users, service user's relatives, staff and HSCT representatives. The reports included details of the review of service user care records, accident/incidents, safeguarding matters, complaints, staff recruitment, training, and staffing arrangements.

We noted some of the comments recorded on the reports:

Service users' comments:

- "Everyone is supporting me well."
- "Staff support me making appointments."

HSCT representative's comments:

- "All procedures have been activated to ensure the safety of the service users and staff."

The Belfast HSC Trust commenced an investigation into a Serious Adverse Incident in relation to a deterioration of a service user's mental health which occurred in June 2021. The investigation is currently ongoing therefore no outcome/recommendations have been made.

6.0 Conclusion

Based on inspection findings, one area for improvement was identified in relation to Dysphagia training. Despite this, RQIA was satisfied that this service was providing safe and effective care in a caring and compassionate manner; and that the service was well led by the manager/management team.

7.0 Quality Improvement Plan/Areas for Improvement

One area for improvement has been identified where action is required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, Revised 2021.

	Regulations	Standards
Total number of Areas for Improvement	0	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Anne Marie McGarrity, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, Revised 2021.	
Area for improvement 1 Ref: Standard 12.4 Stated: First time To be completed by: Immediately from the date of inspection and ongoing	<p>The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <p>This refers specifically to Dysphagia training for all staff.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The MindWise training department have been advised of the requirement identified and have included Dysphagia training on the 2022/2023 schedule. This will be provided to relevant staff during quarter one of the incoming year.</p>

Please ensure this document is completed in full and returned via Web Portal



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