

# Inspection Report

21 August 2023



## MINDWISE

Type of service: Domiciliary Care Agency  
Address: 3 Abbesside, 2-3 New Park, Antrim, BT41 2DQ  
Telephone number: 028 9446 0873

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

---

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

|   |  |
|---|--|
| <b>Organisation/Registered Provider:</b><br>Mindwise  | <b>Registered Manager:</b><br>Mrs Olivia Redmond Moore |
| <b>Responsible Individual:</b><br>Mrs Anne Doherty  | <b>Date registered:</b><br>Registration pending        |
| <b>Person in charge at the time of inspection:</b><br>Mrs Olivia Redmond Moore  |  |
| <b>Brief description of the accommodation/how the service operates:</b><br>This is a domiciliary care agency supported living type which provides personal care and housing support to up to 12 service users who have experienced mental health difficulties. Service users receive support and care in relation to their daily living skills and emotional wellbeing and are encouraged to become more independent. |  |

## 2.0 Inspection summary

An unannounced inspection took place on 21 August 2023 between 08.50 a.m. and 11.00 a.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), Service user involvement, Restrictive practices and Dysphagia management.

Good practice was identified in relation care planning, service user involvement, training and NISCC records. The outcomes for people using the service reflected the principles and values of promoting choice and control, independence, inclusion and person centred care.

No areas of improvement were identified during this inspection.

We noted a number of compliments received by the agency from a number of sources:

- "Thanks for all the support provided."
- "Staff have been very compassionate to me."
- "The service is looking well with the completed outside work."

### 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.

In preparation for this inspection, a range of information about the service was reviewed. This included any areas for improvement identified, registration information and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Information was provided to service users, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic staff survey.

### 4.0 What did people tell us about the service?

During the inspection we spoke with staff members and service users.

The information provided by staff indicated that there were no concerns in relation to the care within the agency.

Comments received included:

#### **Service user comments:**

- "I have no complaints."
- "Staff are being helpful with my move."
- "I'm well supported."
- "Staff are considerate and good listeners."
- "I have been treated well here."
- "Staff are easy to talk to."
- "I get on well with everyone here."

**Staff comments:**

- “I’m aware of my responsibilities to NISCC as a care worker and adhere to their values standards and guidance.”
- “The manager has an open door policy.”
- “My ongoing induction is comprehensive and all the staff are helpful.”
- “All my training is up to date so far and I have more booked soon.”
- “The service is very person centred.”
- “Staff communicate well with each other.”

During the inspection we provided a number of questionnaires for service users to comment on service quality and their lived experiences.

Returned questionnaires show that those supported were satisfied or fully satisfied with the care and support provided.

Five staff responses were received prior to the issue of this report and show that people were satisfied or very satisfied.

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

The last care inspection of the agency was undertaken on 13 December 2022 by a care inspector. No areas for improvement were identified.

**5.2 Inspection findings****5.2.1 What are the 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 adult safeguarding policy and procedures were reflective of the Department of Health’s (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The Adult safeguarding champion report was available for review and was satisfactory.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also

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 any referrals made in relation to adult safeguarding. Records reviewed and discussion with the manager indicated that no safeguarding referrals had been made since last inspection.

Staff were provided with training appropriate to the requirements of their role.

There was also evidence of regular contact with service users and their representatives.

A number of service user reviews had been undertaken in keeping with the agency's policies and procedures. We noted a number of comments received during their latest annual reviews:

- "I'm happy, staff help me manage things."
- "I'm happy enough here."
- "Staff help me with medication and I'm happy."
- "My behaviours have improved."
- "I'm more confident with things."
- "I'm happy with the progress I'm making."
- "Budgeting is good for me."
- "I like to socialise with others."

All staff had been provided with training in relation to medicines management. A review of the policy relating to medicines management identified that it included direction for staff in relation to administering liquid medicines. The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required; a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff have completed Deprivation of Liberty Safeguards (DoLS) training relevant to their job roles. The manager reported that none of the current service users were subject to DoLS arrangements.

### **5.2.2 What are the arrangements for promoting service user involvement?**

From reviewing service users' care records, it was good to note that service users and families had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and services users participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

Care plans promoted people's independence as far as possible. Staff were encouraged to prompt people to be independent to help them maintain control. Service users are involved in providing their feedback through regular reviews. This helps to ensure service users preferences and views were known and respected.

It was also positive to note that the agency held service user meetings on a regular basis which supported the service users to discuss what they wanted to achieve from the service and any activities they would like to become involved in.

The service delivered had also been regularly reviewed through a range of internal and external audits. The provider regularly sought a good range of feedback from people which was consistently positive.

### **5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?**

No service users were assessed by SALT as requiring Dysphagia arrangements. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

### **5.2.4 What systems are in place for staff recruitment and are they robust?**

A review of the agency's staff recruitment records identified no shortfalls in the recruitment process. Confirmation including criminal record checks (Access NI) were completed and verified before staff members commenced employment and had direct engagement with service users. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). There was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The agency has a policy and procedure for volunteers which clearly specified their role and responsibilities. The manager confirmed that volunteers did not undertake any personal care duties and that Access NI checks and other relevant documents had been completed. It was good to note that not only did the agency have a volunteer policy and procedure in place, but this also included a code of practice and staff training, on supporting volunteers. This is good practice and the agency must be commended.

### **5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?**

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures.

There was a robust, structured, three-day induction programme which also included shadowing of a more experienced staff member. This was confirmed by staff during the inspection. Written records were retained by the agency of the person's capability and competency in relation to their job role.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; the records included the names of those attending the training event, the dates of the training.

### 5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

Comments received during quality monitoring:

#### Service users:

- "The staff here are good."
- "Staff are always there to help you."
- "I have no concerns relating to the service."
- "Any problems I can talk to staff."

#### Staff:

- "Support provided is good."
- "The other staff have helped me settle well."
- "Everyone's needs are being met."
- "The care provided is very good."

#### HSC Trust representatives:

- "The staff have been very supportive."
- "No concerns and I'm happy with the support provided."
- "I'm happy how the staff are supporting the service users."
- "We are very happy with the service."

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The agency's registration certificate was up to date, as was their insurance details as required.

There was an open culture, led by the manager and described by staff as being approachable and supportive to all.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Records reviewed and discussion with the manager indicated that no complaints had been made since last inspection.

## **6.0 Quality Improvement Plan (QIP)/Areas for Improvement**

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





The Regulation and Quality Improvement Authority  
James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**Twitter** @RQIANews