

Unannounced Domiciliary Care Agency Inspection Report 05 May 2016



Mindwise, Antrim

Address: 3 Abbeyside, 2 - 3 New Park Road, Antrim, BT41 2PQ

Tel No: 02894460873

Inspector: Michele Kelly

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Mindwise, Antrim took place on 05 May 2016 from 10.15 to 15.15 hours.

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.

One area for quality improvement relating to safe care was identified during this inspection in respect of staffing levels.

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.

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

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.

No areas for quality improvement relating to the service being well led were identified during this inspection.

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
Total number of requirements and recommendations made at this inspection	1	0

This inspection resulted in one requirement being made. Findings of the inspection were discussed with registered manager Naomi Farr, as part of the inspection process and can be found in the main body of the report.

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

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

Registered organization/registered person: Mindwise/Mr. Edward George Alexander Gorringe	Registered manager: Mrs. Naomi Farr
Person in charge of the agency at the time of inspection: Mrs. Naomi Farr	Date manager registered: 31 August 2010

3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- 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 registered manager;
- Consultation with three staff;
- Examination of records;
- File audits;
- Evaluation and feedback.

During the inspection the inspector spoke with two 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 two 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 registered manager was provided with ten questionnaires to distribute to randomly selected staff members for their completion. Six completed staff questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report. The registered manager was also provided with ten questionnaires to distribute to service users for their completion. Six 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.
- Complaint log
- Staff training schedule;
- Staff duty rotas for April 2016;
- Service user questionnaire returns
- Monthly monitoring reports for January to March 2016;
- Minutes of staff meetings
- Minutes of tenant meetings
- Policies and procedures relating to; 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 outside Antrim and is available to up to 12 service users. The service is provided across two premises located close to the agency's registered office at Abbesside.

4.1 Review of requirements and recommendations from the most recent inspection dated 19 June 2015

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

4.2 Review of requirements and recommendations from the last care inspection dated 19 June 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 16 (2) Stated: First time	(2) The registered person shall ensure that each employee of the agency— (a) receives training and appraisal which are appropriate to the work he is to perform; Action taken as confirmed during the inspection: The inspector viewed training records for four staff members and confirmed mandatory training requirements had been met. A new appraisal system has been introduced and the inspector was shown a schedule of appraisal dates for all staff.	Met
Requirement 2 Ref: Regulation 17 Stated: First time	(1) Where an agency is acting otherwise than as an employment agency, the registered person shall prepare a staff handbook and provide a copy to every member of staff. Action taken as confirmed during the inspection: The agency has developed an "employee information booklet" which has been made available to staff members as a handbook.	

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 11 Stated: First time	Staff are recruited and employed in accordance with relevant statutory employment legislation. 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.	Met
	Action taken as confirmed during the inspection: The inspector viewed a pre-employment questionnaire which all employees are required to complete. This questionnaire is part of an updated recruitment toolkit. Appointing officers can request additional medical checks and sign to confirm each applicant is fit to take up the post.	
Recommendation 2 Ref: Standard 8.19 Stated: First time	There is a written policy on "Whistle Blowing" and written procedures that identify to whom staff report concerns about poor practice. 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.	Met
	Action taken as confirmed during the inspection: 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.	

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 on the 15 October 2015.

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. 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 registered manager and the area manager and subsequent to the inspection the inspector was sent evidence that this document is referred to in training materials. The inspector was satisfied that the registered 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.

Two 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.

Staff also discussed staffing levels which they perceived to be low as a result of secondment and other absences. Examination of staff rotas confirmed that staff do extra hours to cover some shifts. This matter was discussed with the registered manager who agreed that in recent months staffing had been reduced but advised that the situation should improve very shortly with the return from leave of a staff member. A requirement is made in respect of this matter.

Staff questionnaires received by the inspector confirmed that staff had received safeguarding update training during the previous year. The safeguarding policy had also been discussed with tenants at a tenants meeting in May 2015.

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 two of the service users interviewed by the inspector stated that they felt safe and secure in their homes and that they were happy with the care they received.

Other comments included:

“Staff treat me very well”.

“Staff deserve a medal”.

Staff comments

“Thorough reviewing of individual risk assessments and existing controls in place make service users feel safe”.

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

Areas for improvement

At all times there should be an appropriate number of suitably skilled and experienced persons employed for the purposes of the agency.

Number of requirements:	1	Number of recommendations:	0
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4.4 Is care effective?

Service user records viewed by the inspector evidenced that regular contact and feedback received from service users had been followed up. These records evidenced that the agency and the HSC Trust carries out care reviews with service users if changes to their needs are identified. The agency maintains a daily contact record for each service user.

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. There was also an action plan drafted by the registered manager in response to the issues raised in returned questionnaires. Records also showed that a team from Mindwise has also met with service users in Abbeyside 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 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.

The full nature and range of service provision is laid out in the Statement of Purpose (2015).

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

Staff comments

“Tenants are always asked their opinions either in tenant meetings or key work sessions”.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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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, choice, rights and fulfilment form an important part of care provision.

The two 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. One service user indicated they require two staff members on outings and on occasion this was not possible. This matter was discussed with the manager who advised the inspector that the increase in staffing levels expected soon would help address this situation. The tenant meeting minutes viewed by the inspector reflected opinions being sought in respect of choices regarding meals and outings.

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

Training records examined including induction records show clear evidence that staff are encouraged to promote independence and choice to service users.

Reports of monthly quality monitoring completed on behalf of the registered person were reviewed. The reports evidenced how the agency ascertains and respond to the views of service users, relatives, professionals and staff.

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

Professional representative's comment.

“The agency's value base is very good”.
 “My service user sees staff as her family”.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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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 October 2015 and it reflects the range and nature of services provided.

Discussion with the registered 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/relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. Discussion with the registered 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 January to March 2016. These reports evidenced that the area manager had been monitoring the quality of service provided in accordance with minimum standards.

The two care workers interviewed indicated that they felt supported by senior staff who were described as approachable and helpful. Two services users indicated that the registered manager would listen to them and address their concerns and suggestions.

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

Staff comments

In a returned questionnaire one staff member commented in respect of staffing levels;

"I have every confidence in the staff on duty and management working hard to rectify this. I look forward to being able to give the full support our services users would benefit from."

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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5.0 Quality improvement plan

The issue (identified during this inspection) are detailed in the QIP. Details of this QIP were discussed with Naomi Farr, registered manager, 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 the Day Care Settings Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Day Care Setting 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 Agencies.Team@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

Statutory requirements

Requirement 1

Ref: Regulation 16 (1)

Stated: First time

To be completed by:
5 August 2016

The registered person must ensure that there is at all times an appropriate number of suitably skilled and experienced persons employed for the purposes of the agency.

Response by registered person detailing the actions taken:

Staff have returned from long term sick and a new rota is being implemented to ensure that there is the appropriate number of suitably skilled and experienced staff employed for the purpose of the agency.



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews