

# Unannounced Care Inspection Report 08 June 2017



## Mindwise, Antrim

**Type of Service: Domiciliary Care Agency**

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

**Tel No: 02894460873**

**Inspector: Michele Kelly**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

Mindwise, Abbesside is a domiciliary care agency (supported living type) which provides a range of personal care services to people living in their own homes. Service users have a range of needs including mental health issues and require support to live as independently as possible.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Mindwise  <b>Responsible Individual(s):</b> Mr Edward George Alexander Gorringe	<b>Registered Manager:</b> Mrs Naomi Farr
<b>Person in charge at the time of inspection:</b> Mrs Naomi Farr	<b>Date manager registered:</b> 31 August 2010

### 4.0 Inspection summary

An unannounced inspection took place on 8 June 2017 from 10:15 to 16.00. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

#### Evidence of good practice was found in relation to:

- Quality monitoring reports
- The organisation's response to reducing medication errors within the service.
- Staff induction
- Supervision and appraisal
- Communication between service users and agency staff and other key stakeholders.

There were no areas requiring improvement identified and a Quality Improvement Plan QIP is not required or included, as part of this inspection report.

Service users said that staff were caring and respectful, that their lifestyle in Mindwise Abbesside was good and that staff and tenants get on very well.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

The inspector would like to thank the registered manager, service users, agency staff and Health and Social Care Trust (HSCT) representatives for their support and co-operation throughout the inspection process.

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Naomi Farr, Registered Manager, 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.

## 4.2 Action/enforcement taken following the most recent care inspection dated 05 May 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 05 May 2016.

## 5.0 How we inspect

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

- Discussion with the registered manager.
- Examination of records
- Consultation with staff and service users
- Evaluation and feedback.

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Previous RQIA inspection report
- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection.

During the inspection the inspector met with three service users and two staff.

The following records were viewed during the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Tenants' meeting minutes
- Staff meeting minutes
- Staff induction records
- Staff training records
- Records relating to staff supervision
- Complaints records
- Incident records

- Records relating to adult safeguarding
- Staff rota information
- Whistleblowing Policy
- Recruitment Policy
- Induction Policy
- Supervision Policy
- Safeguarding Vulnerable Adults Policy
- Confidentiality Policy
- Complaints Policy
- Restrictive Practice Policy statement
- Statement of Purpose
- Service User Guide.

Following the inspection the inspector visited that agency's Human Resources (HR) department to review the agency's individual staff recruitment records; details of the findings are included within the report.

Questionnaires were provided by the inspector for completion during the inspection by staff and service users; four staff and eight service user questionnaires were returned to RQIA.

Feedback received by the inspector during the course of the inspection and from returned questionnaires is reflected throughout this report.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 05 May 2016**

The most recent inspection of the agency was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

## 6.2 Review of areas for improvement from the last care inspection dated 05 May 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 16 (1) <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector was informed that three staff members are on duty Monday to Friday and the rota evidenced this. Recent staff sick leave has been addressed by using Mindwise bank staff. The agency is currently recruiting new staff and the inspector was been advised that since the day of the inspection, two people have been offered posts in Abbeyside.	

## 6.3 Inspection findings

### 6.4 Is care safe?

**Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.**

The inspector reviewed the agency's processes in place to avoid and prevent harm to service users this included a review of staffing arrangements in place within the agency.

The agency's staff recruitment process is managed by the organisation's HR department. The inspector visited the HR department on 20 June 2017 and examined a number of individual staff personnel records; documentation viewed included details of the recruitment processes and evidence of pre-employment checks completed.

The agency's recruitment policy outlines the system for ensuring that required staff pre-employment checks are completed prior to commencement of employment. Documentation viewed by the inspector indicated that there are robust recruitment systems in place to ensure that staff are not supplied to work with service users until required checks have been satisfactorily completed. The inspector discussed the process of exploring gaps in employment history within prospective employees' application forms and work experiences. The human

resource manager confirmed this matter is emphasised during interview training. She agreed that evidence of this process would be included on interview notes in the future. The registered manager could describe the process for obtaining confirmation that pre-employment checks have been completed and are satisfactory.

The agency's training and development policy outlines the induction programme lasting in excess of the three day timeframe as required within the regulations; the inspector noted from records viewed and discussions with the manager that the organisation has a structured comprehensive induction programme. In addition staff are required to complete an induction competency workbook and shadow other staff employed by the agency during their induction programme. Staff who spoke to the inspector confirmed that they are required to complete the full induction programme.

A record of the induction programme provided to staff is retained by the agency; three records viewed by the inspector detailed the information provided during the induction period. Staff who spoke to the inspector demonstrated that they had the appropriate knowledge and skills to fulfil the requirements of their individual job roles. It was noted that a senior staff member is required to sign the induction record to confirm that staff have been assessed as competent.

Discussions with the registered manager and staff indicated that the agency endeavours to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the service users. The inspector viewed the agency's staff rota information and noted it reflected staffing levels as described by the manager; it was noted that levels of staff can fluctuate to meet the needs of the service users. Recent staff sick leave has been addressed by using staff from the Mindwise bank. Following the inspection the inspector was informed that after interviews in June, two offers of employment had been made. Service users who spoke to the inspector felt that there was enough staff to meet their needs. The registered manager showed the inspector the rota to be implemented from 18 September 2017 to ensure an extra staff member will be available until 23.00 each evening.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. The inspector viewed three individual staff records and noted that a record of staff supervision and appraisal is maintained by the agency; records viewed indicated that staff are provided with very regular supervision and appraisal in accordance with the agency's policies and procedures. Staff who spoke to the inspector could describe the benefits of individual supervision and appraisal.

The inspector viewed that agency's staff training matrix and noted that the record indicated that staff had completed relevant mandatory training. Staff stated that they felt that their training had equipped them with the knowledge and skills for their role; they could describe the process for requesting additional training if required.

The agency has an electronic system for recording staff training; the registered manager explained the process for identifying and highlighting training needs in conjunction with the organisation's training plan. Staff were aware of their responsibility for ensuring that they had the skills and knowledge to fulfil their job roles and for ensuring that required training updates are completed.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The registered manager could describe the agency's response to the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. It was noted

that the organisation has recently updated their policy and procedures to reflect information contained within the policy. The agency has identified an Adult Safeguarding Champion (ASC); the policy outlines the role of the ASC and their key areas of responsibility.

Discussions with the registered manager and staff demonstrated that they had a clear understanding of adult safeguarding issues and the process for reporting concerns. Staff had knowledge of the agency's whistleblowing policy. It was identified from training records viewed that staff are required to complete adult safeguarding training during their induction programme and in addition complete an annual update. Training records viewed by the inspector indicated that staff had received training in relation to adult safeguarding.

The inspector viewed the agency's records maintained in relation to adult safeguarding. From discussions with the registered manager and records viewed it was identified that the agency maintains a record of referrals made to the HSCT safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Records viewed and discussions with staff indicated that the agency has acted in accordance with their policies and procedures when dealing with allegations of abuse and that the details of the outcome of any investigations are recorded.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. The inspector noted that the agency's risk management policy outlines the process for assessing and reviewing risk. It was noted that service users are supported to participate in an annual review involving the HSCT keyworker if appropriate and that care and support plans are reviewed annually or as required. The inspector viewed a range of risk assessments in place relating to individual service users; it was identified that governance arrangements include an audit of risk assessments and any practices deemed to be restrictive. The inspector noted that in relation to one risk identified there had not been a support plan developed. The manager confirmed that the service user did not want a support plan for this area of care. Some guidelines for the management of this risk were in place but they did not fully reflect the information within the risk assessment. The inspector advised that a specialist practitioner from the HSC Trust be consulted to review the risk management and following the inspection the registered manager confirmed this had taken place.

Three staff and seven service user questionnaires were returned to RQIA; responses received indicated that all staff and service users who returned questionnaires were satisfied that care provided is safe.

### **Service users' comments**

- "Life is good here and there are sufficient staff".
- "I have good independence, I am able to come and go".

### **Staff comments**

- "Support plans and risk assessments are adhered to, to ensure the best possible outcome".



**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to staff induction and supervision and appraisal.

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

**6.5 Is care effective?**

**The right care, at the right time in the right place with the best outcome.**

The agency’s arrangements for appropriately responding to and meeting the assessed needs of service users were reviewed during the inspection. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide.

It was identified from records viewed following and during inspection that they were maintained in accordance with legislation, standards and the organisational policy. Staff personnel records viewed at the organisation’s head office following the inspection were retained securely and in an organised manner; records held in the agency’s office were also noted to be retained securely. The inspector identified that staff had received training relating to record keeping and confidentiality during their induction programme.

Service users indicated that that they are supported to be involved in the development of their support plans and that their choices are reflected. Staff could describe the procedure for ensuring that service users are encouraged and supported to be effectively engaged in the planning process. The inspector viewed three support plans and noted that service users are encouraged to sign their plan to indicate that they have agreed the care to be provided.

The inspector noted that there are arrangements in place within the agency to monitor, audit and review the effectiveness and quality of care delivered to service users. The inspector viewed the records of quality monitoring visits completed by the area manager and the action plan developed; and noted that they indicated that the process is very comprehensive. Records of quality monitoring visits viewed were noted to include comments made by service users, and where appropriate, their representatives. The records included details of the review of accidents, incidents or safeguarding referrals, staffing arrangements, record keeping and financial management arrangements.

Discussions with service users and staff, and observations of staff interaction with service users during the inspection indicated that staff communicate appropriately with service users. Service users could clearly describe the process for raising concerns or complaints.

The agency facilitates service user meetings; service users who met with the inspector indicated that they are supported to attend and encouraged to express their views and opinions. Staff meetings are also facilitated; it was noted that staff discussed the formation of a team charter and the vision and purpose for Abbesside.

Three staff and seven service user questionnaires were returned to RQIA; responses received indicated that all staff and service users who returned questionnaires were satisfied that care provided is effective.

### Service users' comments

- "I am happy to be here".
- "Staff are really good".

### Staff comments

- "We are happy to work here".
- "When staffing is short we pull together to cover shifts".

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.6 Is care compassionate?

**Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The inspector sought to assess the agency's ability to treat service users with dignity, respect and equality and to fully involve service users in decisions affecting their care and support.

Discussions with service users and staff, and observations made during the inspection indicated that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of Mindwise, Abbeyside.

Service users could describe examples of how staff support them to be involved in making decisions regarding the care and support they receive. Some service users have been tenants in Abbeyside for many years and described their involvement in gardening initiatives around the property which had been facilitated by staff. It was evident from discussions that a key worker had worked patiently to prompt and encourage interests in bird feeders and planters. Records of service user and care review meetings reflected the involvement of service users in decisions about their care and lifestyle.

The inspector noted that the agency records comments made by service users and/or their representatives across a range of documentation. Systems for effectively engaging and responding to the comments and views of service users and representatives are maintained through the agency's complaints process; quality monitoring visits; care review meetings; stakeholder and service user satisfaction surveys and service user meetings. It was identified from records viewed that the agency's robust quality monitoring process assists in the evaluation of the quality of the service provided and in identifying required learning outcomes

and areas for improvement. Service users who spoke to the inspector stated that they could speak to the manager and staff at any time.

Three staff and seven service user questionnaires were returned to RQIA; responses received indicated that all staff and service users who returned questionnaires were satisfied that care provided is compassionate.

**Service users’ comments**

- “I am treated with respect”.
- “I can cook all my own meals”.

**Staff comments**

- “Service users always have choices respected”.
- “Tenants are treated with dignity and respect”.

**Areas of good practice**

- There were examples of good practice found throughout the inspection in relation to communication between service users and agency staff.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.7 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The inspector viewed evidence of robust management and governance systems in place within the agency to meet the needs of service users. The agency is managed on a day to day basis by the registered manager who facilitated the inspection and the area manager was in contact by telephone to support the process.

The agency has a range of policies and procedures noted to be in accordance with those outlined within the minimum standards; it was noted that they are retained in an electronic format. Staff could describe the procedure for accessing the agency’s policies and procedures; it was noted that staff are required to read policies on line and indicate that they have understood the information. A range of the agency’s policies viewed by the inspector were noted to have been reviewed and updated in accordance with timescales detailed within the domiciliary care agency minimum standards.

The agency has a comprehensive and systematic approach to reviewing information with the aim of improving safety and quality of life for service users. It was identified from records viewed and discussions with the manager that the agency's governance arrangements promote the identification and management of risk; these include provision of and review of relevant policies and procedures, monthly audit of complaints, accidents, safeguarding referrals and incidents notifiable to RQIA. The inspector noted that the organisation had responded positively to reduce medication errors within the service. The manager outlined the process of performance improvement designed to educate and foster competence in staff following mistakes made in administration of medicines. The inspector was impressed by the rigor of the process and the support offered to staff.

The agency's complaints policy records the procedure for managing complaints; discussions with staff indicated that they have a clear understanding of the actions to be taken in the event of a complaint being received. Service users who spoke to the inspector could describe the process for making a complaint. The inspector viewed the record of complaints which is kept in accordance with Mindwise Complaints Policy and Procedure. Complaints had been appropriately investigated and responded to.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with relevant stakeholders, including HSCT representatives. Service users had declined to give permission to the inspector to contact relatives and this was indicated in writing in files examined.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. Staff had a clear understanding the responsibilities and requirements of their job roles; service users were aware of staff roles and knew who to talk to if they had a concern. Staff demonstrated that they had an understanding of the agency's whistleblowing policy and could clearly describe the procedure for obtaining support and guidance including the arrangements for out of hours. Staff who met with the inspector stated that the manager is supportive and approachable. It was noted that staff required to be in charge in the absence of the manager are provided with additional training to enable them to undertake additional responsibilities.

The manager stated that all staff are required to be registered with the Northern Ireland Social Care Council (NISCC) as appropriate; it was noted that a record is maintained by the agency and the HR department which records registration details and expiry dates. Discussions with the HR manager and the registered manager provided assurances that the organisation has a process in place for monitoring registration staff.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards.

Three staff and seven service user questionnaires were returned to RQIA; responses received indicated that all staff and service users who returned questionnaires were satisfied that care provided is well led.

### **Professionals' comments**

- "Staff are really good at communicating any concerns or problems".
- "The service manages challenges well".
- "We have regular meetings and the staff facilitate increase in reviews if required".

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to quality monitoring arrangements and the organisation's response to reducing medication errors within the service.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.



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