

Unannounced Care Inspection Report 10 April 2018



Mindwise

Type of Service: Domiciliary Care Agency
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Tel No: 02894460873
Inspector: Michele Kelly

www.rqia.org.uk

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

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. The service users are supported by nine staff.

3.0 Service details

Organisation/Registered Provider: MindWise Responsible Individual: Mr Edward George Alexander Gorringe	Registered Manager: Mrs Naomi Farr
Person in charge at the time of inspection: Mrs Naomi Farr	Date manager registered: 31 August 2010

4.0 Inspection summary

An unannounced inspection took place on 10 April 2018 from 10.00 to 15.45.

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
- care records
- plans to enhance staff training
- supervision and appraisal

No areas of improvement were identified.

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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	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 8 June 2017.

No further actions were required to be taken following the most recent inspection on 8 June 2017.

5.0 How we inspect

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.

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

- discussion with the registered manager
- examination of records
- evaluation and feedback

The following records were viewed during the inspection:

- Service users' care records
- Monthly quality monitoring reports
- Staff meeting minutes
- Service user meeting minutes
- Staff induction records
- Staff training records
- Records relating to staff supervision
- Complaints records
- Staff rota information
- Service user guide
- Statement of Purpose (2017)

Questionnaires were provided by the inspector for completion during the inspection by service users; eight service user questionnaires were returned to RQIA. At the end of the inspection a poster was left with the manager to encourage staff to contact RQIA via Survey Monkey to provide their views on the quality of this service. At the time of writing this report six staff questionnaires had been returned to RQIA via Survey Monkey.

During the inspection the inspector met with four service users, the inspector also had the opportunity to speak with a visiting trust professional. Feedback received by the inspector during the course of the inspection and in 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 8 June 2017.

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

There were no areas for improvement made as a result of the last care inspection.

6.2 Inspection findings

6.3 Is care safe?

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

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

From discussions and observations it was clear that staff were knowledgeable about the level of support required by each service user to ensure their safety, both while at home and when engaging in activities. Service users meet regularly with the staff member designated as key worker. There are regular house meetings to discuss tenant issues and possible group activities and outings.

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

The agency's staff recruitment process is managed by the organisation's human resources department. An inspector visited the HR department on 20 June 2017 following the previous care inspection 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 selection and recruitment policy was viewed and discussed during the inspection. The manager demonstrated her knowledge of the regulations and standards with regard to the required pre-employment checks. The compulsory registration with NISCC was discussed and the manager was knowledgeable about these requirements. Records reviewed evidenced staff members' registration with NISCC and the manager described the system in place to review staff renewal of registration.

The agency's policy and procedures in relation to safeguarding adults was reviewed. The agency has developed a revised policy in line with the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) adult safeguarding policy issued in July 2015 'Adult Safeguarding Prevention and Protection in Partnership'.

The manager was knowledgeable regarding her and staffs' role and responsibilities with regard to safeguarding and stated that the agency are working within the Health and Social Care Board 2016 guidelines. The inspector spoke with a trust professional who was visiting the agency; this professional described how staff collaborated with her to ensure a service user's needs were safely met. Staff were described by this person as "insightful"

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. It was identified that governance arrangements within the organisation include an audit of risk. It was noted that service users are supported to participate in an annual review involving the trust keyworker if appropriate and that care and support plans are reviewed at least annually or as required. The inspector viewed a range of documentation in place relating to individual service users it was evident that agency staff participated in the annual reviews.

The manager confirmed an induction programme had been completed with each staff member and incorporated the Northern Ireland Social Care Council (NISCC) induction standards. Review of staff files supported a thorough induction process with targets set for week one, month one, and for the end of the probation period. The manager confirmed that during the induction programme aspects of all mandatory training topics are reviewed and competence in administration of medicines assessed. A recently recruited staff member confirmed that induction was very helpful and robust.

Staff training records viewed for 2017-18 confirmed all staff had completed the required mandatory update training programme. 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 inspector spoke with the organisations HR manager following the inspection; the organisation's plans to improve the accessibility of training and the delivery methods of some topics were discussed. It is commendable that the organisation is working towards enhancing the induction and training experience.

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.

Eight returned questionnaires from service users indicated they were very satisfied that care was safe.

Service users' comments

- "I feel safe here."
- "I have a better standard of living here."

Five returned questionnaires from staff indicated they were very satisfied that care was safe and one respondent was satisfied.

Staff comments

- “Training meets our needs.”
- “Care is safe.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to plans to enhance training ,supervision and appraisal.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 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.

The agency’s record keeping and records management policy outlines the procedures for the creation, storage, retention and disposal of records. The inspector noted that records viewed during the inspection were maintained in accordance with legislation, standards and the organisational policy. The inspector noted that staff had received training relating to record keeping, confidentiality and data protection.

Staff could describe the methods used to ensure that service users are supported to be involved in the development of their care plans. The inspector viewed three service user files and noted that plans were person-centred and agreed by service users. The care records also reflected how the agency seeks to maintain effective communication with trust representatives. The manager discussed with the inspector how Mindwise values diversity, promotes inclusion and practices equal opportunities at all times. They are committed to ensuring that no one is discriminated against in accessing, receiving or leaving the service and staff will endeavour to provide information in a range of formats suitable to meet individual needs.

Discussions with staff indicated that there are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. The inspector identified that monthly quality monitoring visits are completed by the organisation’s adult mental health service manager and an action plan is developed if required. The monitoring officer has ensured that each quality monthly monitoring report includes an effective level of detail of the findings during the visit.

Eight returned questionnaires from service users indicated they were very satisfied or satisfied that care was effective.

Service users’ comments

- “Can’t see much more that the staff could do.”
- “This place is well run.”

Five returned questionnaires from staff indicated they were very satisfied that care was effective and one respondent was satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between service users and agency staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

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

During the inspection 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.

Staff spoken with during the inspection described aspects of care provision which reflected their understanding of service users’ choice, dignity, and respect. Staff could describe examples of how they support service users to enable them to live a more fulfilling life. Staff also demonstrated a clear understanding regarding service user confidentiality in line with policy.

Observations made during the inspection and discussions with service users indicated that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the organisation.

Processes to effectively engage and respond to the comments and views of service users and where appropriate their representatives are maintained through the agency’s complaints process, one to one meetings with service users, monthly quality monitoring visits, care review meetings involving HSC Trust keyworkers and service user meetings.

Service users are encouraged to make choices regarding their individual daily routine and activities. The manager described how staff advocate for service users’ when sourcing

meaningful day opportunities and outlined recent challenges experienced by staff in determining suitable areas.

Eight returned questionnaires from service users indicated they were very satisfied or satisfied that care was compassionate.

Service users’ comments

- “I quite like the place.”
- “XXX is very friendly and homely.”
- “I am definitely treated well, there is respect for everybody.”

Six returned questionnaires from staff indicated they were very satisfied that care was compassionate.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of individualised compassionate care and the effective engagement of service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

A range of policies viewed by the inspector were noted to have been reviewed and updated in accordance with timescales outlined within the minimum standards.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. Staff had an understanding of the responsibilities of their job roles; they indicated that the manager is supportive and approachable.

The agency’s complaints policy clearly outlines the procedures and timescales for managing complaints. Discussions with the manager indicated that staff have a clear understanding of the actions to be taken in the event of a complaint being received. The manager discussed one complaint which is ongoing and is being investigated by the agency’s head office.

There are management and governance systems in place within the agency to promote and drive quality improvement. Discussions with the manager indicated 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 compliments and

complaints, accidents, safeguarding referrals, staffing arrangements and incidents notifiable to RQIA. During the inspection the inspector viewed records that evidenced staff receive appropriate staff induction, training, supervision and appraisal.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The manager was able to discuss the ways in which staff development and training enables staff to engage with a diverse range of service users.

Some of the areas of equality awareness identified during the inspection include:

- Effective communication
- Service user involvement
- Advocacy
- Equal care and support
- Individual person centred care
- Individual risk assessment.

The agency collects equality data on service users such as; age, gender, race, disability, marital status via the commissioning trust referral information.

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

Eight returned questionnaires from service users indicated they were very satisfied or satisfied that care was well-led.

Five returned questionnaires from staff indicated they were very satisfied that care was well-led and one respondent was satisfied.

Staff comments

- “We know that this place is well-led.”
- “I get 100% support.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.



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