

Unannounced Care Inspection Report 10 June 2019



Mindwise

Type of Service: Domiciliary Care Agency
Address: 3 Abbeyside, 2 - 3 New Park Road, Antrim, BT41 2DQ
Tel No: 02894460873
Inspector: Michele Kelly

www.rqia.org.uk

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(s): Anne Doherty (registration pending)	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 June 2019 from 10.00 to 15.30.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, RQIA have 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 choices and freedoms associated with any person living in their own home.

The inspection sought to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

There were examples of good practice identified throughout the inspection in relation to the agency's processes for staff supervision/appraisal and training. The care records were noted to be comprehensive, person centred with appropriate reference to Human Rights. There was evidence of effective communication with relevant stakeholders. The culture and ethos of the agency promoted treating service users with dignity and respect and maximising their independence. There was evidence of effective governance and management systems in place.

Two areas for improvement were identified and refer to ensuring adequate staffing levels are met and updating the policy in respect of restrictive practice.

It was evident in all four domains that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of autonomy, equality, choice, care planning, decision making, privacy, dignity, confidentiality and effective service user engagement.

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	1	1

Details of the Quality Improvement Plan (QIP) were discussed with Naomi Farr, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 10 April 2018

No further actions were required to be taken following the most recent inspection on 10 April 2018.

5.0 How we inspect

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

- previous RQIA inspection report
- records of notifiable events
- any correspondence/information received by RQIA since the previous inspection

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

- discussion with the manager
- examination of records
- consultation with three service users and two staff
- evaluation and feedback

A range of documents, policies and procedures relating to the agency were reviewed during the inspection and are referenced within the report.

At the request of the inspector, the manager was asked to display a poster within the agency's office. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision. Five responses were received prior to the issuing of this report. Responses received indicated that staff were very satisfied or satisfied that care provided was safe, effective and compassionate and that the agency was well led.

Ten questionnaires were provided for distribution to the service users and their representatives; no responses were received prior to the issuing of this report.

The inspector requested that the manager place a “Have we missed” you card in a prominent position in the agency to allow service users and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

RQIA information leaflets ‘How can I raise a concern about an independent health and social care service’ were also provided to be displayed appropriately in the agency’s premises.

During the inspection the inspector spoke with the manager, two staff members and three service users. Following the inspection the inspector had email communication from a Health and Social Care Trust Professional (HSCT). Feedback received by the inspector during the course of the inspection 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 10 April 2019

The most recent inspection of the agency was an unannounced 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.

The agency’s systems in place to avoid and prevent harm to service users were reviewed; this included a review of staffing arrangements within the agency. Staff confirmed that care is provided to service users by a core staff team to help provide continuity of care and develop positive relationships. It is felt that this can have a positive impact on the service users’ experience in accordance with their human rights such as privacy, dignity and respect.

Staff who met with the inspector also discussed staffing levels which they perceived to be low as a result of staff leave. Examination of staff rotas confirmed that staff do extra hours to cover some shifts. Staff described the how reduced staffing levels can impact on service user activities. This matter was discussed with the manager who agreed that in recent months staffing had been reduced. An area for improvement has been stated.

The agency has a recruitment policy that outlines the process for ensuring that required staff pre-employment checks are completed. It was identified that staff recruitment is managed and co-ordinated by the organisation’s Human Resources (HR) department. Details of all information relating to individual staff recruitment are retained by the HR department.

Discussions with the manager indicated that they had a clear understanding of the recruitment process and the need for robust systems to be in place. The manager stated that staff are not provided to deliver care and support to service users until all required checks have been satisfactorily completed.

The agency's provision for the welfare, care and protection of service users was reviewed by the inspector. 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 outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC); staff were aware of the process for liaising with the ASC.

Discussions with the manager and staff indicated that they were knowledgeable in matters relating to adult safeguarding measures, the role of the ASC and the process for reporting adult safeguarding concerns appropriately and in a timely manner.

It was noted that staff are required to complete safeguarding training during their induction programme and annual training updates. From training records viewed it was noted that staff had received training in relation to adult safeguarding.

The service users who spoke to the inspector could describe what they would do if they had any concerns in relation to safety or the care and support provided. They indicated that they could speak to staff or the manager at any time and felt that their concerns would be listened to and appropriately addressed.

The agency has a process for maintaining a record of referrals made to the HSCT safeguarding team and other relevant stakeholders with regard to alleged or actual incidences of abuse. Discussions with the manager indicated that one referral had been made to the HSCT in relation to adult safeguarding matters from the date of the last care inspection. Staff had a clear understanding of their role and responsibility to identify and report actual or suspected incidences 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.

Service users spoken with indicated that they had no concerns regarding the safety of care being provided by the agency. They stated that new staff are introduced to them; service users valued this in terms of their dignity and in addition that all staff provided had the required knowledge of the care and support they required. Those consulted with confirmed that they could approach the staff if they had any concerns.

Comments made by service users:

- "I make my own decisions."
- "Staff are really good."

An issue raised by one service user was discussed with the manager who outlined the background to the circumstances described and the inspector was satisfied with responses and actions taken.

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.

Discussions with the manager and staff and records viewed indicated that the agency's induction programme is in excess of the three day timescale as required within the domiciliary care agencies regulations. It was identified that staff are required to complete an induction workbook which is linked the Northern Ireland Social Care Council's (NISCC) Standards. Staff talked positively about their induction and indicated that it had provided them with the knowledge and skills to meet the needs of service users.

Staff are required to complete mandatory training in a range of areas and in addition training specific to the individual needs of service users. Staff stated that their training was informative and had equipped them with the required knowledge and skills for their role. They described the value of the additional training received in improving the quality of care they provided and demonstrated a clear understanding of service users' human rights in all aspects of their lives. It was noted that the agency aims to provide regular supervision/appraisal to staff in accordance with policy. The process includes medication competency assessments. The records of two staff reviewed indicated that they had received supervision and appraisal in accordance with the agency's policies. Staff indicated that they participate in developing individual development plans as part of the performance review process.

It was identified that the agency has a system in place to ensure that staff are registered appropriately with the relevant regulatory body. The agency retains details of the registration status and expiry dates of staff required to be registered with NISCC. The manager stated that staff are not supplied for work if they are not appropriately registered. Records viewed indicated that all staff were registered appropriately.

Areas of good practice

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

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.

	Regulations	Standards
Total number of areas for improvement	1	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, assessing and meeting the needs of service users were reviewed during the inspection. The agency's Statement of Purpose and Service User Guide contain details of the nature and range of services provided and make reference to the equality of care provided to service users.

The agency has a data protection policy outlining the procedures for the effective creation, storage, retention and disposal of records. Records viewed during the inspection were noted to be retained in an organised and secure manner. It was identified that staff had received information relating to record keeping and confidentiality during their induction programme

Service user care records viewed during the inspection were noted to include referral information received from the relevant HSCT representatives; they included risk assessments and care plans. The review of the individual service user care records identified that they were individualised and contained a range of comprehensive assessments and care plans. The records evidenced referral information, risk assessments, care plans and annual care reviews with the relevant Health and Social Care Trust (HSCT) representative.

Care plans were noted to clearly and concisely describe service users' needs. The staff who met with the inspector demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their seniors and HSCT professionals if any changes to service users' needs are identified. The agency contributes to reviews involving the service users' HSCT keyworkers as appropriate. It was positive to note that the human rights of service users were clearly recorded in their individual care and support plans.

Staff discussed ongoing quality monitoring of service users' needs to ensure effective service delivery. Staff also described aspects of care and support which reflected their understanding of service users' choice, dignity, and respect.

Staff outlined the methods used to ensure that service users are supported to be involved in the development of their care plans and daily activities.

The manager and staff could describe the processes used to develop and maintain effective working relationships with relatives, HSCT representatives and other relevant stakeholders. Staff could describe the ongoing engagement and support received from the HSCT community team in relation to a number of service users.

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.

The inspector sought to assess the agency's ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to their care and support.

The inspector discussed arrangements in place relating to the equality of opportunity for service users and the need for staff to be aware of equality legislation whilst also recognising and responding to the diverse needs of service users in a safe and effective manner. It was identified that staff had completed training on equality and diversity.

Discussions with the service users, staff and the person in charge provided evidence that supports service users' equal opportunities, regardless of their abilities, their background choices or their lifestyle.

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

- effective communication
- service user involvement
- adult safeguarding
- advocacy
- equity of care and support
- individualised person-centred care
- individualised risk assessment
- disability awareness

The inspector viewed the service user guide for service users within Mindwise and noted reference to the rights which all service users have including the right to advocacy and fair treatment. The mission statement used by the organisation describes "transforming lives and developing new visions for mental health by challenging stigma and discrimination".

It was good to note that agency staff were promoting the autonomy of service users and their rights to make decisions; this was evident from observations made on the day of inspection and from conversations with service users.

Comments made by service users;

- "Staff are good I have no complaints."
- "People treat me well here."

The agency has arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. These include processes to obtain feedback from service users and their representatives although service users have not given permission for relatives to be contacted monthly as part of quality monitoring or as part of RQIA inspection actions.

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 with 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.

The inspector reviewed the management and governance systems in place within the agency to meet the needs of the service users; the agency is managed on a day to day basis by the manager, who manages the service with the support of a staff team. It was identified that the agency has effective systems of management and governance in place.

The staff members spoken with confirmed that despite staff shortages there were good working relationships.

Staff comments:

- “Good staff team and good communication.”
- “The manager always does her best and is very supportive.”

The agency maintains a variety of processes to ascertain and respond to the views of service users such as monthly quality monitoring, service user meetings, care review meetings and the organisation’s annual survey.

The agency has a range of policies and procedures which are retained electronically and in paper form which staff can access. One policy viewed during the inspection, the Restrictive Practice Policy Statement was noted not to have been reviewed and updated in accordance with timescales detailed within the minimum standards. An area for improvement is made in respect of this.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. Staff who spoke to the inspector had a very clear understanding of the responsibilities of their job roles; and the need to provide care in an individualised manner. It was noted that staff are provided with a job description at the commencement of employment. The manager stated that staff behaviour and conduct is discussed with staff during their probation period and supervision/appraisal meetings if appropriate. Staff stated that the manager and senior staff are approachable and supportive.

Following the inspection the inspector had email communication from a HSCT professional who confirmed they were happy with the care and support offered by the agency.

Professional representative's comments:

- "The care they provide is of an excellent standard."
- "They liaise with all professionals when required."

The organisation has developed a robust process for completing monthly quality monitoring audits. The inspector viewed a sample of the agency's quality monitoring reports of the visits completed since the previous inspection. Records viewed indicated that the process is effective and that an action plan is developed. The records were noted to include details of contact made with service users and stakeholders.

The reports included details of the review of the previous action plan, review of care records, staffing arrangements, accidents/incidents, safeguarding referrals, and complaints; it details actions taken following the identification of any issues.

The agency has a procedure for recording details of any complaints received. It was noted from records viewed and discussions with the manager that the agency had not received any complaints since the previous inspection. Complaints are audited on a monthly basis as part of the agency's quality monitoring system.

A review and discussion with the manager of the accidents and incidents which occurred within the agency identified that they had been managed appropriately.

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

One area for improvement has been identified and refers to ensuring policies and procedures are reviewed three yearly.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Naomi Farr, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and/or the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
<p>Area for improvement 1</p> <p>Ref: Regulation 16.1</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person must ensure that at all times there are an appropriate number of suitably skilled and experienced persons employed for the purposes of the agency.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: All staff are suitably skilled and experienced. The registered manager ensures there are a minimum of two staff on duty from 8am - 11pm and one member of staff is on duty overnight. One member of staff is due to return from maternity leave over the summer and the organisation is recruiting for additional staff to fill vacancies that have arisen within the housing services and to add additional staff to the teams.</p>
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 9.5</p> <p>Stated: First time</p> <p>To be completed by: 10 September 2019</p>	<p>The registered person shall ensure that policies and procedures are subject to a systematic three yearly review.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: There is a process in place to ensure MindWise policies are reviewed in a timely manner. However, where the policy/guidance document in place has been distributed by the government/DOH this remains valid until a new policy/guidance document is distributed. During the inspection, the inspector mentioned that the Deprivation of Liberties policy was out of date but as we operate under the guidance document distributed by Department of Health this guidance remains valid until we receive an updated/reviewed guidance document.</p>

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



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