

Inspection Report

13 December 2022



Mindwise.

Type of service: Domiciliary Care Agency
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

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

2.0 Inspection summary

An unannounced inspection took place on 13 December 2022 between 08.45 a.m. and 11.15 a.m.

The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), Service user involvement, Restrictive practices, Dysphagia management and Covid-19 guidance was also reviewed.

Good practice was identified in relation care planning, training and record keeping. There were good governance and management arrangements in place. The outcomes for people using the service reflected the principles and values of promoting choice and control, independence and inclusion.

It was good to note some of the compliments received by the agency from various sources:

- "Thanks to all staff for the support my relative is being given."
- "Thanks for supporting tenants."
- "Thanks for the help for tenants."

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

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

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

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

4.0 What did people tell us about the service?

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

The information provided indicated that there were no concerns in relation to the agency. Comments received included:

Service user comments:

- "I'm well supported."
- "I have a good keyworker."
- "The manager is very good."
- "I enjoy being here."
- "Good support with activities and social outreach."
- "No complaints or concerns."

Staff comments:

- "I'm aware of my responsibilities to NISCC as a care worker and adhere to their values."
- "Good staff supervision."
- "We provide very person centred care."
- "Good staff communication."

- “My induction was comprehensive and prepared you for the role, with shadowing other experienced staff.”
- “The manager is very supportive and has an open door policy.”
- “All staff are very helpful.”

No service user or staff questionnaires were returned prior to the issue of this report.

5.0 The inspection

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

The last care inspection of the agency was undertaken on 21 February 2022 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 21 February 2022		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 16(1)</p> <p>Stated: Second time</p> <p>To be completed by: Immediately from the date of inspection 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: 5.1</p> <p>Action taken as confirmed during the inspection: Mind Wise currently has a rolling recruitment drive for Housing Support staff. Shortlisting and interviews take place monthly. Current staffing levels are at a safe level.</p>	Met
<p>Area for improvement 2</p> <p>Ref: Regulation 22(8)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection and ongoing</p>	<p>The registered person shall establish a procedure (“complaints procedure”) for considering complaints made to the registered person by a service user or a service user’s representative.</p> <p>The registered person shall maintain a record of each complaint, including details of the investigations made, the outcome and any action taken in consequence and the requirements of regulation 21(1) shall apply to that record.</p>	Met

	Ref: 5.2.1	
	<p>Action taken as confirmed during the inspection: An updated pro-forma has been created to ensure a clearer means of recording in house complaints ensuring that it is clearly identifiable. Records reviewed were satisfactory.</p>	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised)		Validation of compliance
<p>Standard 9.5</p> <p>Stated: Second time</p> <p>To be completed by: Immediately from the date of inspection and ongoing</p>	<p>The registered person shall ensure that policies and procedures are subject to a systematic three yearly review.</p> <p>Ref: 5.1</p> <p>Action taken as confirmed during the inspection: Records reviewed were satisfactory. Policy review is ongoing.</p>	Met
<p>Area for improvement 2</p> <p>Ref: Standard 12.3</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection and ongoing</p>	<p>Mandatory training requirements are met.</p> <p>Ref: 5.2.1</p> <p>The 22-23 training schedule has been completed. Records in place were satisfactory.</p>	Met
<p>Area for improvement 3</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection and ongoing</p>	<p>The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <p>This refers to Dysphagia training for all staff.</p> <p>Ref: 5.2.3</p> <p>Action taken as confirmed during the inspection: Training records reviewed were satisfactory.</p>	Met

5.2 Inspection findings

5.2.1 What are the systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The annual safeguarding champion report was available for review and was satisfactory.

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

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency has a system for retaining a record of any referrals made in relation to adult safeguarding. Records reviewed and discussion with the manager indicated that no safeguarding referrals had been made since last inspection.

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

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

All staff had been provided with training in relation to medicines management. The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

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

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training relevant to their job roles. The manager reported that no current service users were subject to DoLS arrangements.

5.2.2 What are the arrangements for promoting service user involvement?

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

Care plans promoted people's independence as far as possible. Staff were encouraged to prompt people to be independent to help them maintain control. Service users and families are involved in providing their feedback through regular reviews. This helped to ensure service users preferences and views were known and respected. We noted some of the comments made by service users during the review of their support and well-being plans:

- "I continue to cook my own meals." "I'm happy with my choices."
- "I need to be more proactive with my day."
- "I'm trying to push myself with more activities."
- "I communicate with staff."

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

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

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

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

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

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (Access NI), were completed and verified before staff members commenced employment and had direct engagement with service users.

Checks were made to ensure that staff were appropriately registered relevant professional regulatory bodies such as NISCC or The Nursing and Midwifery Council (NMC).

There was a robust system in place for staff professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their professional registrations up to date.

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

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

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

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

Comments received during quality monitoring:

Service users:

- "The staff are good to me, I have no complaints."
- "They do a good job and we are well looked after."
- "It's good here and staff help you if needed."

Relatives:

- "No issues or concerns and we are happy with the support provided."
- "I have no concerns."
- "We are happy with the support."

HSC Trust:

- "No issues with the support provided."
- "Praise offered to staff in terms of service user's care and support."
- "I have no issues or concerns to raise."

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

The agency's registration certificate was up to date as required as was the required insurance documentation.

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

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Records reviewed and discussion with the manager indicated that complaints received since the last inspection had been resolved locally.

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured, three day induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

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

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

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



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