



The Regulation and
Quality Improvement
Authority

Mindwise
RQIA ID: 10970

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Inspector: Audrey Murphy
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**Unannounced Inspection
of
Mindwise**

19 June 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An unannounced care inspection took place on 19 June 2015 from 10:00 to 15:30. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	2

The details of the QIP within this report were discussed with the Mrs Naomi Farr, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mr Edward George Alexander Gorringe	Registered Manager: Mrs Naomi Farr
Person in charge of the agency at the time of Inspection: Support Worker	Date Manager Registered: 31 August 2010
Number of service users in receipt of a service on the day of Inspection: 11	

Mindwse (Antrim) is a supported living type domiciliary care agency which offers up to 12 service users care and support to enable them to live within their own home. The service is based upon the recovery ethos, ensuring that service users are consulted and involved in all decisions associated with their support.

The inspector would like to thank the service users and agency staff for their warm welcome and full cooperation throughout the inspection process.

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and themes have been met:

Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

Theme 2: Service User Involvement - service users are involved in the care they receive

4. Methods/Process

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

Prior to inspection the following records were analysed:

- The report of the previous inspection and the quality improvement plan
- Notifiable events forms submitted by the agency since the previous inspection
- Summary of complaints forwarded to RQIA prior to the inspection.

During the inspection the inspector met with four service users and with three care staff. The registered manager was present for part of the inspection visit and the Mindwise Area Manager also attended part of the inspection.

The inspector distributed questionnaires to staff and service users during the inspection and ten of these were returned to RQIA by service users and three by agency staff. During the inspection, agency staff were asked to compile and forward a list of professionals and other service user representatives who would be agreeable to being contacted by RQIA for the purposes of obtaining their views on the quality of service provision. The inspector was advised that none of the service users consented to their relatives being contacted for this purpose.

The inspector contacted two HSC Trust professionals following the inspection visit.

The views of service users, agency staff and professionals who contributed to the inspection have been incorporated into the body of this report.

The following records were examined during the inspection:

- Recruitment policy and procedures
- Alphabetical index of staff
- Induction records
- Minutes of tenants meetings
- Staff training records
- Care records
- Whistleblowing policy
- Staff training records
- Supervision and appraisal policies
- Three care records.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an announced care inspection dated 10 July 2014. The completed QIP was returned and approved by the inspector.

5.2 Review of Requirements and Recommendations from the last inspection:

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 15 (6) (d)</p>	<p>The registered person is required to ensure that where the agency have any involvement in supporting service users to manage their money, each service user's individual agreement details these arrangements and the records, if any, which will be retained by the agency.</p> <p>The registered person must ensure that where purchases of goods or services (including holidays) are arranged by the service on behalf of service users; there are detailed written records of quotations and options discussed and agreed with the service users. The use of cash to pay for services purchased on behalf of service users should be minimised, card or cheque payments which comprise written audit trails are preferable in providing protection for staff and service users.</p> <p>The registered person must ensure that the existing policy and procedure on "service users money" is updated to reflect the current practical arrangements in place to support service users to manage their money. Staff should be updated on any changes to the policy and procedure.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector discussed the arrangements in place for supporting service users to avail of goods and services and in particular, holidays.</p> <p>The views of service users in relation to their holiday arrangements had been collated and were examined by the inspector. The costs associated with the holiday had been fully discussed with service users and the methods of payment had been agreed.</p> <p>The inspector was advised that the service users opted to use cash to pay deposits and the agency staff facilitated these payments and retained the relevant receipts.</p>	

	The agency's revised policy on handling service users' finances for these purposes had been incorporated into the individual service users' agreements and signed by the service user and agency staff.	
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 4.2	Each service user has a written individual service agreement with the service provider specifying the arrangements for any financial transactions undertaken on behalf of the service user by the agency's staff and the records to be kept.	Met
	Action taken as confirmed during the inspection: The service users' activities agreements were examined and reflected the arrangements for transactions to be undertaken on behalf of service users in respect of specific activities. The agreements outlined the arrangements for the service user to be fully involved in identifying the activity, planning it, costing it and receiving a receipt for the cost. The agreements had been signed by service users and agency staff.	
Recommendation 2 Ref: Standard 12.3	The registered manager shall ensure all staff members have received training in the management and handling of service users' money.	Met
	Action taken as confirmed during the inspection: The agency's training records reflected uptake in the management of service users' finances by all staff.	
Recommendation 3 Ref: Standard 3.2	The registered manager shall ensure the care and support plans are person centred.	Met
	Action taken as confirmed during the inspection: The care and support plans discussed and examined by the inspector were person centred and reflected the views and preferences of individual service users.	

5.3 Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

Is Care Safe?

The agency's Recruitment and Selection Policy was examined. The policy refers to a range of employment checks including references, verification of qualifications/professional registration and disclosure sought through Access NI. The policy however did not reference which level of disclosure should be sought and it was recommended that disclosure information at the enhanced level is specified within the agency's staff recruitment policy and procedure.

The agency maintains an alphabetical list of staff supplied or available for supply to work in the homes of service users and this was available for inspection and was up to date.

The inspector was advised that staff are not supplied to work with service users at short notice and that all staff supplied are Mindwise employees. All of the staff supplied to work with service users have a copy of their photographic identification documents maintained at the agency premises.

The agency's arrangements for the induction of staff were discussed and there was a 'Getting Started – Meeting the NISCC Induction Standards in Adult Social Care' folder available for inspection. The induction information included an induction checklist which outlined the areas to be covered on the first day and during the first week. A member of staff who contributed to the inspection advised the inspector that their induction had been very thorough and prepared them for their role. The staff member also spoke positively of the training they had received both during and subsequent to their induction.

The inspector examined the induction records of the two most recently appointed staff members and these had been signed by the staff member and their line manager. The induction records provided evidence of a structured induction period and the identification of training needs.

The inspector requested a copy of the agency's staff handbook however this was not available during the inspection. Subsequent to the inspection the inspector was advised by the registered manager that a staff handbook had not been developed and that guidance is provided to staff during their induction period. A requirement has been made in this regard.

The agency's staff supervision and appraisal arrangements were discussed with agency staff who reported they receive regular one to one supervision. The inspector was advised by agency staff that a record of their supervision and appraisal is maintained and is accessible to them.

The inspector examined a 'Managing People Better Guidance for Managers' document which outlines the purpose of supervision. The guidance also states that supervision should normally happen monthly and that management staff should receive supervision every 6-8 weeks. Appraisal is also covered in the policy and each employee is to receive appraisal every 12 months.

The inspector examined the agency's 'Mindwise Staff Support and Supervision Record' templates and these referenced KSF elements, evaluation of training attended and any issues relating to concerns about poor practice/whistleblowing.

Is Care Effective?

The staffing levels in the service were discussed with service users and agency staff who advised the inspector that there are always enough staff on duty to meet the needs of service users. The inspector noted that most staff have been in their posts for several years. The agency receives funding from the NIHE supporting people programme and from NHSCT in respect of the housing support and personal care provided to service users.

The agency's staff duty rotas were examined and reflected the staffing described by service users and staff – i.e. three staff are supplied during the day time and a member of staff is available to respond to the needs of service users at night (on sleep in). Staffing levels at weekends and during holiday periods were noted to be lower when fewer service users are at home and higher on days when service users require individual support with budgeting.

Nine of the ten service users who returned a questionnaire indicated that they were satisfied that staffing levels are appropriate; one service user commented: "I feel there should be more staff in the unit" and another commented "more support to visit the shops".

A member of staff who returned a questionnaire indicated that they were not always satisfied with staffing levels and attributed this to the numbers of staff attending training at the same time.

Both HSC Trust professionals who contributed to the inspection described agency staff as helpful and approachable. They also commented on the ability of agency staff to effectively meet the needs of service users and to appropriately refer to the HSC Trust any changes in circumstances.

The job descriptions of the manager, team leader and support staff were available for inspection and provided a clear outline of the role of each member of staff.

Agency records confirmed that staff receive a structured induction lasting at least three days and the inspector was advised that staff are not supplied to work alone with service users until the induction period is completed.

The inspector was advised that the effectiveness of the induction training is evaluated throughout the induction period and during supervision. The agency's induction records contained evidence of the assessment of competency and understanding of key induction areas including adult safeguarding and health and safety.

The agency maintains schedules of completed supervision sessions; these reflected the provision of supervision in accordance with the frequency outlined in the agency's policy and supervisory staff have received training in the provision of supervision.

The agency's records provided evidence of annual appraisals; agency staff also confirmed they receive an annual appraisal.

The agency's Whistleblowing policy was discussed with staff who described their awareness of the policy and of the role of RQIA in raising concerns about poor practice. It was recommended the policy is amended to include RQIA as an agency to whom staff can report concerns about poor practice.

The agency's training records were examined and provided evidence of training provided in the mandatory areas and in recovery, support planning, risk management, first aid, report writing and confidentiality, complaints, lone working and personal safety, equality awareness and HIV. However, fire safety training records did not provide evidence of all staff having received this training in accordance with the frequency outlined in RQIA's "Guidance On Mandatory Training For Providers Of Care In Regulated Services", i.e. every six months. The records indicated that two staff members had not received fire safety training since 2013. Following the inspection visit the inspector was advised by the registered manager of the arrangements that had immediately been put in place to provide fire safety training to both members of staff.

A requirement has been made with regard to the provision of staff training in all of the mandatory areas.

Is Care Compassionate?

Staffing arrangements were discussed with service users who confirmed that they are made aware of any staffing changes and that they know in advance who is going to be supplied to work with them.

Specific comments made by service users in relation to staffing were noted in the monthly quality monitoring reports and these reflected good working relationships between agency staff and service users.

The agency maintains records of tenants meetings and these included evidence of service user engagement and of policies being shared with service users – e.g. confidentiality, fire awareness and the complaints procedures. Holidays and day trips were also noted to have been discussed in detail and the views of service users noted.

The agency has a 'Managing People Better Policy – Managing Employee Performance and Development' and this outlines the agency's policy on staff probation and staff supervision. The agency's Performance Improvement Process considers issues such as capability, skill and performance and the responsibilities of employees and managers are also outlined. The agency has a code of conduct which has been signed by staff.

Areas for Improvement

There were a number of areas for improvement noted in relation to:

- The agency's recruitment policy and procedure
- The agency's whistleblowing policy
- The provision of staff training
- The staff handbook

Number of Requirements	2	Number Recommendations:	2
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5.4 Theme 2: Service User Involvement - service users are involved in the care they receive

Is Care Safe?

The agency has a 'Client Pathway Toolkit' which includes information for referral agents. The referral information seeks specific assessment information from the prospective service users. The information sought relates to the assessment of needs and risks from the service users' perspective.

All of the service users who returned a questionnaire to RQIA indicated that they are satisfied that their views and opinions are sought about the quality of the service and that staff respond appropriately to their needs. Overall, service users indicated that they were satisfied with the care and support received from agency staff.

Service users who met with the inspector advised that they each have a key worker and can approach any member of staff in relation to their care and support.

Service users' care records were examined and reflected a range of outcomes for service users including more independence and positive risk taking.

Is Care Effective?

Agency staff advised the inspector that the service users' care plans and assessments are reviewed every six weeks by the key worker in conjunction with the service user. Service users have regular meetings with their key workers and agency staff update service users' records on a daily basis to reflect their progress and preferences with regard to their care and support plans.

The care records examined had been written in a person centred manner and reflected the preferences and choices of the service users. Human rights information has been included within the service users' care/support plans and the inspector was advised that staff reinforce this during key worker sessions. The service users had signed their care records.

The inspector was advised that service users are reviewed by the HSC Trust at least annually and that agency staff prepare a report for the review meeting and support the service users to contribute to the report and to their meeting. Both HSC Trust professionals who contributed to the inspection confirmed that agency staff contribute to the service users' reviews and that staff proactively seek the views of the Trust as appropriate.

Is Care Compassionate?

Service users who met with the inspector confirmed that they had been fully involved in the development of their care and support plans and that staff are flexible and responsive to changing needs or preferences.

The inspector observed agency staff interacting with service users in a friendly and supportive manner and staff who participated in the inspection demonstrated their knowledge of the service user's needs and preferences.

Areas for Improvement

N/A.

Number of Requirements	0	Number of Recommendations:	0
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5.3 Additional Areas Examined

Complaints

- 5.4** The agency returned to RQIA a summary of all complaints received between 1 January 2014 and 31 March 2015. The agency had received one complaint from a service user during this period. The records of this complaint were examined and reflected the actions taken on receipt of the complaint and the outcome of the complaint, including the correspondence to the complainant. The service user's satisfaction with the outcome was noted and the service user had signed the record of the discussion in which local resolution was reached.
- 5.5** The reports of the monthly quality monitoring undertaken on behalf of the registered person were examined and had been completed by the Area Manager. The reports provided evidence of consultations with service users, their representatives (including HSC Trust professionals) and agency staff. The reports also contained action plans describing areas for quality improvement and timescales for improvements. There was evidence of quality improvements resulting from the monitoring visits and of actions being taken by agency staff in relation to these. It was noted that service users had not consented to their relatives being contacted for the purposes of quality monitoring.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs 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.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and 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. 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 agency. 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 agency.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 16 (2)</p> <p>Stated: First time</p> <p>To be Completed by: 10 July 2015</p>	<p>(2) The registered person shall ensure that each employee of the agency—</p> <p>(a) receives training and appraisal which are appropriate to the work he is to perform;</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: Fire Training completed by the two staff members on 29/06/15 & 01/07/15</p>

<p>Requirement 2</p> <p>Ref: Regulation 17</p> <p>Stated: First time</p> <p>To be Completed by: 04 September 2015</p>	<p>(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.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: MindWise are currently in the process of designing a staff handbook for all staff, it is expected that this handbook will be completed within the next 3-4 months. This will be forwarded to the inspector on completion. HR Director</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be Completed by: 07 August 2015</p>	<p>Staff are recruited and employed in accordance with relevant statutory employment legislation.</p> <p>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.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: Policy updated - June 2015 and has been forwarded to the inspector</p>

<p>Recommendation 2</p> <p>Ref: Standard 8.19</p> <p>Stated: First time</p> <p>To be Completed by: 07 August 2015</p>	<p>There is a written policy on "Whistle Blowing" and written procedures that identify to whom staff report concerns about poor practice.</p> <p>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.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: Policy updated - June 2015 and has been forwarded to the inspector</p>

Registered Manager Completing QIP	NV Farr	Date Completed	22/7/15
Registered Person Approving QIP	Edward Gorringe	Date Approved	24/07/15

RQIA Inspector Assessing Response	Audrey Murphy	Date Approved	24/08/15
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Please ensure the QIP is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address