

Inspection Report

7 July 2022



Mindwise

Type of service: Domiciliary Care Agency
Address: 1 Henry Gill Court, Ellis Street, Carrickfergus, BT38 8AX
Telephone number: 028 9332 9575

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 Responsible Individual: Mrs Anne Doherty	Registered Manager: Mrs Lynsey Walker Date registered: 21 June 2021, acting
Person in charge at the time of inspection: Mrs Lynsey Walker	
Brief description of the accommodation/how the service operates: Mindwise is a domiciliary care agency supported living type service 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 7 July 2022 between 09.00 a.m. and 12.30p.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 and Covid-19 guidance was also reviewed.

It was positive to note that service users benefited from a well led service. There was a clear leadership and management structure in place which helped to ensure staff were clear about their role and responsibilities. The service was well organised and had a range of systems in place to ensure its operation and to support good communication.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place.

It was positive to note some of the compliments received by the agency we have noted a selection below:

- "We appreciate the support given."
- "Thanks to all the staff I have come a long way."
- "Staff have really supported me."
- "Thank you for being there."

Mindwise uses the term ‘tenants’ to describe the people to whom they provide care and support. For the purposes of the inspection report, the term ‘service user’ is used, in keeping with the relevant regulations.

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, 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 staff members. The information provided indicated that there were no concerns in relation to the agency. No service users were available for discussion however we observed them going about their daily routines and communicating freely with staff. We also provided a number of questionnaires to service users for completion relating to the quality of service provision.

Comments received included:

Staff comments:

- “Good staff communication.”
- “I had a good comprehensive induction facilitated by staff shadowing.”
- “My training is up to date and I’m aware of the importance of ongoing development.”
- “We have excellent management support.”
- “We promote people’s choice and we encourage independence daily.”
- “The managers have an open door policy to all.”
- “Mindwise is a good value based company.”
- “I endeavour to work with the values of a NISCC registrant in all i do.”
- “I completed my induction in line with the NISCC standards.”

Staff we spoke with demonstrated excellent caring values and a desire to provide people with good quality personalised care. They knew people well their choices and preferences.

Returned questionnaires were received from service users prior to the issue of this report. They show that all service users were very satisfied with the quality of care and support.”

Comments received:

- “My care and support at Mindwise is helping me a lot, thank you.”

No returned questionnaires were received from staff 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 19 March 2021 by a care inspector. No areas for improvement were identified.

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 agency’s adult 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 retained records of any referrals made to the HSC Trust in relation to adult safeguarding. No referrals had been completed since the last inspection.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

The manager reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such training should it be required in the future.

Care reviews had been completed with the HSC staff in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements. We noted some of the comments received during reviews:

- "I'm managing my self-medication well."
- "I can speak to staff if I'm unwell."
- "Everything is going well."
- "I'm feeling well and happy."

The manager advised that one service user required their medicine to be administered with a syringe. A competency assessment was 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.

It was positive to note that service users were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the setting supported this practice. Service users had the support of a team of staff who was suitably skilled and experienced to meet their assessed needs.

Staff had completed appropriate DoLS training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS.

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 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 service users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

It was also good to note that the agency had service users' meetings on a regular basis which enabled the service users to discuss the provision of their care. The manager discussed possible changes to the meetings format and times to ensure full involvement and effective input from service users.

Care plans promoted people's independence. Staff were encouraged to prompt people to be independent to help them maintain control. Service users were involved in providing their feedback through regular reviews. This helped to ensure service users preferences and views were known and respected.

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

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). Whilst none of the service users had swallowing difficulties, 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 with the Northern Ireland Social Care Council (NISCC) or any other relevant regulatory body; 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.

There were no volunteers working in the agency

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

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 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.

Staff consulted with on the day of inspection spoke positively about the training they receive and confirmed that they received sufficient training to enable them to fulfil the duties and responsibilities of their role and that training was of a good standard. Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection. 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 and signatures of those attending the training event, the date(s) of the training and the content of the training programme.

Observation and discussion with staff on duty on the day of the inspection provided evidence that they were sufficiently experienced and trained to meet the needs of the service users present, and were meeting the needs using the care plans and assessments to guide their approach.

All NISCC registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning. The person in charge was advised to discuss the post registration training requirement with staff to ensure that all staff are compliant with the requirements.

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, service users' 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. The service users had in place documentation stating that the monitoring did not need to contact relatives regarding quality monitoring. We noted some of the comments received during quality monitoring:

Service users:

- "I have no concerns but do know how to raise them."
- "The staff are really approachable."
- "Knowing there are staff to help me makes a difference."
- "Staff have been really good at helping me to settle."

Staff:

- "Induction experience good and learning from other staff."
- "Everything is going well and all staff are helpful."
- "Staff settling in well."
- "Everyone is welcoming and supportive."

HSC Staff:

- "Good support to service users."
- "I have no concerns."
- "The service is understanding."
- "Working together helps provide the support required."

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 and displayed appropriately.

The required insurance certificates were in place and up to date.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process.

6.0 Conclusion

RQIA was satisfied that this agency was providing services in a safe, effective, caring and compassionate manner and the service was well led by the manager / management team.

7.0 Quality Improvement Plan (QIP)/Areas for Improvement

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

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