

Unannounced Care Inspection Report 7 November 2019



Mindwise

Type of Service: Domiciliary Care Agency

Address: 1 Henry Gill Court, Ellis Street, Carrickfergus, BT38 8AX

Tel No: 02893329575

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.

3.0 Service details

Organisation/Registered Provider: MindWise Responsible Individual: Anne Doherty	Registered Manager: Ms Tracy-Anne Turner
Person in charge at the time of inspection: Community support worker in the morning. Tracy –Anne Turner in the afternoon	Date manager registered: 18 February 2010

4.0 Inspection summary

An unannounced inspection took place on 7 November 2019 from 10:15 to 16.20.

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 Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017 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 be seeking 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.

Evidence of good practice was found in relation to:

- staff supervision and appraisal
- collaborative working
- risk management

Areas requiring improvement were identified during the inspection.

One area for improvement was identified and refers to ensuring that records of each supply of a domiciliary care worker as detailed on the duty rota are kept up to date, in good order and in a secure manner.

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 restrictive practices, consent, autonomy, equality, decision making, privacy, dignity, confidentiality and service user involvement.

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	0

Details of the Quality Improvement Plan (QIP) were discussed with Tracy-Anne Turner, 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 finance inspection dated 17 January 2019

No further actions were required to be taken following the most recent inspection on 17 January 2019.

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 inspection report
- record of notifiable incidents
- all correspondence with RQIA since the previous inspection

A range of documents, policies and procedures relating to the service were reviewed during the inspection and referred to in the body of the report.

During the inspection the inspector met with three service users, the manager, and two staff. Following the inspection the inspector had contact with a Health and Social Care Trust (HSCT) professional.

At the request of the inspector, the person in charge was asked to display a poster prominently within the agency's registered premises. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received.

The inspector requested that the person in charge 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.

Ten questionnaires were also provided for distribution to the service users and their representatives; no responses were received.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 17 January 2019

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

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

6.2 Review of areas for improvement from the last care inspection dated 24 April 2018

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

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients 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. Staff confirmed that care is provided to service users by a core team to help provide continuity of care and develop trusting relationships.

It is felt that this can have a positive impact on the service users' experience in accordance with their human rights.

There were no concerns raised with the inspectors in relation to staffing levels although it was acknowledged that extra staff on shift can enhance the quality of life of service users by offering greater choice in meaningful activities. Staffing levels continue to be increased at night to ensure that sleep-in staff have support, and to reduce risks in respect of lone working. A small cohort of bank staff support the staff team and the staff team themselves cover extra shifts regularly.

While reviewing the duty rotas the inspector noted that it was not immediately clear who was actually on duty at some specific times. Some entries had been scored out and some were in pencil. The inspector discussed the need for clear records to be kept of staff working each day, the capacity in which they worked and who is in charge of the shift; this matter is an area for improvement.

The agency retains details of all staff relating to their registration status and expiry dates with the Northern Ireland Social Care Council (NISCC) as appropriate. The manager stated that the registration status of all staff is monitored monthly; they provided assurances that staff are not supplied for work if they are not appropriately registered. In addition registration status is discussed with individual staff at their supervision and appraisal meetings. Records viewed by the inspectors indicated that staff were registered appropriately.

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 team leader confirmed that during the induction programme aspects of all mandatory training topics are reviewed and competence in administration of medicines assessed. Induction records emphasised that staff should not participate in activities if training in those areas has not been completed.

Examination of records indicated that a robust system is in use to ensure that staff supervision and appraisals are planned and completed in accordance with organisational policy.

Discussions with the manager and a review of the agency's safeguarding policy established that the agency have embedded the regional adult Safeguarding Prevention and Protection in Partnership, July 2015 and its associated Operational Procedures, September 2016 into practice. The inspector noted that records relating to safeguarding training completed by staff were up to date. Mindwise have a robust system for identifying training needs and meeting mandatory requirements.

The staff who spoke to the inspector were aware that the agency had an Adult Safeguarding Champion (ASC) and their role. Staff were confident regarding their roles and responsibilities in relation to safeguarding issues and clear about lines of accountability. On the day of the inspection the inspector noted that the agency had made a number of safeguarding referrals since the last inspection on 17 January 2019; the referrals and records had been managed appropriately. Following the inspection information received by RQIA highlighted some historic information which was discussed with the organisation's Adult Mental Health Service Manager and a HSCT professional. The inspector was satisfied that all matters had been managed appropriately.

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 are comprehensive and include an audit of risk. The person in charge discussed incidents involving service users, it was evident that the agency had responded appropriately to each incident and reviewed risk assessments in collaboration with HSCT staff.

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 inspector noted that one service user did not have an annual review and although there were reasons described for this

the inspector advised that a review should be rescheduled; this matter will be discussed at the next inspection.

Areas of good practice

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

Areas for improvement

One area for improvement has been identified and requires that records of each supply of a domiciliary care worker as detailed on the duty rota are kept up to date, in good order and in a secure manner.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 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 makes reference to the ethos of care provided to service users.

The review of service users care records identified that they were comprehensive and maintained in an organised manner. The records evidenced referral information, risk assessments, care plans and annual care reviews with the NHSCT representative.

Staff spoken with on the day of inspection confirmed that they were provided with details of the care planned for service users or with changes to existing service users' care plans. Care plans were noted to be very person-centred and to clearly and concisely describe service users' needs. It was evident that human rights considerations were reflected in the assessments, reviews and care and support plans.

The staff who met with the inspectors demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their seniors and NHSCT professionals if any changes to service users' needs are identified. 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.

No concerns were raised during the inspection with regards to communication between service users, staff and other key stakeholders. Review of service user care records evidenced that collaborative working arrangements were in place with service users, their relatives and other key stakeholders.

Review of team meeting records indicated that meetings took place on a regular basis; the staff informed the inspector that they could contribute items to the agenda for these meetings. Staff indicated that the staff team are supportive to each other and that communication is good.

The inspector reviewed tenant meeting minutes which indicated that they took place on a regular basis and that tenants views were being heard and addressed. Items on the agenda included activities and décor and reflected services users' opportunity to exercise choice.

The agency had robust quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the service users. Quality monitoring reports indicated consultation with a range of service users, relatives, staff and NHSCT representatives

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, communication between service users, 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

6.6 Is care compassionate?

Patients and clients 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 diversity and equal opportunities.

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

Service users who wished to speak to the inspector were provided with privacy as appropriate. It was identified that staff receive awareness training in relation to equality, human rights and confidentiality during their induction programme. Discussions with staff and service users, observations made and records viewed during the inspection indicated that the promotion of values such as dignity, respect, equality and choice were embedded in the ethos of the organisation and in the way care is provided.

The service users who spoke to the inspector could describe how they are supported to make decisions about the care and support they received. Some of the areas of equality awareness identified during the inspection include:

- effective communication
- promotion of effective service user involvement
- stakeholder involvement
- equity of care and support
- provision of care in an individualised manner
- individualised risk assessment and care planning

Comments made by service users:

- “I like living here, I get support but I also get freedom.”
- “Staff have really helped me.”
- “Staff are amazing, they really helped me.”
- “It is good to live here.”

Comments made by staff:

- “Service users have a good quality of life.”
- “I love working here I like to see progress.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to listening to and valuing service users and taking account of the views 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

6.7 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 management and governance systems in place within the agency to meet the assessed needs of service users. The agency is currently managed on a day to day basis by the manager, senior staff and a team of care and support staff. Staff could describe the process for obtaining support and guidance at any time including out of hour arrangements.

Review of records pertaining to accidents and incidents confirmed that these were appropriately managed and risks reviewed accordingly. RQIA had been notified of any reportable incidents.

The agency has a range of policies and procedures which are retained in the agency's office and electronically, where staff can access them. The policies viewed during the inspection were noted to have been reviewed and updated in accordance with timescales detailed within the minimum standards with the exception of the policy in respect of restrictive practice which is overdue for review. This matter will be reviewed at the next inspection.

Service users were noted to be consulted regularly regarding the quality of care provided by the agency through an annual survey, monthly quality monitoring visits, service user meetings and annual HSCT care reviews. Monthly quality monitoring visits were undertaken by the adult mental health services manager. The quality monitoring system provided a comprehensive standard of monitoring in accordance with RQIA guidance. The quality monitoring reports included consultation with service users, their family and/or representatives and HSCT professionals.

The agency's complaints policy outlines the process for managing complaints; discussions with the manager and staff indicated that they have a clear understanding of the actions to be taken in the event of a complaint being received. It was noted that staff receive awareness training in relation to management of complaints during their induction programme. The service users spoken to could describe the process for raising concerns; this indicated that service users have access to clear and fair processes for getting their views heard in line with their human rights and to raise and resolve concerns or complaints.

Observations of staff interaction with service users during the inspection, discussions with service users and staff provided evidence that staff communicate effectively with service users. The inspector noted that staff had received additional support and training to meet specific service users' needs and that staffing at night has been enhanced to reduce risk and improve safety.

Staff who spoke to the inspector confirmed that there had good working relationships with the management team.

The agency office is suitable for the operation of the agency as described in the Statement of Purpose; it was noted that during the inspection records were stored securely and in a well organised manner. On the date of inspection the certificate of registration was reflective of the service provided.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, 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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Tracy-Anne Turner, 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.

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 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 Day Care Setting Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 21(1)(a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained, and they are-</p> <p style="padding-left: 40px;">(a) Kept up to date, in good order and in a secure manner</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The service rota has been updated to include an additional separation line between sleep over shift and waking night shifts for clarity. Staff names are detailed in full and if there are any changes of staffing, a new updated rota is provided, kept in good order, tidy and kept securely in the staff locked cabinet when not in use.</p>

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)