

Announced Care Inspection Report 19 March 2021



Mindwise

Type of Service: Domiciliary Care Agency
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Tel No: 028 9332 9575
Inspector: Corrie Visser

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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

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.

3.0 Service details

Organisation/Registered Provider: Mindwise Responsible Individual: Mrs Anne Doherty	Registered Manager: Ms Tracy-Anne Turner
Person in charge at the time of inspection: Ms Tracy-Anne Turner	Date manager registered: 18 February 2010

4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

The last care inspection was undertaken on 07 November 2019.

Since the date of the last care inspection, a number of correspondences were received in respect of the agency. RQIA was also informed of all notifiable incidents which had occurred within the agency in accordance with regulations.

Having reviewed the agency's regulatory history, and in the absence of RQIA not being made aware of any specific risk to the service users within the agency, the decision was made to undertake an on-site inspection, adhering to social distancing guidance.

An announced inspection took place on 19 March 2021 from 10.00 to 13.50 hours.

We reviewed the dates that criminal records checks for staff employed by the agency (AccessNI) had been completed to ensure that they were in place before staff engaged with service users. We checked that all staff were registered with the Northern Ireland Social Care Council (NISCC) and that there was a system in place for ongoing monitoring of staff registrations. Staff adherence to the Covid-19 Guidance was also reviewed through discussion with a number of staff and service users. In addition, we reviewed Covid related information disseminated to staff and displayed throughout the agency.

The inspection also assessed progress with any areas for improvement identified during and since the last care inspection.

The area for improvement identified at the last care inspection was reviewed and assessment of compliance recorded as met.

This inspection resulted in no areas for improvement.

Evidence of good practice was found in relation to recruitment practices, staff registrations with NISCC and staff rotas. Good practice was also found in relation to infection prevention and control (IPC); it was evidenced that all staff and service users had been adhering to the current Covid-19 guidance on the use of Personal Protective Equipment (PPE).

Those consulted with indicated that they were satisfied with the care and support provided.

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.

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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

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

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

4.2 Action/enforcement taken following the most recent care inspection dated 07 November 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 07 November 2019.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA in relation to the agency. This included the previous inspection report and Quality Improvement Plan (QIP), notifiable events and written and verbal communication received since the previous care inspection.

During our inspection we focused on speaking with the service users and staff and following our inspection we focused on speaking with health and social care (HSC) Trust representatives to find out their views on the service.

To ensure that the required pre-employment checks were in place before staff visited service users, we reviewed the following:

- Recruitment records specifically relating to Access NI and NISCC registrations.

We also reviewed IPC procedures to ensure that they were compliant with the current Covid-19 guidance for domiciliary care providers in Northern Ireland.

We discussed any complaints and incidents that had been received by the agency with the manager and in addition we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in line with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

RQIA provided information requesting feedback from service users, staff and other stakeholders in relation to the quality of service provided. This included an electronic survey for service users, relatives and staff, to feedback to the RQIA.

6.0 What people told us about this agency

The feedback received indicated that people were satisfied with the current care and support. During the inspection we spoke with the manager and care workers. All those spoken with confirmed that staff wore PPE as necessary.

We also spoke with two staff members and three service users who indicated that that they were very happy with the care and support provided by the agency. Feedback was also received from one HSC representative. Comments are detailed below:

Staff

- “I’m happy enough.”
- “We get plenty of PPE.”
- “We are able to speak to the manager about the guidelines as they kept changing.”
- “It has been stressful from March 2020 as the guidance was forever changing.”
- “Our medication regime has changed and we have had to set up a new system which is working well.”
- “We are working to support people to make their lives better.”
- “It’s all about supporting the tenants to meet their goals.”
- “Working here gives you a sense that you are achieving something.”
- “There is an open door policy.”
- “The goals need to be realistic.”
- “It’s lovely to see that we have made a difference in people’s lives.”
- “Every day is different in here which I like.”
- “We could do with more staff.”

Staff spoken with praised the manager for their approachability and responsiveness.

Service users

- “I’ve definitely got better living here.”
- “The staff make us dinner.”
- “I don’t mind living here.”
- “I feel happy living here.”
- “I feel safe.”
- “The staff are quite good if I have any personal things going on.”
- “We get choices living here.”
- “We would bake together.”
- “We have themed nights.”
- “Staff are good at cleaning.”
- “Things don’t need to change.”
- “We are a big family.”
- “I like going to Tesco and the garage to get some air.”
- “More staff could be on shift as I don’t like to interrupt them when they are busy.”

The feedback regarding staffing levels was discussed with the manager and it was agreed that it would be more beneficial to the service users if an extra staff member was present during the day shift. The manager advised the rota would be reviewed in respect of this.

HSC' representatives

- “The manager and deputy manager are very dedicated to the service users and make sure staff are well supervised and deliver high standards of care.”
- “The service users have a range of complex needs and the team put in place a range of support and monitoring mechanisms that benefit the service users.”

No electronic feedback was received.

7.0 The inspection

Areas for improvement from the last care inspection dated 7 November 2019		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 21(1)(a) Stated: First time	The registered person shall ensure that the records specified in Schedule 4 are maintained, and they are- (a) Kept up to date, in good order and in a secure manner	Met
	Action taken as confirmed during the inspection: We reviewed four weeks of the staff rota which had been amended to include the full name of the staff. The rota also included annual leave and training days for staff. The working hours for the manager and deputy manager were identified on the rota.	

7.1 Inspection findings

Recruitment

The agency's staff recruitment processes were noted to be managed in conjunction with the organisation's human resources (HR) department. The manager discussed that the references are sent to them for review and when they are content with them, they are signed off and an email is then sent by HR advising that all pre-employment checks are completed and a start date can be issued. Discussion with the manager identified that they were knowledgeable in relation to safe recruitment practices in accordance with Regulation 13, Schedule 3 and Standard 11 relating to AccessNI. This ensures that the persons employed are suitable to be working with service users.

A review of the records confirmed that all staff provided by the agency are currently registered with NISCC. We noted that HR oversees the registration status of staff and when renewals are due, HR sends an email to the manager as well as to the staff members. It was also discussed that staff registration is also reviewed during supervision. The manager advised that staff are not permitted to work if their professional registration lapses.

Covid-19

Discussion with the manager and staff identified that they had a good understanding of the procedure to follow whilst providing care to service users and in the event of service users or staff being diagnosed with Covid-19. There was a protocol in place in relation to managing the care of new referrals and in relation to service users who may be discharged from hospital.

Staff had also completed training in relation to IPC, Covid awareness training and environmental cleanliness. This included training on the donning (putting on) and doffing (taking off) of PPE. The manager further described how a range of other Covid-related information was available for staff to read.

Staff described how they wore PPE for activities that brought them within two metres of service users. The staff members spoken with reported that there was an appropriate supply of PPE and sufficient bins available to allow the safe disposal of PPE. There was a system in place to ensure that IPC procedures were being adhered to. This included spot checks of care staff in relation to their adherence to the guidance, handwashing audits and cleanliness of the environment. The service users confirmed that the staff wore PPE appropriately.

The manager described the availability of hand sanitisers which are accessible throughout the setting for service users and staff to use. Posters detailing the procedure for effective hand-washing were displayed as visual aids to encourage good handwashing techniques.

There was a system in place to ensure that staff and service users had a daily wellness check.

Enhanced cleaning schedules were in place, to minimise the risk of cross contamination. This included the frequently touched points throughout the building.

A Covid-19 file was available and included information relating to:

- Daily wellness checks and cleaning schedules.
- DOH Novel Coronavirus: Advice for HSC in NI.
- Gov.uk – Covid-19: Guidance for supported living provision.
- PHA: Management of suspected cases.
- NHS: Hand washing techniques with soap and water
- PHA: Covid-19: Public information
- PHA Table 4
- NISCC: Coronavirus and our work: What you need to know.
- Covid-19: Regional principles for visiting in care settings in Northern Ireland.
- Coronavirus Response Plan/Recovery Plan.

Signage displayed around the building included information on:

- How the Covid-19 virus spreads and how to protect yourself
- PHA Symptom checker

- How to use face coverings correctly
- Good hand hygiene

Specific risk assessments had been completed for service users and staff in respect of social engagement in designated visiting areas, both internally and externally. Service users' care plans had been updated to include preventing and reducing the risks of contracting/spreading Covid-19, maintaining a safe environment, managing symptoms and environmental factors. Support plans had also been updated in terms of risk management, provision of information and education and the service users' responsibilities in relation to keeping themselves safe.

Governance and Management Arrangements

We identified that there is a process for recording complaints in accordance with the agency's policy and procedures. On the day of the inspection we noted that complaints received had been managed in accordance with the organisation's policy and procedures and are reviewed as part of the agency's monthly quality monitoring processes.

We discussed the monitoring arrangements in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. We reviewed a sample of the agency's monthly monitoring reports. We identified that the process included engagement with service users, service user's relatives, staff and HSCT representatives. The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff training and staffing arrangements.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency's policy and procedures.

The manager confirmed that the organisation's adult safeguarding practices are directed by the regional Adult Safeguarding Prevention to Protection in Partnership, July 2015 and its associated Operational Procedures, September 2016. An Adult Safeguarding Champion (ASC) was identified for the organisation.

Discussion with the manager and staff indicated that there was a clear pathway for staff to follow in relation to referring any safeguarding concerns. The manager confirmed that one adult safeguarding referral was made since the last care inspection. Discussions with the manager indicated that the appropriate actions had been taken by the agency.

Staff who spoke to us demonstrated that they had a clear understanding of the actions to be taken with regards to reporting matters relating to allegations of abuse. Staff demonstrated that they had a good understanding of the process with regards to whistleblowing and raising concerns.

Discussion with staff evidenced that they were knowledgeable regarding service users' individual needs. Staff also demonstrated awareness of the need for individualised, person centred interventions which facilitate effective engagement with service users and promote communication and social engagement.

Areas of good practice

Evidence of good practice was found in relation to staff recruitment practices, staff registrations with NISCC and the staff rota. Good practice was found in relation to IPC; all staff and service users had been adhering to the current Covid-19 guidance on the use of PPE.

Areas for improvement

No areas for improvement were identified.

	Regulations	Standards
Total number of areas for improvement	0	0

8.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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