

Unannounced Finance Inspection Report 17 January 2019



Mindwise

Type of Service: Domiciliary Care Agency

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Tel No: 028 9332 9575

Inspector: Briega Ferris

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 intensive housing support to up to 18 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(s): Anne Doherty	Registered Manager: Tracy-Anne Turner
Person in charge at the time of inspection: One community mental health worker and One community mental health worker (housing support)	Date manager registered: 18/02/2010

4.0 Inspection summary

An unannounced inspection took place on 17 January 2019 from 11.40 to 14.15.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

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

- the availability of a safe place to hold petty cash or valuables for safekeeping.
- ensuring that when service users required support to budget or manage their monies more effectively; these interventions were made to provide the necessary support
- mechanisms in place to obtain feedback and views from service users
- written policies and procedures were in place to guides practices in the agency
- there were arrangements in place to ensure service users experienced equality of opportunity
- a sample of service users' records contained an individual written agreement.

No areas of improvement were identified.

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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the two community mental health workers spoken to during the inspection 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 inspection on 24 April 2018

There were no further actions were required to be taken following the most recent inspection on 24 April 2018.

5.0 How we inspect

Prior to the inspection, the record of notifiable incidents reported to RQIA in the last twelve months was reviewed; this established that none of these incidents related to service users' money or valuables. The record of calls made to RQIA's duty system was reviewed and this did not identify any relevant issues.

During the inspection, the inspector met with two community mental health support workers on duty. The inspector provided written information explaining the role of RQIA, the inspection process, the name of the inspector and the date of the inspection. It was requested that this information be displayed in a prominent position so persons who had not been present during the inspection could contact the relevant inspector should they wish to discuss any matter or provide any feedback about their experience of the agency.

The following records were examined during the inspection:

- A sample of written policies and procedures
- A sample of journey logs for the vehicle used to provide transport services
- A sample of service users' individual written agreements
- The complaints book and the compliments book acknowledge positive comments from service users
- The petty cash book
- A sample of staff handover sheets

The findings of the inspection were shared with the two community mental health support workers at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 24 April 2018

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

6.2 Review of areas for improvement from the last finance inspection

The agency has not previously received an RQIA finance inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to service users and clients from the care, treatment and support that is intended to help them.

Staff spoken with confirmed that adult safeguarding training was mandatory for all staff in the agency. Discussions with both members of staff established that the agency did not manage any monies on behalf of any service user. It was noted that users of the service managed their monies independently.

The agency had a safe place available to hold (the agency’s) petty cash or any valuables should these be deposited by service users however there were no valuables belonging to service users deposited on the day of inspection.

Areas of good practice

There were examples of good practice found for example, in relation to the availability of a safe place to hold petty cash or valuables for safekeeping.

Areas for improvement

No areas for improvement were identified as part of the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

As noted above, initial discussions with both staff members established that the agency did not manage any monies on behalf of service users. One staff member noted that from time to time a service user may need additional support to budget or manage their monies more effectively and there was written evidence of these interventions in place to agree the relevant supports with the service users in question.

As the agency did not handle any service user’s money, no records of income and expenditure were maintained accordingly. Staff confirmed that no bank accounts were managed on behalf of service users. Discussion with staff established that service users contributed a set amount per week to the agency which covered the cost of household costs including (in the case of the “core/cluster” unit) the cost of weekly food. Staff described how the service users paid the agency directly and the actual costs of the food shopping were in turn, taken from petty cash provided by head office and held within the safe place in the agency. Petty cash records were maintained detailing expenditure. In addition, daily staff handover sheets were completed at each staff handover and included a section to record the amount of petty cash at the beginning

of the shift, any monies withdrawn and the amount remaining at the end of the shift. Entries were routinely signed by two people.

The agency had a vehicle to provide transport provision to service users however it was noted that there was no charge to the service users for the use of the vehicle. Journey logs were maintained in respect of the vehicle used to provide transport services.

Areas of good practice

There were examples of good practice found in relation to maintaining petty cash records, journey records and ensuring that when service users required support to budget or manage their monies more effectively; these interventions were made to provide the necessary support.

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?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Discussion with staff established that arrangements to appropriately support service users with their money (should support be required) would be discussed with the service user at the time of taking up their tenancy and on an ongoing basis should a service users' needs change in this regard.

Discussion with staff established that the agency had a range of methods in place to encourage feedback from service users including: tenants' meetings, ongoing review of support plans and surveys distributed from the agency's head office. The agency maintained a complaints book and compliments book which were reviewed during the inspection and provided evidence as to steps taken by the agency to address concerns and acknowledge positive comments from service users.

Areas of good practice

There were examples of good practice found in respect of the arrangements in place to support individual service users discussed during the inspection and mechanisms to obtain feedback and views from service.

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.

Written policies and procedures were in place within the agency and easily accessible by staff. These covered areas of practice including data protection, complaints managements, whistleblowing and the management of service users' money. Policies were all dated within the last three years.

Individual written agreements were in place with service users which were updated on an annual basis. These detailed the specific funding arrangements for individual service users and the amounts which service users could expect to pay from their own resources for household expenditure such as heat, light etc. The sample of agreements reviewed had been signed by the respective service users and there was evidence that they were reviewed and updated on a regular basis.

The inspector discussed with staff the arrangements in place in the agency to ensure that residents experienced equality of opportunity and that staff members were aware of equality legislation whilst recognising and responding to the diverse needs of service users. It was reported that all staff members participated in equality and diversity training.

Areas of good practice

There were examples of good practice found: written policies and procedures were in place to guides practices in the agency; there were arrangements in place to ensure service users experienced equality of opportunity and a sample of service users' records contained an individual written agreement.

Areas for improvement

No areas for improvement were identified as part of the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 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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