

# Unannounced Care Inspection Report 16 January 2020



## Mindwise

**Type of Service: Domiciliary Care Agency**

**Address: Fortwilliam Core and Cluster, 72 Fortwilliam Park, Belfast,  
BT15 4AS**

**Tel No: 02890772983**

**Inspector: Michele Kelly**

[www.rqia.org.uk](http://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 12 service users who have experienced mental health issues. Service users receive support and care in relation to their daily living skills and emotional wellbeing and are encouraged to become more independent. The service users are supported by 11 staff.

The service users have an individual room with en-suite facilities and access to a shared living room and kitchen/dining area; they also have access to gardens at the rear of their home. Staff are available to support service users 24 hours per day and each service user has an identified 'key worker.'

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Mindwise  <b>Responsible Individual:</b> Anne Doherty	<b>Registered Manager:</b> Ms Anne-Marie McGarrity
<b>Person in charge at the time of inspection:</b> Ms Anne-Marie McGarrity	<b>Date manager registered:</b> 4 August 2016

### 4.0 Inspection summary

An unannounced inspection took place on from 09.45 to 14.15 hours.

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.

As a public-sector body, RQIA have duties 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 determined 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:

- person centred care practices and records
- communication with service users and their relatives
- staff supervision and appraisal
- quality monitoring processes

Two areas requiring improvement were identified in respect of record- keeping.

Service users said:

- "Staff are very non- judgemental."
- "My key worker is supportive."
- "I enjoy living here."

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
<b>Total number of areas for improvement</b>	1	1

Details of the Quality Improvement Plan (QIP) were discussed with Anne Marie McGarrity registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

#### 4.2 Action/enforcement taken following the most recent care inspection dated 17 April 2018

No further actions were required to be taken following the most recent inspection on 17 April 2018.

#### 5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report and QIP
- records of notifiable events
- all correspondence received by 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.

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 give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No responses were received prior to the issuing of this report.

Questionnaires were also provided for distribution to the service users and their representatives; two responses were received prior to the issuing of this report and indicated satisfaction with safe, effective, compassionate and well-led aspects of care. There were no comments recorded.

During the inspection the inspector met with three service users and three staff. Following the inspection the inspector spoke on the telephone with two relatives and one trust professional. Their views are reflected in the body of the report.

RQIA information leaflets 'How can I raise a concern about an independent health and social care service' were also provided to be displayed appropriately in the setting.

The inspector would like to thank the manager, service users, service user's relatives and staff for their support and co-operation throughout the inspection process.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the last care inspection dated 17 April 2018

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

## 6.2 Inspection findings

### 6.3 Is care safe?

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

The agency's systems in place to avoid and prevent harm to service users were reviewed; this included a review of staffing arrangements within the agency.

The agency has a recruitment policy that outlines the procedures for ensuring that required staff pre-employment checks are completed.

Discussions with the manager indicated that they had a clear understanding of the recruitment process and the need for robust systems to be in place. The manager also verified that staff are not provided for work in the homes of service users until all required checks have been satisfactorily completed.

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 inspector in relation to staffing levels which should be enhanced shortly as there is ongoing recruitment.

A small cohort of Mindwise 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 in charge at some specific times and first names only were used. 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. In addition some progress notes were reviewed and it was noted that signatures were sometimes illegible and initials were often used. These record keeping matters are areas for improvement.

Discussions with staff and review of records indicated that the agency's induction programme is in excess of the three day timescale as required within the domiciliary care agencies regulations. Staff are required to complete initial induction and to shadow other staff employed by the agency. A recently recruited staff member confirmed that the induction they received was very helpful and robust.

The agency retains electronic details of all staff relating to their registration status and expiry dates with the Northern Ireland Social Care Council (NISCC). The manager stated that the registration status of all staff is by head office; 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 inspector indicated that staff were registered appropriately.

Staff could describe the process for identifying individual training needs and their responsibility for ensuring that training updates are completed. Staff are required to complete mandatory training in a range of areas and in addition training specific to the individual needs of service users. Staff stated that their training was informative and had equipped them with the required knowledge and skills for their role. They described the value of the additional training received in improving the quality of care they provided and demonstrated a clear understanding of service user's human rights in all aspects of their lives. Training records viewed indicated that staff had completed relevant training and the agency retains appropriate records of all training.

Discussions with the staff indicated that they were knowledgeable in matters relating to adult safeguarding measures, the role of the Adult Safeguarding Champion (ASC) and the process for reporting adult safeguarding concerns appropriately and in a timely manner. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

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 April 2018; the referrals and records had been managed appropriately. The manager also discussed communication matters highlighted at the last inspection which had been further investigated. The inspector was satisfied that all matters had been managed satisfactorily.

Staff are required to complete safeguarding training during their induction programme and regular training updates. From training records viewed it was noted that staff had received training in relation to adult safeguarding and child protection.

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

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating risk to service users health, welfare and safety. The manager could clearly describe the process for assessing and reviewing risk. Records confirmed that comprehensive risk assessments and care plans had been completed in conjunction with service users and their representatives.

### **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

Two areas for improvement have been identified in respect of record keeping

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	1

### 6.4 Is care effective?

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

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 Health and Social Care Trust (HSCT) 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 and care and support plans.

The staff who met with the inspector demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their seniors and HSCT 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. On the day of inspection it was evident that some service users have physical and psychological health needs and staff described strategies in place to ensure effective care.

No concerns were raised during the inspection with regards to communication between service users, staff and stakeholders. Review of service user care records evidenced that collaborative working arrangements were in place with service users' next of kin and other key stakeholders. Relatives who spoke to the inspector were very happy with the communication from staff and complimented staff on their actions and attitudes commenting;

"Staff give a lot of guidance in how to approach life"

"Staff are more than helpful"

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were reviewed. 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.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to audits and reviews, communication between service users and agency staff and other key stakeholders.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.5 Is care compassionate?**

**Service users 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.

**Comments made by service users:**

- “Staff very good indeed.”
- “Residents and staff brilliant can’t fault anyone.”
- “People treat me with respect.”

**Comments made by staff:**

- “Staff get on well together.”
- “I think this is where I am supposed to be working, it can be a challenge but very motivating.”
- “No hesitation in reporting concerns.”

**Comments made by HSCT professionals:**

- “Staff do a wonderful job.”
- “Staff are nurturing and therapeutic.”
- “I couldn’t be happier with the service.”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.6 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 the agency’s management and governance systems in place to meet the needs of service users. The agency is managed on a day to day basis by the deputy manager and senior support workers under the direction of the manager. Staff could describe the process for obtaining support and guidance at all times including out of hours arrangements.

The agency has processes in place for monitoring, auditing and reviewing the effectiveness and quality of care delivered to service users.

The inspector viewed the agency’s reports of the monthly quality monitoring visits; records viewed indicated that the process is effective in supporting the agency to identify areas for improvement and an action plan is developed. These robust reports included details of the review of the previous action plan, review of complaints, accidents, incidents and safeguarding referrals; staffing arrangements, care records and practices deemed to be restrictive. Processes for engaging with and responding to service users comments were evident in monthly monitoring reports.

Review of records pertaining to accidents and incidents confirmed that these were appropriately managed. 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 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. The complaints policy is also available in easy read

format. It was noted that staff receive awareness training in relation to management of complaints during their induction programme. A service user and relative spoken to could describe the process for raising concerns; this indicated that service users and relatives 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.

During the inspection the inspector viewed records that evidenced staff receive appropriate staff induction and supervision and appraisal.

The organisational and management structure of the agency is outlined in the Statement of Purpose which also details lines of accountability.

Staff who spoke to the inspector confirmed that there had good working relationships with the management team; they could describe their responsibility in raising concerns and indicated that they had knowledge of the agency's whistleblowing policy.

On the date of inspection the certificate of registration was on display and 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
<b>Total number of areas for improvement</b>	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 Anne –Marie Mc Garrity, 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.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## **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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 21 (1)(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 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: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> The staff rota has been amended to clearly highlight the person in charge of the shift each day, including their job roles and their full names.</p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 5.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall ensure that all records are legible, accurate up to date and signed and dated by the person making the entry.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> Going forward, staff have been advised that they need to ensure all notes made by them are legible and that these signed off using full legible signatures rather than staff initials. The Registered Manager will monitor this, as will the area manager who completes the monthly monitoring visits.</p>



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](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)