

Unannounced Care Inspection Report 17 April 2018



Mindwise, Belfast

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

Assurance, Challenge and Improvement in Health and Social Care

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 difficulties. 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.

3.0 Service details

Organisation/Registered Provider: MindWise Responsible Individual: Mr Edward George Alexander Gorringe	Registered Manager: Ms Anne-Marie McGarrity
Person in charge at the time of inspection: Team Leader	Date manager registered: 21 February 2018

4.0 Inspection summary

An unannounced inspection took place on 17 April 2018 from 10.15 to 15.30.

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;

- quality monitoring
- care records
- plans to enhance staff training
- supervision and appraisal

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 team leader, 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 1 June 2018

No further actions were required to be taken following the most recent inspection on 1 June 2018

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Previous RQIA inspection report
- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection

Specific methods/processes used in this inspection include the following:

- Discussion with the team leader
- Examination of records
- Evaluation and feedback

The following records were viewed during the inspection:

- Recruitment policy
- Safeguarding policy
- Induction policy
- Service users' care records
- Monthly quality monitoring reports
- Staff meeting minutes
- Service user meeting minutes
- Staff induction records
- Staff training records
- Records relating to staff supervision
- Complaints records
- Staff rota information
- Service user guide
- Statement of Purpose (2017)

Questionnaires were provided by the inspector for completion during the inspection by service users; no service user questionnaires were returned to RQIA. At the end of the inspection a poster was left with the team leader to encourage staff to contact RQIA via Survey Monkey to provide their views on the quality of this service. At the time of writing this report one staff questionnaire had been returned to RQIA via Survey Monkey.

During the inspection the inspector met with three service users, the inspector also had the opportunity to speak with four staff members, a visiting trust professional and a relative. Following the inspection the inspector also spoke on the telephone with another trust professional. Feedback received by the inspector during the course of the inspection and in the returned questionnaire is reflected throughout this report.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 1 June 2018

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

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.

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.

From discussions and observations it was clear that staff were knowledgeable about the level of support required by each service user to ensure their safety, both while at home and when engaging in activities. Service users meet regularly with the staff member designated as key worker. There are regular house meetings to discuss tenant issues and possible group activities and outings.

A range of policies and procedures were reviewed relating to staff recruitment, induction and training. The inspector found these policies to be up to date and in accordance with related regulations and standards.

The agency's staff recruitment process is managed by the organisation's human resources department. An inspector visited the HR department on 20 June 2017 following the previous care inspection and examined a number of individual staff personnel records. Documentation viewed included details of the recruitment processes and evidence of pre-employment checks completed.

The agency's selection and recruitment policy was viewed and discussed during the inspection. The team leader demonstrated her knowledge of the regulations and standards with regard to the required pre-employment checks. The compulsory registration with NISCC was discussed and the team leader was knowledgeable about these requirements. Records reviewed evidenced staff members' registration with NISCC and the team leader described the system in place to review staff renewal of registration.

The agency's policy and procedures in relation to safeguarding adults was reviewed. The agency has developed a revised policy in line with the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) adult safeguarding policy issued in July 2015 'Adult Safeguarding Prevention and Protection in Partnership'.

The team leader was knowledgeable regarding her and staffs' role and responsibilities with regard to safeguarding and stated that the agency are working within the Health and Social Care Board 2016 guidelines. The inspector spoke with a trust professional who was visiting the agency; this professional described how staff collaborated with him to ensure a service user's needs were safely met. Another professional spoken to on the telephone following the inspection described how staff were doing their best to support a service user with very complex physical and psychological needs.

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 include an audit of risk. It was noted that 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 team leader confirmed an induction programme had been completed with each staff member and incorporated the Northern Ireland Social Care Council (NISCC) induction standards. 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. A recently recruited staff member confirmed that induction was very helpful and robust.

Staff training records viewed for 2017-18 confirmed all staff had completed the required mandatory update training programme. Staff stated that they felt that their training had equipped them with the knowledge and skills for their role; they could describe the process for requesting additional training if required. The inspector spoke with the organisations HR manager following the inspection; the organisation's plans to improve the accessibility of training and the delivery methods of some topics were discussed. It is commendable that the organisation is working towards enhancing the induction and training experience.

The inspector viewed three individual staff records and noted that a record of staff supervision and appraisal is maintained by the agency; records viewed indicated that staff are provided with very regular supervision and appraisal in accordance with the agency's policies and procedures. Staff who spoke to the inspector could describe the benefits of individual supervision and appraisal.

Service users' comments:

- "Everything is ok, I feel safe."
- "I go to management if I have a complaint."

One returned questionnaire from staff indicated they were very satisfied that care was safe.

Staff comments

- “Training meets our needs.”
- “Care is safe.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to supervision and appraisal and plans to enhance training and induction.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 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 and meeting the assessed needs of service users were reviewed during the inspection process. The full nature and range of service provision is detailed in the agency’s Statement of Purpose and the Service User Guide.

The records viewed by the inspector on the day of inspection demonstrated that they were maintained in accordance with legislation, standards and organisational policy. The inspector noted that staff had received training relating to record keeping, confidentiality and data protection

The team leader described how service users were encouraged and supported to be fully involved in the completion of their care and support plans and Health and Social Care Trust (HSCT) care reviews. This was confirmed during the inspector’s discussion with service users. The care and support plans and monthly summary reports viewed by the inspector had a person centred focus, with consideration given to service users holistic needs. The process sought feedback from services regarding their goals and the support that could be provided to achieve their aspirations.

The agency’s Service User Guide provides information on the service users’ right to advocacy and representation. 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.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, 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
Total number of areas for improvement	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 inspection sought to assess the agency's ability to treat service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support. On the day of inspection the inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of the service.

Observations during the day of inspection indicated that service users are fully involved in day to day decisions and routines. The inspector observed staff using language and behaving in a manner which encouraged service users to make their own choices, whilst balancing their health and wellbeing needs. It was evident to the inspector that service users had individual plans and goals, which the agency staff were enabling them to progress. The inspector found that the agency has participated with a range of professionals and agencies to enable service users to make decisions, whilst providing appropriate safeguards.

It was evident that the agency staff promote independence, equality and diversity of service users. Service users are encouraged and facilitated to participate in activities in the local and wider community with appropriate staff support. Staff spoken to provided examples which highlighted how service users are cared for with compassion.

The views of service users are recorded through the minutes of tenants' meeting. Tenant meeting minutes recorded decisions made by service users regarding future activities. The inspector noted that the minutes were scant and the inspector suggested that minutes could better reflect the participation and input of service users.

The agency maintains a range of quality monitoring systems to evaluate the quality of services provided, including monthly monitoring reports which specifically ascertain and include the views of service users' and their representatives. During the inspection the inspector met with a relative who voiced concerns regarding terminology used within review notes. The inspector discussed the matter with the team leader who agreed the words used were inappropriate and said the matter would be addressed promptly.

Staff comments:

- “You must remember everyone is different and individual.”
- “Staff are very devoted.”
- “Care is above compassionate.”

Professional’s comments:

- “Service users speak kindly of staff”
- “ Staff are very willing to help service users”

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 agency is managed on a day to day basis by the registered manager Anne-Marie Mc Garrity. On the day of inspection the manager was on leave and the team leader returned from a meeting in head office to facilitate the inspection.

A range of policies viewed by the inspector were noted to have been reviewed and updated in accordance with timescales outlined within the minimum standards.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. Staff had an understanding of the responsibilities of their job roles; they indicated that the manager is supportive and approachable.

The agency’s complaints policy clearly outlines the procedures and timescales for managing complaints. Discussions with the team leader indicated that staff have a clear understanding of the actions to be taken in the event of a complaint being received.

There are management and governance systems in place within the agency to promote and drive quality improvement. Discussions with the team leader indicated that the agency’s governance arrangements promote the identification and management of risk; these include provision of and review of relevant policies and procedures, monthly audit of compliments and complaints, accidents, safeguarding referrals, staffing arrangements and incidents notifiable to RQIA. During the inspection the inspector viewed records that evidenced staff receive appropriate training, supervision and appraisal.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The team leader was able to discuss the ways in which staff development and training enables staff to engage with a diverse range of service users.

Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- advocacy
- equal care and support
- individual person centred care
- individual risk assessment

The agency collects equality data on service users such as; age, gender, race, disability, marital status via the commissioning trust referral information.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards.

One returned questionnaire from staff indicated they were very satisfied that care was well-led.

Staff comments:

- “Management as a whole has the right ideas and values.”
- “Service is well-managed, team gets on well.”
- “Managers are with the team and are approachable.”

Areas of good practice

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

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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