



The Regulation and
Quality Improvement
Authority

Mindwise
RQIA ID: 10959
Fortwilliam Core and Cluster
72 Fortwilliam Park
Belfast
BT15 4AS

Inspector: Audrey Murphy
Inspection ID: IN022270

Tel: 028 90772983
Email: gwynneth.witherow@mindwisenv.org

**Unannounced Care Inspection
of
Mindwise (Fortwilliam)**

29 May 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 29 May 2015 from 10:00am to 15:30pm. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	4	4

The details of the QIP within this report were discussed with Michelle Reid, Manager and with Gwynneth Witherow, Area Manager, following the inspection as part of the inspection process. The timescales for completion commence from the date of inspection.

The inspector would like to thank agency staff and service users for their warm welcome and full cooperation throughout the inspection process.

2. Service Details

Registered Organisation/Registered Person: Mindwise/Mr Edward George Alexander Gorringe	Registered Manager: Michelle Reid (Applicant)
Person in charge of the agency at the time of Inspection: There were three support workers on duty at the time of the inspection.	Date Manager Registered: Not applicable
Number of service users in receipt of a service on the day of Inspection: 12	

Mindwise Fortwilliam Core and Cluster is a supported living type domiciliary care agency for people with severe mental illness. Services include intensive 24 hour support including assistance with medication, budgeting, activities of daily living and involvement in the local community, with the overall goal of promoting good mental health, independence and maximising quality of life.

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and themes have been met:

Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

Theme 2: Service User Involvement - service users are involved in the care they receive

4. Methods/Process

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

Prior to inspection the following records were analysed:

- The previous inspection report and quality improvement plan
- Notifiable events forms submitted to RQIA by the agency

During the inspection the inspector met with four service users and three care staff. The inspector distributed questionnaires to staff and service users during the inspection and five of these were returned by staff to RQIA during the inspection period. Following the inspection the manager was asked to forward a list of professionals and other service user representatives who would be agreeable to being contacted by RQIA for the purposes of obtaining their views on the quality of service provision. Unfortunately not all of this information was forwarded to RQIA during the inspection period.

The inspector received feedback from one HSC Trust professional who described the care provided by agency staff as excellent. The HSC Trust professional also indicated that staff respond promptly to the needs of service users and refer to the Trust any concerns or changes in circumstances or risks.

The views of service users and agency staff have been incorporated into the body of this report.

The following records were examined during the inspection:

- The alphabetical index of staff
- The staff duty rota (current and archives)
- Service user meeting records
- Recruitment and Selection Policy
- Whistleblowing Policy
- Training records
- Supervision and appraisal policies
- Two care records
- Complaints records
- Induction policy and records

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an announced care inspection dated 16 April 2014. The completed QIP was returned and approved by the inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 23 (1) (5)	(1)The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided (5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.	Not Met
	Action taken as confirmed during the inspection: The reports of monthly quality monitoring undertaken on behalf of the registered person were not available during the inspection. At the request of the inspector, the reports of monthly monitoring visits undertaken since September 2014 were forwarded to RQIA after the inspection visit. From examination of the reports it was noted that the representatives of service users were not consulted in relation to the quality of service provision and this requirement has been restated.	

<p>Requirement 2</p> <p>Ref: Regulation 15 (2) (a)</p>	<p>The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, prepare or ensure that a written plan ("the service user plan") is prepared which shall—</p> <p>(a) be consistent with any plan for the care of the service user prepared by any Health and Social Services Trust or Health and Social Services Board or other person with responsibility for commissioning personal social services for service users;</p> <p>This requirement refers to the agency's use of restrictive practice in the homes of service users in the absence of HSC Trust involvement.</p> <p>Action taken as confirmed during the inspection: The agency's use of restrictive practice in the homes of service users was discussed with staff who advised the inspector that restrictive practice is no longer used in the homes of service users.</p>	<p>Met</p>
<p>Requirement 3</p> <p>Ref: Regulation 7</p>	<p>The registered person shall—</p> <p>(a) keep under review and, where appropriate, revise the statement of purpose and the service user's guide.</p> <p>Action taken as confirmed during the inspection: The agency's Statement of Purpose was not available for inspection. The inspector requested the submission of the statement of purpose following the inspection however this was not forwarded; this requirement has been restated.</p>	<p>Not Met</p>

<p>Requirement 4</p> <p>Ref: Regulation 14 (e)</p>	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided—</p> <p>(e) in a manner which respects the privacy, dignity and wishes of service users, and the confidentiality of information relating to them.</p> <p>This requirement refers to the agency's arrangements for dispensing service users' medications.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The arrangements for dispensing service users' medications were discussed and observed during the inspection. It was noted that some service users continue to come to the communal living room to receive their medications. Agency staff advised the inspector that several service users had ceased to receive their medications in this manner and store their own medication within their private accommodation. The inspector examined care records which demonstrated the progress made by service users in this regard. It was also noted that while some service users continue to come to their communal area for their medications, agency staff have encouraged service users to take more responsibility and control of the process at these times.</p>		

Previous Inspection Recommendations	Validation of Compliance
<p>Recommendation 1 Ref: Standard 8.11</p> <p>The registered person monitors the quality of services in accordance with the agency's written procedures and completes a monitoring report on a monthly basis. This report summarises any views of service users and/or their carers/representatives ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.</p> <p>It is recommended that the views of professionals are obtained and recorded within monthly quality monitoring reports.</p> <p>It is recommended that any restrictive practices in place are monitored during the monthly quality monitoring visit.</p> <p>Action taken as confirmed during the inspection: The reports of monthly quality monitoring undertaken on behalf of the registered person were not available during the inspection. At the request of the inspector, the reports of monthly monitoring visits undertaken since September 2014 were forwarded to RQIA after the inspection visit. From examination of the reports it was noted that the views of professionals had not been included in the monthly quality monitoring reports. This recommendation has been restated.</p>	<p>Partially Met</p>

<p>Recommendation 2</p> <p>Ref: Standard 9</p>	<p>There are policies and procedures in place that direct the quality of care and services.</p> <p>This recommendation refers to the further development of the agency's policy on the use of restrictive interventions.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The agency's policy on the use of restrictive interventions had been revised following the previous inspection and was satisfactory.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 5.1</p>	<p>It is recommended that service users are provided with a copy of their care plan (in a format that is appropriate to their needs and level of understanding) and receive information in relation to potential sources of (external) support to discuss their needs and care plan.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The inspector noted that service users sign their assessments, care plans and review records. Agency staff reported that service users are offered a copy of their care records however choose not to retain copies of these.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 4.2</p>	<p>The agreement between the service user and the service provider specifies the terms and conditions of the service provision.</p> <p>This recommendation refers to service user agreements referencing conditions of occupancy of the accommodation.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The service user agreements examined were appropriate and referred to the agreements in place for the provision of care and support.</p>	<p>Met</p>

5.3 Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

Is Care Safe?

The agency's Recruitment and Selection Policy was examined. The policy refers to a range of employment checks including obtaining references, verification of qualifications / professional registration and disclosure sought through Access NI. The policy however did not reference which level of disclosure should be sought and it was recommended that disclosure information at the enhanced level is specified within the agency's staff recruitment policy and procedure.

The agency maintains an alphabetical list of staff supplied or available for supply to work in the homes of service users and this was available for inspection. The list however did not include all of the members of staff currently being supplied to work with service users and a requirement has been made in this regard.

The agency's arrangements for the induction of staff were discussed and there was a 'Getting Started – Meeting the NISCC Induction Standards in Adult Social Care' folder available for inspection. The induction information included an induction checklist which outlined the areas to be covered on the first day and during the first week.

Staff who participated in the inspection advised the inspector that staff from other agencies or organisations are not supplied to work with service users and that any gaps in the rota are covered by Mindwise staff.

The induction of a team leader was discussed with agency staff who advised that they had been involved in providing some of the induction. The new member of staff was included on the staff duty rota and appeared to have been allocated supernumerary shifts during the initial induction period.

There were no induction records available for examination during the inspection and agency staff advised that they had no access to these. A requirement has been made in this regard.

The agency's staff supervision arrangements were discussed with agency staff who reported they receive regular one to one supervision.

The inspector examined a 'Managing People Better Guidance for Managers' document which outlines the purpose of supervision. The guidance also states that supervision should normally happen monthly and that management staff should receive supervision every 6-8 weeks. Appraisal is also covered in the policy and each employee is to receive appraisal every 12 months.

The agency maintains schedules of supervision sessions completed with individual staff members. The schedules provided evidence of supervision being completed however it wasn't clear if the completion of these was in accordance with the agency's policy on supervision. Some staff were noted to be in receipt of monthly supervision, other staff had gaps of several months between supervision sessions. It was noted in the records for some staff that supervision hadn't taken place due to changes in management.

A recommendation has been made in this regard.

Is Care Effective?

The inspector noted that the agency's management arrangements had changed since the previous inspection however RQIA had not been advised of the absence of the previous manager, in accordance with Regulation 27 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007. RQIA have corresponded with the responsible person with regard to this matter.

The agency's staffing levels were discussed with agency staff and service users and the inspector was advised that there are generally three members of staff available to respond to the service users throughout the day and a member of staff on call at night (on sleep over within the building). Staffing levels at weekends were noted to decrease and the inspector was advised that this was due to several service users not requiring any support at these times as they often stayed away from their home at weekends.

The agency's staff duty rotas were examined and reflected the compliment of staff described by agency staff during the inspection. The agency is staffed by a manager, team leader and support workers. There were job descriptions for the team leader and support workers available for inspection.

The agency's Whistleblowing policy was examined and it was recommended the policy is amended to include RQIA as an agency to whom staff can report concerns about poor practice.

The agency's training records were examined and provided evidence of training provided in the mandatory areas and in support planning, mental health awareness and schizophrenia. It was noted from the records that the uptake of training in safeguarding vulnerable adults was not in accordance with the frequency outlined in RQIA's "Guidance On Mandatory Training For Providers Of Care In Regulated Services", i.e. at least once every two years. The records evidenced that two members of staff had not received the training since 2012 and one member of staff had not received the training since 2011. A requirement has been made in this regard.

Is Care Compassionate?

Service users who contributed to the inspection advised the inspector there are adequate numbers of staff to meet the needs of service users. Agency staff who were present during the inspection demonstrated their experience and in depth knowledge of the service users. Agency staff were observed responding professionally and sensitively to service users. A HSC Trust professional who contributed to the inspection reported that staff are always willing to work to ensure the best outcomes for service users and that staff are helpful and pleasant.

Areas for Improvement:

There were a number of areas for improvement noted in relation to:

- The agency's recruitment policy and procedure
- The records to be maintained, up to date and available for inspection
- The provision of staff supervision in accordance with the agency's policy on supervision
- The agency's Whistleblowing policy

- The provision of staff training.

Number of Requirements	2	Number Recommendations:	3
-------------------------------	----------	--------------------------------	----------

5.4 Theme 2: Service User Involvement - service users are involved in the care they receive

Is Care Safe?

The inspector examined the care records of two service users and their needs assessments and care / support plans were examined had been signed by the service users. The records contained regular review of the service users' progress towards identified goals and it was evident that service users were encouraged to maximise their independence.

Is Care Effective?

The records of tenants' meetings were reviewed and these had been signed by the service users who participated in the meeting. Issues discussed included trips, meals, holidays, household tasks and some agency policies including health and safety, equality and diversity. Meetings were noted to have been held regularly and the service users are encouraged to attend and participate.

Service users who met with the inspector all confirmed that their views are sought regularly by staff and that they are fully involved in their care and support.

Service user plans are written in a person centred manner and reflect the preferences and needs of the service users. There was strong evidence of service users choosing their daily activities, some with support from staff.

Is Care Compassionate?

Service users advised the inspector that staff are caring and always available to them. Agency staff demonstrated their awareness of the human rights of service users and were observed interacting and engaging with service users in a professional and friendly manner.

All of the staff who returned a questionnaire indicated that service users receive care and support from staff who are familiar with their care needs. Staff also indicated that the agency operates in a person centred manner and that the views of service users are listened to.

Areas for Improvement

There were no areas for improvement identified within this inspection theme.

Number of Requirements	0	Number of Recommendations:	0
-------------------------------	----------	-----------------------------------	----------

5.5 Additional Areas Examined

Complaints

The agency returned to RQIA a summary of all complaints received between 1 January 2014 and 31 March 2015. There were 16 complaints received during this period, mainly from

service users (two from relatives). The agency's complaints records were detailed and provided an assurance that service users were listened to and their concerns documented and addressed.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the support workers on duty at the time of the inspection and with the manager following the inspection, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to agencies.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the agency.

Quality Improvement Plan

Statutory Requirements

Requirement 1

Ref: Regulation 21 (1)

Stated: First time

To be Completed by:
26 June 2015

The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are—

(a) kept up to date, in good order and in a secure manner;

(c) at all times available for inspection at the agency premises by any person authorised by the Regulation and Improvement Authority.

The agency's alphabetical index of staff must be maintained and up to date.

The agency's staff induction training records must be available at all times for inspection.

Response by Registered Person(s) Detailing the Actions Taken:

From Schedule 4:

Point 1. Agreements between staff and agency. Copies of this are held by the individual themselves and centrally within their HR files at our Head office and are not stored in the service. They are available to view at HO.

Point 2. Staff qualifications. This is not given out individually but is available in the office to be viewed on request.

Point 3. List of service users is now in place and available at the service

Point 4. List of all staff is now updated and available at the service

Point 5. The supply of care hours is detailed in the tenants handbook.

Point 6. Training and Induction training details. All staff training details are held by the individual, by the service and at HO. However the records in the service are held with access by the Team leader or Reg Manager. If neither of these are available on the day of an unannounced inspection then it would not be possible to see them on the day. However they are available from HO.

The staff who were outside of this process on the day of the Inspection have now been booked on to the next available courses.

Point 7. Staff appraisals. These are held in individual staff files and would be accessible from Team Leader or Reg Manager. However other staff cannot access them as per Data Protection and Confidentiality policies.

Point 8. registration information. This information is available in service

	<p>Point 9. Allegations of abuse against staff. This information is held in staff file on site and again only accessible by team Leader or Reg Manager and not by other staff as per previous policies.</p> <p>Point 10. This service does not practice physical restraint as directed in our Restrictive Practice policy.</p> <p>Point 11. Service User Support Plans are available in their individual file in the service.</p>
<p>Requirement 2</p> <p>Ref: Regulation 16 (2)</p> <p>Stated: First time</p> <p>To be Completed by: 24 July 2015</p>	<p>(2) The registered person shall ensure that each employee of the agency—</p> <p>(a) receives training and appraisal which are appropriate to the work he is to perform;</p> <p>Response by Registered Person(s) Detailing the Actions Taken: All MindWise staff are trained in line with the Training Matrix which determines the type, level, review dates of all appropriate training. Records of this are available from the Team Leader and Reg. Manager as they are held as per Data Protection policy and, in their absence, can be confirmed at Head Office. The staff who were outside of this Regulation on the day of the Inspection have been booked on to the next available course.</p> <p>The Supervision policy allows for flexibility in supervision periods to take account of the experience level and current work regime of the staff member. Some staff supervisions were overdue on the day of the inspection and this is in process of being remedied with the appointment and registration of a new Acting Manager who will take responsibility for ensuring that supervisions and appraisals take place in accordance with the policy. The meeting to formalise this is due on 24th July.</p>
<p>Requirement 3</p> <p>Ref: Regulation 23 (1) (5)</p> <p>Stated: Second time</p> <p>To be Completed by: Immediate and ongoing</p>	<p>(1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided</p> <p>(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: All tenants have now been consulted and a list of those who are happy for family and carers to be contacted for the purposes of the Monthly Monitoring report is now available to the Area Manager who conducts the visits. The Area Manager will also include details of contacts with, and comments from, statutory staff in the monthly report.</p>

<p>Requirement 4</p> <p>Ref: Regulation 7 Stated: Second time</p> <p>To be Completed by: 24 July 2015</p>	<p>The registered person shall— (a) keep under review and, where appropriate, revise the statement of purpose and the service user’s guide.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The Statement of Purpose and the Service Users Guide have both been updated and are available in the service.</p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be Completed by: 24 July 2015</p>	<p>Staff are recruited and employed in accordance with relevant statutory employment legislation.</p> <p>It is recommended that the agency’s recruitment policy and procedures specify that the criminal history disclosure information at the enhanced level is sought from Access NI.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: MindWise Recruitment and selection policy has been changed to state that "enhanced" level checks are sought for relevant jobs, in accordance with our current procedure</p> <p>Jayne Wright HR Director .</p>
<p>Recommendation 2</p> <p>Ref: Standard 13.3</p> <p>Stated: First time</p> <p>To be Completed by: 24 July 2015</p>	<p>Staff have recorded formal supervision meetings in accordance with the procedures.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: A Supervision record pro-forma has been completed for all staff and this is now attached to their individual files. A master copy is available in service for the purposes of inspections taking place during the absence of the Registered Manager</p>
<p>Recommendation 3</p> <p>Ref: Standard 8.19</p> <p>Stated: First time</p> <p>To be Completed by: 24 July 2015</p>	<p>There is a written policy on “Whistle Blowing” and written procedures that identify to whom staff report concerns about poor practice.</p> <p>It is recommended that the agency’s Whistleblowing policy is amended to include RQIA as an agency to whom staff can report concerns about poor practice.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Whistleblowing policy has been amended to include contact details of the RQIA.</p> <p>Jayne Wright HR Director.</p>

<p>Recommendation 4</p> <p>Ref: Standard 8.11</p> <p>Stated: Second time</p> <p>To be Completed by: Immediate and ongoing</p>	<p>The registered person monitors the quality of services in accordance with the agency's written procedures and completes a monitoring report on a monthly basis.</p> <p>This report summarises any views of service users and/or their carers/representatives ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.</p> <p>It is recommended that the views of professionals are obtained and recorded within monthly quality monitoring reports.</p>		
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>All tenants have now been consulted and a list of those who are happy for family and carers to be contacted for the purposes of the Monthly Monitoring report is now available to the Area Manager who conducts the visits. The area manager will also include details of contacts with and comments from statutory staff in the monthly report.</p>		
<p>Registered Manager Completing QIP</p>	<p>Gwynneth Witherow</p>	<p>Date Completed</p>	<p>20/07/15</p>
<p>Registered Person Approving QIP</p>	<p>Edward Gorringe</p>	<p>Date Approved</p>	<p>21/07/15</p>
<p>RQIA Inspector Assessing Response</p>	<p>Audrey Murphy</p>	<p>Date Approved</p>	<p>24/07/15</p>

Please ensure the QIP is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.