

Unannounced Care Inspection Report 18 July 2017



Mindwise, Carrickfergus

Type of Service: Domiciliary Care Agency

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Tel No: 02893329575

Inspector: Michele Kelly

www.rgia.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

Mindwise is a domiciliary care agency (supported living type) based in Carrickfergus which provides a range of personal care services to people living in their own homes. Service users have a range of needs including mental health issues and require support to live as independently as possible.

3.0 Service details

Organisation/Registered Provider: Mindwise Responsible Individual: Mr Edward George Alexander Gorringe	Registered Manager: Ms Tracy-Anne Turner
Person in charge at the time of inspection: Care worker	Date manager registered: 18 February 2010

4.0 Inspection summary

An unannounced inspection took place on 18 July 2017 from 10:15 to 16.00. 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 reports
- The organisation's response to reducing medication errors within the service.
- Supervision and appraisal.

Areas requiring improvement were identified:

- Management cover during the registered manager's absence
- Staffing levels within the service.

Service users said that staff were caring and attentive and that their lifestyle was very good.

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.

The inspector would like to thank the service users, agency staff and Health and Social Care Trust (HSCT) representatives for their support and co-operation throughout the inspection process.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

Details of the Quality Improvement Plan (QIP) were discussed with the care worker in charge and the area 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 28 April 2016

No further actions were required to be taken following the most recent inspection on 28 April 2016.

5.0 How we inspect

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

- Discussion with the care worker and the area manager
- Examination of records
- Consultation with staff and service users
- Evaluation and feedback.

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.

During the inspection the inspector met with three service users and three staff members.

The following records were viewed during the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Tenants' meeting minutes
- Staff meeting minutes
- Staff induction records
- Staff training records
- Staff recruitment records
- Records relating to staff supervision

- Complaints records
- Incident records
- Records relating to adult safeguarding
- Staff rota information
- Whistleblowing Policy
- Recruitment Policy
- Induction Policy
- Supervision Policy
- Safeguarding Vulnerable Adults Policy
- Confidentiality Policy
- Complaints Policy
- Restrictive Practice Policy statement
- Statement of Purpose
- Service User Guide.

Prior to the inspection the inspector visited that agency's Human Resources (HR) department to review the agency's individual staff recruitment records; details of the findings are included within the report.

Questionnaires were provided by the inspector for completion during the inspection by staff and service users; four staff and no service user questionnaires were returned to RQIA. The inspector contacted the service regarding the service user questionnaire returns but at the time of writing this report none had been received at RQIA.

Feedback received by the inspector during the course of the inspection and from returned questionnaires 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 28 April 2017

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 patients and clients from the care, treatment and support that is intended to help them.

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

The agency's staff recruitment process is managed by the organisation's HR department. The inspector visited the HR department on 20 June 2017 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 recruitment policy outlines the system for ensuring that required staff pre-employment checks are completed prior to commencement of employment. Documentation viewed by the inspector indicated that there are robust recruitment systems in place to ensure that staff are not supplied to work with service users until required checks have been satisfactorily completed. The inspector discussed the process of exploring gaps in employment history within prospective employees' application forms and work experiences. The human resource manager confirmed this matter is emphasised during interview training. She agreed that evidence of this process would be included on interview notes in the future.

The agency's training and development policy outlines the induction programme lasting in excess of the three day timeframe as required within the regulations; the inspector noted from records viewed and discussions with staff that the organisation has a structured comprehensive induction programme. In addition staff are required to complete an induction competency workbook and shadow other staff employed by the agency during their induction programme. Staff who spoke to the inspector confirmed that they are required to complete the full induction programme.

A record of the induction programme provided to staff is retained by the agency; three records viewed by the inspector detailed the information provided during the induction period. Staff who spoke to the inspector demonstrated that they had the appropriate knowledge and skills to fulfil the requirements of their individual job roles. It was noted that a senior staff member is required to sign the induction record to confirm that staff have been assessed as competent.

Discussions with the area manager and staff indicated that the agency endeavours to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the service users; to achieve this staff from other Mindwise services are often used. The inspector viewed the agency's staff rota information and noted that levels of staff can fluctuate from those described in the Statement of Purpose. Recent staff redeployment has also impacted on staffing levels and management cover. Following the inspection the inspector was informed that plans were in progress to appoint an acting manager and redeploy a team leader to the service to ensure adequate staff and management cover. Staff spoken to on the day of inspection described their disappointment that the service had been operating since the end of June 2017 without senior staff. This issue was also highlighted in returned questionnaires from staff. Whilst the inspector noted that during this time the area manager was in regular contact with the service and always available to support staff, improvements are necessary to ensure appropriate staffing levels and senior staff cover.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. 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.

The inspector viewed the agency's staff training matrix and noted that the record indicated that staff had completed relevant mandatory training. 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 reviewed the agency's provision for the welfare, care and protection of service users. The staff could describe the agency's response to the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. It was noted that the organisation has recently updated their policy and procedures to reflect information contained within the policy. The agency has identified an Adult Safeguarding Champion (ASC); the policy outlines the role of the ASC and their key areas of responsibility.

Discussions with staff demonstrated that they had a clear understanding of adult safeguarding issues and the process for reporting concerns. Staff had knowledge of the agency's whistleblowing policy. It was identified from training records viewed that staff are required to complete adult safeguarding training during their induction programme and in addition complete an annual update. Training records viewed by the inspector indicated that staff had received training in relation to adult safeguarding.

From discussions with the area manager and records viewed it was identified that the agency maintains a record of referrals made to the HSCT safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Records viewed and discussions with staff indicated that the agency has acted in accordance with their policies and procedures when dealing with allegations of abuse and that the details of the outcome of any investigations are recorded.

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 noted that service users are supported to participate in an annual review involving the HSCT keyworker if appropriate and that care and support plans are reviewed annually or as required. The inspector viewed a range of risk assessments in place relating to individual service users; it was identified that governance arrangements include an audit of risk assessments and any practices deemed to be restrictive.

Four staff questionnaires were returned to RQIA; responses received indicated that some staff who returned questionnaires were not satisfied that care provided is safe due to the current staffing arrangements.

Service users' comments

- "My keyworker helps me out a lot with my problems".
- "Things are good feeling very well, thanks to the staff".

Staff comments

- "It has been a difficult few weeks because of staffing".
- "Staffing has been an issue".

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to staff induction and supervision and appraisal.

Areas for improvement

The registered person must ensure that there is at all times an appropriate number of suitably skilled and experienced persons employed for the purposes of the agency.

	Regulations	Standards
Total number of areas for improvement	1	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. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide.

The agency's record keeping and record management policy outlines the procedures for the creation, storage, retention and disposal of records. The inspector noted that records viewed both during and following the inspection were maintained in accordance with legislation, standards and the organisational policy. The inspector noted that staff had received training relating to record keeping, confidentiality and data protection.

Staff could describe the methods used to ensure that service users are supported to be involved in the development of their care plans. Service users who met with the inspector stated that they are involved in the development of their individual care plans and that their choices are reflected. During the inspection the inspector viewed a number of service user care records; it was noted that staff regularly record the care and support provided.

Discussions with staff and records viewed indicated that there are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. The inspector identified that monthly quality monitoring visits are completed by a senior manager and a detailed action plan developed. There are processes in place to ensure that relevant information is collated and audited on a monthly basis.

Records of quality monitoring visits viewed provide evidence of a robust system; they include comments made by service users, and where appropriate their representatives. The records include details of the review of accidents, incidents or safeguarding concerns and in addition details of the review of staffing arrangements, documentation and financial management arrangements. The inspector noted that this process includes a review of any practices which may be deemed as restrictive.

The agency's systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. Discussions with service users and staff, and observations of staff interaction during the inspection indicated that staff

communicate appropriately with service users. Service users could describe the process for reporting concerns or complaints; the agency provides service users with an information booklet containing a comprehensive list of advocacy services available.

The agency facilitates monthly service user meetings; service users who met with the inspector indicated that they are encouraged to attend and supported to express their views and choices.

Staff could describe a range of ways in which the agency seeks to maintain effective working relationships with the HSCT representatives and other stakeholders. One staff member indicated that communication with a HSCT representative could be better; this was also highlighted in a returned questionnaire. The inspector spoke with the HSCT professional following the inspection. This representative discussed the need to ensure information which service users’ had disclosed in absolute confidence and had requested should not be shared, remained confidential. This representative also advised the inspector that they were happy with the service provided by Mindwise.

Service users’ comments

- “Staff are nice and helpful”.
- “It is good to be back after a hospital stay”.

Four staff questionnaires were returned to RQIA; responses received indicated that some staff who returned questionnaires were not satisfied that care provided is effective due to the current staffing arrangements.

Areas for improvement

Areas for improvement identified during the inspection in respect of staffing arrangements have been included under the section “Is care safe”.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

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

During the inspection the inspector sought to assess the agency’s ability to treat service users with dignity, respect and equality and to fully involve service users in decisions affecting their care and support.

Observations made during the inspection and discussions with service users and agency staff indicated that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the organisation. Staff could describe examples of how they support service users to enable them to live a more fulfilling life. It was noted that recent staffing levels impacted on service users’ opportunities to engage in some activities; some service users observed that the service was under staffed commenting;

- “I go out sometimes with my key worker when they have the time; I think they have been short staffed”.
- “I would like more outings but staff are busy”.

It was identified from observations of staff interactions with service users during the inspection that staff endeavour to provide care in an individualised manner and to ensure that service users are encouraged and supported to make informed choices.

Service users who spoke to the inspector stated that staff encouraged them to be involved in making decisions regarding the care and support they receive. Records of service user meetings and care review meetings reflected the involvement of service users and were noted to contain comments made by service users.

The inspector noted that comments made by service users and/or their representatives were recorded throughout a range of the agency’s documentation. Processes to effectively engage and respond to the comments and views of service users and where appropriate representatives are maintained through the agency’s complaints process; monthly quality monitoring visits; annual care review meetings; annual stakeholder and service user satisfaction surveys and tenants meetings. It was identified from records viewed that the agency’s quality monitoring process assists in the evaluation of the quality of the service outcomes and in identifying areas for improvement.

Four staff questionnaires were returned to RQIA; responses received indicated that some staff who returned questionnaires were not satisfied that care provided is compassionate due to the current staffing arrangements.

Service users’ comments

- “I have a good quality of life, staff treat me respectfully”.
- “I would like to see more outings”.

Staff comments

- “Service users are valued and staff work very hard to ensure their needs are met”.

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

Areas for improvement identified during the inspection in respect of staffing arrangements have been included under the section “Is care safe”.

	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 inspector reviewed management and governance systems in place within the agency to meet the needs of service users. RQIA had been notified of a change in the management arrangements since the previous inspection but at the time of inspection an acting manager arrangement had not been notified to RQIA. As discussed in section 6.3, subsequent to the inspection the area manager outlined proposals regarding redeploying staff from other services within the organisation to positions of acting manager and team leader.

It was identified that the agency has in place a range of policies and procedures as outlined within the minimum standards; they are retained both in an electronic and a paper format; staff could describe the process for accessing policies. During the inspection process the inspector viewed evidence of appropriate staff induction, training, supervision and appraisal. Staff could describe the benefits of reviewing the quality of the services provided and of identifying areas for improvement.

The inspector viewed evidence of robust governance systems in place within the agency to meet the needs of service users. At the time of inspection the agency was managed on a day to day basis by experienced staff who facilitated the inspection and the area manager was in contact by telephone to support the process.

The agency has a comprehensive and systematic approach to reviewing information with the aim of improving safety and quality of life for service users. It was identified from records viewed and discussions with the staff 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 complaints, accidents, safeguarding referrals and incidents notifiable to RQIA. The inspector noted that the organisation had responded positively to reduce medication errors within the service with a process of performance improvement designed to educate and foster competence in staff following mistakes made in administration of medicines. The inspector was impressed by the rigor of the process and the support offered to staff.

The agency's complaints policy records the procedure for managing complaints; discussions with staff indicated that they have a clear understanding of the actions to be taken in the event of a complaint being received. Service users who spoke to the inspector could describe the process for making a complaint. The inspector viewed the record of complaints which is kept in accordance with Mindwise Complaints Policy and Procedure. Complaints were being appropriately investigated and responded to.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. Staff had a clear understanding the responsibilities and requirements of their job roles; service users were aware of staff roles and knew who to talk to if they had a concern. Staff demonstrated that they had an understanding of the agency's whistleblowing policy and could clearly describe the procedure for obtaining support and guidance including the arrangements for out of hours. Staff and service users who met with the inspector stated that the registered manager is supportive and approachable.

All staff are required to be registered with the Northern Ireland Social Care Council (NISCC) as appropriate; it was noted that a record is maintained by the agency and the HR department which records registration details and expiry dates. Discussions with the HR manager provided assurances that the organisation has a process in place for monitoring registration of staff.

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

Four staff questionnaires were returned to RQIA; responses received indicated that staff who returned questionnaires were satisfied that care provided is well led when the registered manager is working in the service; they indicated dissatisfaction with the current staffing situation.

Staff comments

- “My manager is hard working caring and compassionate”.

Service user comments

- “I get on great with Tracy-Anne; she will deal with any complaints”.
- “My manager is approachable and will get things sorted”.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to quality monitoring arrangements and the organisation’s response to reducing medication errors within the service.

Areas for improvement

Areas for improvement identified during the inspection in respect of staffing arrangements have been included under the section “Is care safe”.

	Regulations	Standards
Total number of areas for improvement	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 Jackie Mc McCaughey, area manager and the care worker in charge 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/or 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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

<p>Area for improvement 1</p> <p>Ref: Regulation 16.1</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person must ensure that there is at all times an appropriate number of suitably skilled and experienced persons employed for the purposes of the agency.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Two of the staff, who were redeployed to Head Office at the time of the inspection, have now returned to work at Henry Gill Court. During their absence additional staff, including MindWise Bank Workers, staff from other MindWise Housing Services and from a local agency, provided additional cover in the service to ensure adequate staffing levels. A file containing the relevant information relating to the agency staff is available in the service. An Acting Manager was registered for the service and additional support was provided through the Floating Support Team Leader who is based at the service. There are currently two staff vacancies and recruitment is taking place for these posts at present.</p> <p>In addition the Registered Manager is currently reviewing the service contingency plan aiming to ensure that effective and efficient contingency plans are in place to ensure the full staffing compliment in is situ at all times.</p>

Please ensure this document is completed in full and returned via Web Portal



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