



The Regulation and  
Quality Improvement  
Authority

**Mindwise**  
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**Unannounced Care Inspection  
of  
Mindwise**

**30 October 2015**

The Regulation and Quality Improvement Authority  
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## 1. Summary of Inspection

An unannounced care inspection took place on 30 October 2015 from 09.30 to 15.30. 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
<b>Total number of requirements and recommendations made at this inspection</b>	2	2

The details of the QIP within this report were discussed with the support staff on duty as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Mindwise / Mr Edward Gorringe	<b>Registered Manager:</b> Tracey-Anne Turner
<b>Person in charge of the agency at the time of Inspection:</b> Support worker	<b>Date Manager Registered:</b> February 2010
<b>Number of service users in receipt of a service on the day of Inspection:</b> 18	

Mindwise provides a supported living type of domiciliary care to people with mental illness who require support to live as independently as possible. The service is located in Carrickfergus and is available to up to 18 service users. The service is provided across a number of premises located close to the agency's registered premises at Henry Gill Court.

The service provided by Mindwise has expanded since the previous inspection and a number of individuals have moved to single person accommodation nearby and have developed skills and confidence allowing them to live more independently and with minimal support.

### 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 report of the previous inspection and the quality improvement plan
- Notifiable events forms submitted by the agency since the previous inspection
- Summary of complaints forwarded to RQIA prior to the inspection.

During the inspection the inspector met with three service users and with three care staff. The inspector distributed questionnaires to staff and service users during the inspection and ten of these were returned to RQIA by service users and seven by agency staff.

The agency submitted to three RQIA notifications in relation to medication administration incidents that had occurred since the previous inspection. The inspector was satisfied that these matters had been handled appropriately. A safeguarding matter was discussed during the inspection and the records examined provided evidence of agency staff appropriately recording, reporting and liaising with the Trust and PSNI. A report of the incident was forwarded to RQIA following the inspection.

The following records were examined during the inspection:

- Recruitment policy and procedures
- Alphabetical index of staff
- Induction records
- Minutes of tenants' meetings
- Staff training records
- Care records
- Whistleblowing policy
- Staff training records
- Supervision and appraisal policies
- Care 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 18 April 2014. The completed QIP was returned and approved by the inspector.

## 5.2 Review of Requirements and Recommendations from the last inspection:

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> 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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The reports of the monthly monitoring undertaken on behalf of the registered person were examined and reflected consultations with service users and their representatives. The reports also provided updates on progress made in relation to areas for quality improvement identified.	
<b>Requirement 2</b>  <b>Ref:</b> Regulation 7	The registered person shall— (a) keep under review and, where appropriate, revise the statement of purpose and the service user’s guide.  This requirement refers to: <ul style="list-style-type: none"> <li>• The use of the term ‘personal care’</li> <li>• inclusion with the description of the nature and range of services provided any restrictive practice being implemented.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The agency’s service user guide and statement of purpose were reviewed and reflected the range and nature of services provided.	

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  Ref: Standard 4	It is recommended that each service user has a written individual service agreement.  This recommendation refers to service users receiving individual service agreements which are reviewed regularly and outline the arrangements for any changes to charges.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector noted that the individual service users' agreements have been developed and included the breakdown of support and care to be received. Arrangements for changes to any charges are also outlined.	
<b>Recommendation 2</b>  Ref: Standard 8.11	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.	<b>Met</b>
	It is recommended that the views of service users' representatives (including professionals) are obtained and recorded within monthly quality monitoring reports.  It is recommended that any restrictive practices in place are monitored during the monthly quality monitoring visit.	
<b>Recommendation 3</b>	There are policies and procedures in place	<b>Met</b>

<b>Ref: Standard 9</b>	that direct the quality of care and services.  It is recommended that the agency review the restrictive policy and include within this reference to the HSC Trust involvement in the assessment of needs/risks associated with any restrictive practice.	
	<b>Action taken as confirmed during the inspection:</b> The agency's policy on restrictive practice had been updated following the previous inspection and there was evidence of this being discussed with service users. At the time of the inspection, none of the service users were experiencing restrictive practice.	

### 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 employments checks including references, verification of qualifications/professional registration and enhanced disclosure sought through Access NI. The policy however did not reference the arrangements for ensuring that new staff have a pre-employment health assessment and a recommendation has been made in this regard.

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 and was up to date. Staffing is comprised of the registered manager, deputy manager and mental health housing support workers and there were job descriptions in place for staff.

The inspector was advised that staff are not supplied to work with service users at short notice and that all staff supplied are Mindwise employees.

The agency's arrangements for the induction of staff were discussed and the records examined. A member of staff who had completed their induction recently advised the inspector that they had found the induction period very beneficial and had completed this with a more experienced member of staff. The induction records evidenced a structured induction period lasting at least three days and all of the staff who returned a questionnaire indicated that they were satisfied or very satisfied that the agency's induction process prepared them for their role.

The inspector requested a copy of the agency's staff handbook however this was not available during the inspection and agency staff advised that they had not received a staff handbook. A requirement has been made in this regard.

The agency's staff supervision and appraisal arrangements were discussed with agency staff who reported they receive regular one to one supervision. The inspector examined the

agency's 'Managing People Better Policy' and this outlined the frequency of supervision as 4-6 weekly. The inspector was advised by agency staff that a record of their supervision and appraisal is maintained and is accessible to them. A member of staff consented to the inspector examining their appraisal records and these reflected the provision of an annual appraisal. Staff advised the inspector that they have their annual appraisals in January of each year and that their appraisal records are shared with them and discussed regularly during supervision.

The records examined provided evidence of the provision of staff supervision in accordance with the frequency outlined in the agency's policy.

### **Is Care Effective?**

The staffing levels were discussed with agency staff and with service users all of whom indicated that there were at all times adequate numbers of staff available to meet the needs of the service users. The agency's staff duty rotas were examined and reflected the staffing levels outlined by staff and service users. The duty rotas reflected increases in staffing levels to facilitate staff attendance at training and staff accompanying service users to activities. The rotas also reflected reductions in staffing levels, particularly at weekends, when fewer service users were requiring a service.

Staff who participated in the inspection advised the inspector of the revised arrangements in place to provide sleep over cover and of the on call arrangements. Service users who met with the inspector were familiar with the staffing arrangements at night and advised the inspector that they were satisfied that there were enough staff available at all times to meet their needs. From speaking with service users and agency staff and examining agency records, it was evident that staffing is discussed regularly with service users and that their views have influenced how staff are supplied.

The inspector was advised that the effectiveness of staff induction training is evaluated throughout the induction period and during supervision. The manager and the deputy manager complete supervision with staff and have received training in this area. Staff reported that supervision is provided regularly in formal supervision meetings and that their practice also observed. Staff who participated in the inspection also reported that supervisory staff can be contacted at all times.

All of the service users who returned a questionnaire indicated that they were satisfied or very satisfied with staffing levels and that staff help them to feel safe and secure in their home. Some service users made the following comments:

"I feel extremely safe here, the staff are always here for me, always appropriate".

"Staff are well trained, which reassures me".

"Very good levels of care and support".

The agency's policy on whistleblowing was discussed with staff who confirmed that they were aware of the policy, that it had been shared with them during induction and that they would know how to implement the policy. Staff described the management of the agency as approachable. The agency's 'Policy on Whistleblowing and Raising Concerns' was examined and it was recommended that the policy is reviewed to include the contact details of RQIA.

The agency's training records were examined and provided evidence of training provided in the mandatory areas. However, the records did not provide an assurance that all training had been provided in accordance with the frequency outlined in RQIA's "Guidance On Mandatory Training For Providers Of Care In Regulated Services". In particular, the records for some staff did not evidence uptake in training in handling service users' finances, fire safety, safeguarding vulnerable adults, medication administration.

A requirement has been made with regard to the provision of staff training in all of the mandatory areas.

### **Is Care Compassionate?**

Service users advised the inspector that they each have a 'key worker' and that they have one to one time allocated to them by their key worker. All of the service users who met with the inspector confirmed that all of the staff are familiar with their care and support plans and that they are made aware of any staffing changes and know in advance who is going to be supplied to work with them.

Specific comments made by service users in relation to staffing were noted in the monthly quality monitoring reports and these reflected good working relationships between agency staff and service users.

Staff changes are discussed during tenants' meetings and the records of these provided evidence of this. Service users who participated in the inspection indicated that staffing has been stable in the service and that one member of staff has joined the staff team in recent months.

A member of staff who had undergone induction in recent months described the induction process and the introductions to the service users. Two service users who participated in the inspection confirmed that they were introduced to the new member of staff and that they had been advised in advance of the new worker's appointment.

All of the service users who returned a questionnaire indicated that they were very satisfied that staff know how to care for them and respond to their needs overall levels of satisfaction with the care and support were high.

The agency has a 'Managing People Better Policy – Managing Employee Performance and Development' and this outlines the agency's policy on staff probation and staff supervision. The agency's Performance Improvement Process considers issues such as capability, skill and performance and the responsibilities of employees and managers are also outlined.

### **Areas for Improvement**

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

- The agency's recruitment policy and procedure
- The agency's whistleblowing policy
- The provision of staff training
- The staff handbook.

Number of Requirements	2	Number Recommendations:	2
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## 5.4 Theme 2: Service User Involvement - service users are involved in the care they receive

### Is Care Safe?

The care records examined reflected the involvement of the service users who had signed their records. The support plans were outcome focused and highlighted the service users' human rights. There were examples of positive risk taking provided and these included supporting individuals to become more financially independent, to administer their medication independently and to access the local community.

Support plans were being reviewed regularly and records examined provided evidence of the service user's progress towards their identified outcome. Risk assessments were in place and were modified appropriately as the risks decreased.

Staff who participated in the inspection spoke enthusiastically about the progress made by a number of service users, some of whom had moved to single person accommodation and continued to receive their housing support from agency staff.

All of the service users who returned a questionnaire to RQIA indicated that their views and opinions are sought about the quality of the service. Staff questionnaires returned also provided a strong indication that service users have their views and experiences taken into account in the way their service is provided and delivered.

### Is Care Effective?

The care records examined were outcome focussed and referenced include outcomes such as: managing mental health, self-care, living skills, social networks, work and relationships. The service users' human rights were outlined within each outcome area.

The inspector was advised that reviews are undertaken annually with full multi-disciplinary team involvement. Service users are given the choice to attend their review meeting and are encouraged to contribute to the review process. Agency staff reported having pre-review meetings with the service user prior to their annual review to support them with this process. The agency contributes to the review by attending with or on behalf of the service user and by submitting a report.

The agency maintains detailed record of tenants' meetings which were noted to be held regularly. The records of the tenants meetings were examined and reflected regular discussion of new policies including restrictive practice policy, complaints policy the agency's adult safeguarding policy. Prospective new tenants and service users' preferences regarding food, routines and activities were also discussed. The records of the tenants' meetings had been signed by service users and staff. One service user who participated in the inspection highlighted the tenants' meetings as a useful method for staff to hear the views of the service users.

## Is Care Compassionate?

The service users who participated in the inspection provided a range of examples indicating how they are actively involved in planning the care and support they receive. From discussions with staff it was evident that the views of service users are sought regularly and used to provide an individualised service to each service user.

Service users have been consulted in relation to their views on the involvement of their representatives in the agency's quality monitoring activity. It was evident that agency staff were respectful of the wishes of service users where the service user had not consented to their relatives being contacted for this purpose.

## Areas for Improvement

There were no areas for improvement identified within this theme.

<b>Number of Requirements</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 5.3 Additional Areas Examined

### Complaints

- 5.4 The agency returned to RQIA a summary of all complaints received between 1 January 2014 and 31 March 2015. The agency had received one complaint during this period and this had been examined and discussed with the registered manager during the previous inspection.

## 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 worker in charge 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](mailto:agencies.team@rqia.org.uk) 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

<p><b>Requirement 1</b></p> <p>Ref: Regulation 17</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 22 January 2016</p>	<p>(1) Where an agency is acting otherwise than as an employment agency, the registered person shall prepare a staff handbook and provide a copy to every member of staff.</p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Human Resources are currently developing this and the Inspector will receive a copy of this when completed.</p>
<p><b>Requirement 2</b></p> <p>Ref: Regulation 16.2</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 22 January 2016</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><b>Response by Registered Person(s) Detailing the Actions Taken:</b> There is currently a centrally coordinated training schedule which each member of staff will follow according to the requirements of their post. A new schedule for 2016 is currently displayed for staff so advance notice is given. The training matrix is updated as necessary regarding any changes to frequency or additions to the schedule of training. All staff complete an annual appraisal in Jan/February. The appraisal procedure has been reviewed during 2015 and a new format will be implemented in January 2016.</p>

### Recommendations

<p><b>Recommendation 1</b></p> <p>Ref: Standard 11</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 08 January 2016</p>	<p>Staff are recruited and employed in accordance with relevant statutory employment legislation.</p> <p>It is recommended that the policy and procedures for staff recruitment detail the arrangements for ensuring that a pre-employment health assessment is obtained.</p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Details of Regulation 13, paragraph 'c' and schedule 3 of the Regulations has been highlighted to Human Resources for consideration so that this can be evidenced in the Recruitment policy. As part of the Recruitment toolkit, each applicant is asked to declare any medical issues that would impact on the role they have applied for. Each appointing officer completes a form stating that the successful applicant is fit to take up the post and can request additional medical information if they have any concerns about the person's fitness to carry out the requirements of the role.</p>
<p><b>Recommendation 2</b></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><b>Ref:</b> Standard 8.19</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 08 January 2016</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><b>Response by Registered Person(s) Detailing the Actions Taken:</b> This policy was amended in June 2015 to include RQIA contact details. The updated policy has been sent to the Inspector. To note there was a problem regarding the operation of the staff website where the updated policy was not showing. This was a fault which has now been repaired and the policy is available to all staff for guidance.</p>

<b>Registered Manager Completing QIP</b>	Tracy-Anne Turner	<b>Date Completed</b>	16/12/15
<b>Registered Person Approving QIP</b>	Edward Gorringe	<b>Date Approved</b>	16/12/15
<b>RQIA Inspector Assessing Response</b>	Audrey Murphy	<b>Date Approved</b>	21/12/15

*\*Please ensure the QIP is completed in full and returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) from the authorised email address\**