

# Unannounced Care Inspection Report 24 April 2018



## Mindwise, Carrickfergus

**Type of Service: Domiciliary Care Agency**

**Address: 1 Henry Gill Court, Ellis Street, Carrickfergus, BT38 8AX**

**Tel No: 02893329575**

**Inspector: Michele Kelly**

[www.rgia.org.uk](http://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**

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 10 staff.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> MindWise  <b>Responsible Individual:</b> Mr Edward George Alexander Gorringe	<b>Registered Manager:</b> Ms Tracy-Anne Turner
<b>Person in charge at the time of inspection:</b> Team Leader	<b>Date manager registered:</b> 18 February 2010

### 4.0 Inspection summary

An unannounced inspection took place on 24 April 2018 from 10.00 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
<b>Total number of areas for improvement</b>	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 18 July 2017

No further actions were required to be taken following the most recent inspection on 18 July 2017.

## 5.0 How we inspect

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
- Incident policy
- Complaints 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; two 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. Following the inspection the inspector also

spoke on the telephone with a 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 18 July 2017.

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

The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 18 July 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 16.1 <b>Stated:</b> First time	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.  Ref: 6.3	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector noted that since the last inspection the post of team leader has been filled; in addition the manager has returned to duties and two new health support workers have been employed within the agency. Staff spoken to on the day of inspection confirmed satisfaction with staffing levels.	

## 6.3 Inspection findings

### 6.4 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. Staffing levels and staff morale has improved since the last inspection. Management support has been enhanced following the appointment of a new team leader and the return to duties by the manager. The inspector noted that in recent months staffing levels were also increased at night to ensure that sleep-in staff have support, and to reduce risks in respect of lone working.

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 meetings to discuss tenant issues, possible group activities, outings and relevant policy updates.

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 (HR). An inspector visited the HR department on 20 June 2017 before 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 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. The team leader discussed incidents involving service users, it was evident that the agency had responded appropriately to each incident and reviewed risk assessments in collaboration with trust staff. 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. Induction records emphasised that staff should not participate in activities if training in those areas has not been completed.

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.

A trust professional contacted by the inspector following the inspection said that they believed staff would benefit from further training in working with people with mental illness and explained this would enhance staff confidence and expertise. This professional also noted that service users could benefit from being supported to take part in more activities and confirmed staff were very helpful and the agency was effective. These matters were discussed in a telephone conversation with the manager following the inspection. The manager outlined recent training activity for agency staff in addition to mandatory training; this included intensive courses centred on improving mental health and well-being for service users. The manager described how staffing increases had allowed service users more opportunities to engage in activities within the agency and in the community.

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:**

- "Staff are fussy but good."
- "Feel well cared for, no complaints."

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

Two returned questionnaire from service users indicated they were satisfied that care was 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
<b>Total number of areas for improvement</b>	0	0

### 6.5 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.

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

Two returned questionnaire from service users indicated they were satisfied that care was effective.

## 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
<b>Total number of areas for improvement</b>	0	0

### 6.6 Is care compassionate?

**Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Discussions with the staff and observations made by the inspector 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 take positive steps to enable them to live a more fulfilling life. A service user who met with the inspector described how a key worker had helped them to make the transition from hospital to the community and continued to support this person to access employment and training.

Staff have been provided with training and information in relation to human rights and confidentiality during their induction programme. The agency has provided service users with information relating to human rights, advocacy and adult safeguarding.

From observations of staff interactions with service users during the inspection it appears that staff endeavour to provide care in an individualised manner and strive to ensure that service users are encouraged and supported to make informed choices. Records of service user meetings reflected the involvement of service users and contained comments/suggestions made by service users.

Processes to effectively engage and respond to the comments and views of service users and were appropriate their representatives are maintained through the agency's complaints process, one to one meetings with service users, monthly quality monitoring visits, care review meetings involving HSC Trust keyworkers and service user meetings.

Observations made by the inspector during the inspection indicated that service users are encouraged to make choices regarding their individual daily routine and activities. The inspector noted that service users could speak to staff at any time.

The agency records compliments received and examples of these include;

- "Food is exceptional, really lovely."
- "The staff have been great with XXXX during a difficult time."

**Staff comments:**

- “With more staff we can give a lot more support.”
- “This is a much more positive and happy environment.”

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

Two returned questionnaire from service users indicated they were satisfied that care was compassionate.

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the provision of individualised compassionate care and the effective engagement of service users.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**6.7 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.**

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 agency’s complaints policy clearly outlines the procedures and timescales for managing complaints. Staff stated that they had received training in relation to complaints management during their induction; 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. It was identified from records viewed that the agency has received no complaints since the previous inspection.

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 team leader could describe the benefits of continually reviewing the quality of the services provided in identifying areas for improvement and highlighting good practice.

The inspector identified from records viewed and discussion with agency staff that the agency has processes in place to encourage and achieve effective collaborative working relationships with relevant stakeholders.

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. It was evident that the annual survey 2017 recorded service user gender, age, ethnicity and length of time in the service.

The inspector also noted that the agency collects equality information in relation to service users, during the referral process. The data is used effectively and with individual service user involvement when an individual person centred care and support plan is developed. 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.

Discussions with the service users, staff and the team leader highlighted evidence that supports tenants' equal opportunities, regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection include:

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

The Statement of Purpose for the service was reviewed and revised by the provider in 2017. The document clearly describes the nature and range of the services to be provided and addresses all of the matters required by regulation 5 (1) of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007

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

**Staff comments:**

- "The staff team is great."
- "We are a stronger team now and we get great support from the Adult Mental Health Services Manager."

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

Two returned questionnaire from service users indicated they were satisfied that care was well-led.

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the agency’s management of incidents and governance arrangements.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

Tel 028 9051 7500  
Email [info@rqia.org.uk](mailto:info@rqia.org.uk)  
Web [www.rqia.org.uk](http://www.rqia.org.uk)  
🐦 @RQIANews