

Wirral Mind

# Wirral Mind

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

The inspection was announced and took place on the 20 and 21 October 2016. At the last inspection in February 2014 the service was found to be meeting all the outcomes inspected.

Wirral Mind is a domiciliary care service that provides care and support to people with learning disabilities and mental health needs. Support is provided in the community and within supported living services to people who live in the Wirral area. At the time of the inspection there were sixteen people being supported by the service.

The manager was registered with the CQC and had been in post since September 2011. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During the inspection we found positive examples relating to the care being provided to people. However we also identified some aspects of the service that needed improvement.

Information relating to the safe recruitment of staff was not available after some of this information had been deleted due to a problem with the IT system. The registered provider had identified 27 staff whose references had been deleted, and we identified an additional one. This impacted upon the registered provider's ability to demonstrate safe recruitment practices. Whilst efforts had been made to prevent this from occurring again in the future, this also highlighted issues around the safe storage of information.

You can see what action we told the provider to take at the back of the full version of the report.

The registered provider was not always aware of their duties with regards to the Mental Capacity Act 2005 (MCA). Mental capacity assessments had not been completed for people using the service, in accordance with the law. We have made a recommendation around the use of the MCA within the service.

Full-time staff had received training in key areas to ensure that they had the skills and knowledge needed to carry out their roles. This included training in the MCA, safeguarding and first aid. We identified that a system was needed to ensure that bank staff had the necessary skills and knowledge. Bank staff are temporary staff who are used on an 'ad hoc' basis to fill gaps where there is a shortfall in staff. The registered manager confirmed that this would be put in place, and following the inspection we received confirmation to show that this was being done.

People were protected from the risk of abuse. Staff were aware of the different types of abuse and how to report any concerns that they may have. The registered provider had a safeguarding policy and procedure in place which staff were aware of.

A record of accidents and incidents was maintained, and records showed action had been taken to prevent incidents from happening again in the future. For example one person had been referred to the occupational therapist so that the necessary equipment could be put into place to support them. This ensured that people's wellbeing was maintained.

People were supported to take their medicines as prescribed. Staff signed medication administration records (MARs) to show that these had been given as required. Staff had also supported people with accessing support from health professionals when they were unwell. This protected people from the risk of poor health.

People were supported to eat and drink sufficient amounts to meet their dietary requirements. Their care records contained details around any special dietary requirements they may have. Staff were aware of people's dietary needs and ensured that these were provided for.

Staff were kind and caring towards people. People's family members commented they felt their relatives were being well looked after by staff and we saw examples where positive relationships had been developed. Staff worked to promote people's dignity and acted to relieve any discomfort or distress when it arose.

People's care records contained detailed and personalised information regarding their care needs. This was reviewed on a regular basis which ensured that staff had access to up-to-date, relevant information about how they should support people.

People were protected from the risk of social isolation. There were activities available to people and their family members commented that they were "always out". Staff had time to spend with people, and we saw examples of them doing activities such as painting, or sitting and talking to people.

There were audit systems in place to ensure that the quality of the service was being maintained. Audits of medicines, people's care records, accidents and incidents and people's finances were carried out regularly to ensure that there were no issues. Where issues were identified actions were taken to remedy these and prevent them from occurring again in the future.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

The registered provider was not able to fully demonstrate safe recruitment processes due to the loss of essential data relating to recruitment.

People were protected from the risk of abuse. Staff had received training in safeguarding vulnerable people and knew how to report any concerns.

People were supported to take their medicines as prescribed, and the relevant documentation was completed by staff to show that this had been done.

### Is the service effective?

**Good** ●

The service was effective.

Staff had received training in the Mental Capacity Act 2005 and were aware of their responsibilities in relation to the Act.

People received meal time support that was appropriate for them. Staff were aware of people's nutritional needs which were clearly outlined in their care records.

People were supported to access input from health professionals to maintain their health and well-being.

### Is the service caring?

**Good** ●

The service was caring.

Positive relationships had developed between people and staff, and staff were familiar with people's needs.

Staff were kind and caring towards people and acted to alleviate distress where needed.

Staff acted to maintain people's privacy and dignity.

### Is the service responsive?

**Good** ●

The service was responsive.

Staff had access to information in people's care records that was person-centred, accurate and up-to-date.

People were supported to engage in activities that they enjoyed.

There was a complaints process in place, and people's family members confirmed that they would feel comfortable raising concerns if they needed to.

### **Is the service well-led?**

The service was not always well led.

The registered provider had failed to ensure that all recruitment records were safely stored and protected

There were audit systems in place to monitor the quality of the service being provided, and appropriate action had been taken to make improvements where issues were identified.

The registered provider had appropriately submitted notifications around incidents that occurred within the service to the CQC as required by law.

**Requires Improvement** 

# Wirral Mind

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 20 and 21 October 2016 and was announced. The registered provider was given 24 hours' notice because the location provides a domiciliary care service to people who are often out during the day and we needed to be sure that someone would be in.

The inspection was completed by one adult social care inspector.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this information prior to the inspection taking place.

Before the inspection we contacted the local authority who did not raise any concerns about the service.

During the inspection we made observations relating to the interactions between people and staff. We spoke with five people who used the service and spoke to some of their relatives. We looked at four people's care records. We spoke with seven members of staff and the registered manager. We also looked at other records relating to the management of the service.

# Is the service safe?

## Our findings

People commented that they felt safe with staff. They presented as relaxed and at ease in the company of staff, and staff were attentive to their needs to ensure that they remained safe. For example one person was spending time in their room. Staff made regular observations to ensure their wellbeing was being maintained. People's family members commented that they felt their relatives were safe. Their comments included, "I have no concerns about [my relative's] safety". Whilst we received positive feedback we identified some areas that needed improving.

We looked at the recruitment records for four members of staff. Two of the records we looked at only had one reference, and in one of these examples this was not from their previous employer. We raised this with the registered manager who informed us a number of references had been stored online, and had been lost due to a computer issue. The registered manager showed us a list highlighting 27 staff whose references had been affected. Alongside this we identified an additional member of staff who was not on the list. Action had been taken to re-request all of the references, and a new computer system had been implemented, along with a back-up system to prevent this from happening again in the future.

This is a breach of Regulation 18 of the Health and Social Care Act 2005 (Regulated Activities) Regulation 2014 because the registered provider was unable to demonstrate safe recruitment processes.

Checks had been completed by the disclosure and barring service (DBS) before staff started working at the service. DBS checks look at whether staff have a criminal record and helps employers make informed decisions about their suitability to work with vulnerable people. The interview process was robust and rated people on their suitability, based on their answers to a number of questions that had been asked.

There were sufficient numbers of staff employed to meet the needs of people using the service. Those people who required one to one care received this as required. We looked at staff rotas and found that staffing levels were consistent. People's relatives commented that they did not have any concerns about staffing levels.

Staff had completed training in safeguarding vulnerable adults and knew how to protect people. Staff knew the different kinds of abuse, and were aware of the indicators that may show abuse was taking place. Staff told us that they would report their concerns to their manager or the local authority. The registered provider had a whistleblowing policy in place which staff were familiar with. Whistleblowing is where staff can raise concerns inside or outside the organisation without fear of reprisals.

Risk assessments were in place to help ensure that people's safety was maintained. These outlined a clear process regarding the risk presented by people's needs, and how staff should respond to mitigate this risk. For example, one person's risk assessment stated that they were at risk of falls and to mitigate this risk they required a wheel chair when out in the community. People had fire risk plans in place, which considered people's cognitive ability to respond to emergencies. We spoke with staff who had a good understanding of the risks associated with people's needs.

A record of accidents and incidents was maintained in each of the supported living settings. These included clear details around incidents that had occurred. Appropriate action had been taken to prevent the issues from occurring again in the future. For example one person had been referred to the occupational therapist due to episodes of poor mobility. As a result equipment had been provided to support this person when they were unable to stand or walk. This helped to ensure that people's safety was maintained.

People were supported to take their medicines as prescribed. We looked at the medication records for three people. Medication administration records (MARs) were being signed appropriately by staff to show that they had given people their medication. Where people required their medicines to be administered 'as and when' (PRN), there was a PRN plan in place which outlined to staff when this should be done. This helped ensure that their health and wellbeing was being protected.



## Is the service effective?

### Our findings

During the inspection we observed staff meeting people's needs in a skilled and appropriate manner. For example staff spoke to one person in a gentle voice and used touch to communicate and offer reassurance to one person with communication needs. One person's family member commented that staff engaged with their relative "very well" with regards to their communication needs, whilst another commented that staff did a "great job".

Mental capacity assessments had not been completed for people using the service. The Mental Capacity Act 2005 (MCA) requires that people's mental capacity is assessed to ensure that appropriate action can be taken in their best interests where they are unable to make decisions themselves. For example, one person had become too distressed to go through a routine medical check-up and this had been cancelled. In this case a mental capacity assessment should have been completed, and a decision made in their best interests (if they lacked capacity), with input from medical professionals to determine that this was the best course of action. We raised this as an issue with the registered manager. It is the registered provider's responsibility to ensure appropriate consideration is given to people's ability to make decisions, and ensure that action is taken in their best interests.

We recommend that the registered provider seek advice and guidance from a reputable source around ensuring that the principles of the MCA are met.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In the community any deprivations need to be authorised by the Court of Protection (CoP). At the time of the inspection the service did not have anybody who required their liberties to be deprived by the Court of Protection to maintain their safety and wellbeing. However, the registered manager had sought advice regarding people using the service to ensure they did not need one.

There was training available to staff, and in most cases this was monitored to ensure it remained up-to-date. However there was no process in place to ensure that bank staff kept their knowledge and skills up-to-date. We raised this with the registered manager who confirmed that she would obtain confirmation from bank staff regarding their training, and that a new system would be implemented to ensure bank staff had appropriate skills and knowledge. Following the inspection we received confirmation that this was in the process of being done. The registered provider had also updated their policy and procedure to ensure that this would be carried out in the future.

There was an induction process in place for new staff. This included a period of shadowing experienced

members of staff, and completing training in areas that included moving and handling, fire safety, first aid and the MCA. The induction process met the standards outlined by the care certificate. The care certificate is a nationally recognised set of standards that care staff are expected to meet.

Full-time staff were offered refresher training on a routine basis to ensure that their knowledge and skills remained up-to-date. Some staff had also completed training in nationally recognised qualifications which had helped to develop their knowledge and skills. Some members of staff had been given the opportunity to progress within the service, and commented that they found the registered manager and registered provider to be supportive of their development.

Supervision records showed that staff received group supervisions on a monthly basis. Staff commented that they felt able to approach their line manager or the registered manager outside these settings if they needed to. The registered manager confirmed that appraisals had not been completed with staff, however she was in the process of organising training for managers so that they were confident to undertake these. Supervisions and appraisals allowed staff to raise any issues, and also enabled discussions for any areas of development. Appraisals can be used to set objectives for the year ahead, and assess whether progress goals have been met.

People received the support they needed with food and drink preparation. Staff offered people drinks throughout the day and people's care records contained details regarding any dietary requirements they had. For example one person required a soft diet, which staff demonstrated an awareness of by providing appropriate food options. Where people required input from the dietician records showed a referral had been made.

People had been supported to access help from health care professionals where appropriate. For example people's care records showed that they had input from their GP and had been supported to access the dentist. People also received support from their social worker when required. This helped ensure that people's health and wellbeing was maintained.

## Is the service caring?

### Our findings

People told us that staff were kind and respectful towards them. Their comments included, "We love living here", "People here are very kind" and "I love staff". One person's family member commented that staff treated their relative like part of the family, whilst another told us that staff were "kind" and "great".

We observed positive interactions between people and staff. One person was sat painting with a member of staff in their dining room. They were chatting and laughing together and the member of staff was complimenting them on their paintings. Staff had a positive impact upon another person who was feeling some anxiety. Staff were tactile and used a gentle tone of voice to help offer reassurance which was appropriate for their communication needs. One person's family member commented that they had seen a positive difference in their relative whilst they had been supported by staff working at the service. They told us their relative engaged in activities more than usual, and that they had started to eat more healthily.

People were relaxed and seemed at home in their environment. They took delight in showing us around their homes, which were tidy and well maintained. One person very proudly showed us that staff had helped them to purchase a shed which they had turned into a workshop in the back garden. They told us they spent time making paper decorations, and other items in their workshop. The registered manager told us that this purchase had been approved by the local authority who managed this person's finances, and had enhanced this person's quality life as they had previously worked in a workshop.

Staff treated people with dignity and respect. They spoke positively about the people they supported, and spoke kindly to them. Before entering people's rooms they knocked or made their presence known. Staff ensured that the environment was well maintained and comfortable for people, and ensured that people's well-being was maintained.

People were smartly dressed and looked well-kept. One person showed us how their nails had been painted pink which they told us was their favourite colour. Another person showed us that staff had helped them to buy a new suit to go to a party, because they wanted to look smart. Other people were wearing appropriate clothing to ensure they kept warm when going outdoors.

People were involved in the development of their own care. There were tenant meetings on a regular basis during which people could have input into planning for activities, and give their views on the service. People's care records contained personalised information about their likes and dislikes, and people's relatives confirmed that they had been asked to support with providing this information where people had difficulty articulating this themselves.

People had been able to access support from the local advocacy services where this was required. The registered manager showed us examples where this had been done to ensure people's views had been appropriately considered. An advocate helps ensure that people's views and wishes are taken into consideration where decisions need to be made about their care, or other important aspects of their life.

People's confidentiality was maintained. Care records which contained personal information about people were stored in locked cabinets, and computer systems were password protected. Staff had undertaken training in data protection and were aware of the need to maintain people's privacy.

## Is the service responsive?

### Our findings

People's family members told us that they felt their relatives got the care and support that they needed. Their comments included, "The care they get is great", "I think the carers do an excellent job" and "We can leave [our relative] there and feel complete peace of mind knowing they'll be looked after".

People each had a personalised care record which outlined what their needs were, and what staff needed to do to support them. For example one person's care records outlined how they communicated through their body language, or made sounds to show when they were unhappy or annoyed. Care records also contained details on people's likes and dislikes, for example their favourite foods, or television program. Where people had sensory needs, this was clearly outlined and it was documented what methods of communication staff could use. This helped ensure that staff had access to relevant and up-to-date information about people's needs.

Where appropriate, people's care records were also available in an easy read format. This acted as a way for people living with learning disabilities to engage with their care records, and helped them to understand how staff were supporting them. People could not remember having looked at their care records; however some people were able to tell us what staff did for them on a day-to-day basis.

Information within care records was relevant and up-to-date. These had been reviewed on a regular basis, and where changes had occurred to people's care needs this information had been included.

Staff were aware of people's needs and how best to support them. We saw positive interactions between people and staff which showed that people were comfortable and familiar with the staff who supported them. Staff spoke knowledgeably about people's needs, which corresponded to information contained within care records and worked to minimise people's distress where they showed signs of anxiety or discomfort. This demonstrated that staff were acting to meet people's needs.

Daily notes were recorded by staff with regards to the support that people had received each day. This included information regarding important developments or issues that had arisen, for example if a person had fallen or had an accident. In these instances an incident form was completed which was also kept in people's care records. This helped ensure that staff remained aware of important developments in people's needs.

Activities were available to protect people from the risk of social isolation. One person had been out with staff to a day centre, whilst other people were preparing to go out to a local group. Staff were participating in activities with people, and one person told us that staff were going to put their favourite film on for them. People's family members told us that their relatives were "always out". One person's family member commented that staff had worked out alternative activities for their relative in response to them not appearing to have a good time.

The registered provider had a complaints process in place which included the contact details for external

organisations such as the CQC and the local authority. People's family members told us that they knew how to make a complaint and that they would feel confident in doing so. There was also an easy read complaints process in place for people living with learning disabilities. At the time of the inspection the registered provider had not received any complaints, and people and their relatives commented they were happy with the service being provided.

## Is the service well-led?

### Our findings

There was a manager in post who had been registered with the CQC since September 2011. Staff spoke positively about her and told us that she had affected positive changes within the service. People's family members commented positively on the culture within the service, telling us that their relative's general wellbeing had improved whilst they had been using the service. Whilst we received positive feedback about the service, we also identified some areas that needed improvement.

The contingency plans to ensure that data stored online was kept secure in the event of an IT failure had not been robust. This had meant that some essential information relating to staff recruitment had been lost. This had impacted upon the registered provider's ability to demonstrate safe recruitment practices. Whilst the registered provider had been in the process of remedying this at the time of the inspection, we found one example of data loss that had not been highlighted by the registered provider. More secure data storage had been put in place following the loss of data to prevent this occurring again in the future.

Audit systems were in place around care records, accidents and incidents, medicines and people's finances. The registered manager also completed spot checks on staff to ensure practice was good and that the environments were being maintained. Where audits identified improvements, records showed these were followed up, and appropriate changes were made. This helped ensure the quality of those areas that were audited was maintained.

Staff had team meetings which were held on a regular basis with their line manager. The registered also had meetings with line managers. This allowed the registered manager to provide updates or communicate important information. For example in one meeting the expectations of the CQC were discussed with staff to help prepare them for an inspection. This also allowed staff to discuss any issues that they felt needed to be raised.

A satisfaction survey had been completed with people using the service and their relatives. An analysis of this information had not been completed at the time of the inspection, however we were able to analyse the results of the questionnaires which were positive. The registered manager confirmed that an analysis of this information would be carried out.

The registered provider had a set of visions and values in place that promoted people's wellbeing and independence. Staff were aware of these values and worked to promote them in their day to day work. Staff were person-centred in their approach and had a good understanding of people's strengths and areas where they needed more support. Staff showed kindness and compassion towards people and worked to alleviate distress when they found it. The registered manager was proactive and showed a commitment to making improvements within the service where issues were identified.

People had been given copies of the service user guide which outlined what people should expect from the service, and what they should do if they were unhappy with the service. This included details on how to make a complaint to external agencies such as the CQC or local authority.

People were supported to engage with other organisations within the community that could offer them support. For example people attended various social groups on a regular basis which gave them the opportunity to meet other people and engage in activities. The registered provider also ran another scheme called the Fountain Project which offered support and activities to people with mental health needs in the community. Some people who used Wirral Mind also accessed the Fountain Project and had participated in cooking classes to help develop their day-to-day skills.

The registered provider is required by law to notify the CQC of certain incidents that may occur within the service. On reviewing our records we found that this had been done appropriately by the registered manager.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The registered provider must be able to demonstrate safe recruitment practices.