

Inmind Community Support Services Limited

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Inspection report

The Rock Center
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Inmind community Support Services Limited is a domiciliary care service providing personal care for people living in their own homes. At the time of the inspection 89 people were receiving personal care from the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

The provider completed audits to monitor the quality of the service. Some of the newly implemented audit processes had only been in place for five months and required more time to become embedded into working practices to maintain the improvements being made.

People's support needs were assessed to ensure they received the support they required. Staff had received training in safeguarding practices and knew how to keep people safe from the risk of abuse. Recruitment processes were in place to make sure staff employed by the provider were suitable to work with people safely. Medication was administered safely. Staff were provided with sufficient amounts of personal protective equipment (PPE) to mitigate the risk of cross infection. Processes were in place to investigate and learn from any incidents.

Risks to people had been identified and assessed. Staff had received appropriate training to support people safely. Staff supported people with their nutrition when required. The provider worked effectively with health and social care agencies.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by kind and caring staff. People were treated with dignity and respect and supported to maintain their independence.

People's care and support needs were reviewed. People and their relatives knew how to raise a complaint. Information for people could be provided in different formats.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or

autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. Feedback and records showed people experienced choice and control over their support and care planning was person centred.

Right support:

- Model of care and setting maximises people's choice, control and independence

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 08 October 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We received concerns in relation to the safe use of restraint when supporting people and the number of safeguarding incidents. As a result, we initially undertook a focused inspection to review the key questions of safe and well-led only. Please see the safe and well led sections of this full report.

We found no evidence during this inspection people were at risk of harm from these concerns, and as the service had made improvements, it was agreed to review all key questions.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Inmind community Support Services Limited on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our effective findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our effective findings below.

Inmind community Support Services Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an inspector and assistant inspector supported making telephone calls to people who used the service, their relatives and staff.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the registered manager would be in the office to support the inspection and we wanted to be sure there would be people available to speak with us.

Inspection activity started on 17 June 2021 and ended on 22 June 2021. We visited the office location on 17 June 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and commissioners. The provider was not asked to complete a provider information

return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and five relatives on the telephone about their experience of the care provided. We spoke with five members of staff, the registered manager and deputy manager.

We reviewed a range of records. This included seven people's care and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We made telephone calls to people using the service, their relatives and staff.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection poor risk management and medicine systems meant risks to people could not be consistently managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff spoken with understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- Staff could access information to help manage people's risks safely through an electronic system. People and relatives could access the same information. One relative told us, "It's absolutely brilliant I use it every day I can pick up more with [person's name] when there are any changes (with their health)."
- Risk assessments had been completed and protocols were in place for people with specific health conditions such as epilepsy or diabetes. One staff member told us, "I can see all care plans and risk assessments for the people I support." This meant staff had access to information on how to support the person with their condition.
- Where people received support with their medicines, they told us they were happy with the support they received. Medicines administration records (MAR) documented people had received their medicines as prescribed.
- Staff told us they had received medication training and had their competencies assessed during spot checks completed by managers.
- Staff had received specialised training. For example, how to support people with a percutaneous endoscopic gastronomy (PEG). This is a where a tube is surgically placed through the abdominal wall and into the stomach. The PEG allows for nutrition and fluids to be put directly into the stomach.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe with the staff supporting them in their own homes. One relative told us, "They [staff] do make sure [person] has their pendant around their neck and the key safe is locked."
- Staff had received training in how to keep people safe and told us how they would report safeguarding concerns.

Staffing and recruitment

- Recruitment checks were completed to make sure staff were safe to work with people. This included obtaining two references from previous employers and checks with the Disclosure Barring Service (DBS).

Preventing and controlling infection

- No issues were raised concerning staff not wearing the correct personal protective equipment (PPE). Staff told us they had a plentiful supply of PPE.
- Staff were part of the COVID-19 weekly testing programme.

Learning lessons when things go wrong

- Safeguarding incidents were recorded and investigated and where appropriate, measures were put in place to mitigate the risk of reoccurrence. Lessons learnt were shared with staff at meetings and supervisions.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- At the last inspection we found information shared from other agencies about people's specific needs had not always been transferred to the person's care plan. We found this had improved. Care plans looked at showed assessments were completed in line with good practice guidance. For example, using risk assessment tools. All aspects of a person's needs were considered, including characteristics under the Equality Act such as age, religious beliefs and cultural needs.
- People and their relatives spoken with told us they were involved in the assessment process to identify care needs. The registered manager told us they used this information to ensure staff received the training to give them the skills and understanding on how people wished to be cared for.

Staff support: induction, training, skills and experience

- At the last inspection we identified gaps in training associated with some people's specific needs. For example, catheter care, diabetes, epilepsy and autism. We found this had improved.
- Training information showed staff had completed training in health and safety, equality and diversity and infection control. Additional training was provided to staff who supported people with specific health needs. For example, diabetes, epilepsy, catheter and stoma care. Staff competency had been assessed or in the process of being assessed through spot checks. One staff member told us, "If you need any training, they [management team] are always there for us. If we need any advice and they check on us (spot checks)." One person said, "The staff are well trained."
- Staff completed induction and essential training for their role and were required to complete the care certificate. The care certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings.
- Staff spoken with told us they felt supported, had regular supervisions and attended meetings.

Supporting people to eat and drink enough to maintain a balanced diet

- Where people needed support with their dietary needs, their care plans described the level of support required.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- At the last inspection we identified in some care plans there was limited guidance for staff on monitoring the healthcare condition and what action to take should the person experience a healthcare emergency. We found this had improved.

- People told us staff had received training to support them with their specific health care needs. For example, PEG and catheter care. Care plans we looked at contained information about specific health conditions and the signs and symptoms to look out for in the event of the person becoming unwell. This meant people were supported to lead healthier lives and accessed health care services when needed.
- Everyone we spoke with was confident staff were vigilant and would act quickly if they had any concerns about people's health. One relative told us, "[Staff name] noticed the prescription was wrong and the dosage was too much. They [staff member] raised it straight away with me and when I checked with the pharmacy, it had been mis-prescribed. It could have been a potential overdose."
- The service worked closely with health care professionals.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- The service was working within the principles of the MCA. Staff had received training in this area and gave examples of how they encouraged people to be involved in decisions about their care.
- People's ability to make informed decisions had been assessed. Where people had a Lasting Power of Attorney, [another person legally authorised to make decisions on their behalf] this was documented in their care plans.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- At the last inspection we found the provider's systems did not support the service to be fully caring. For example, people could not be assured their care plans contained accurate information about their current care needs. We found this had improved. The provider was in the process of reviewing and updating care plans. The plans we looked at contained information about people's care and support needs, beliefs and their close relationships.
- People and relatives we spoke with told us staff were kind and caring. Comments included, "I am pleased with the care. They (staff) treat me with dignity and respect. Staff always treat [my relative] with respect, they are very caring."
- Staff we spoke with were knowledgeable about people's preferences, routines and gave examples of how they promoted independence.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in the planning of their care. Decisions made about people's care and their preferences were recorded and reviewed.
- People we spoke with told us they were supported by a regular team of staff they felt comfortable and safe with. One person told us, "I am pleased with the care. I keep the same carer every day except for their day off when I get another person. It's good to have the same person, you get used to them, you can trust them."
- People told us they did not feel rushed by staff and felt they had enough time to meet their needs. One relative told us how staff worked flexibly if they were late in arriving home.

Respecting and promoting people's privacy, dignity and independence

- People and relatives said staff were respectful and maintained people's privacy and dignity. One person said, "They (staff) are kind, caring and two are outstanding. Nothing is a problem for them. They will ask if I'm alright and if I had a good night."
- Staff described how they protected people's privacy and dignity, for example, covering people when delivering personal care, closing curtains and doors and knocking on doors before entering.
- People's independence was promoted as much as possible. One relative told us how their loved one had been encouraged and supported by staff to try and dress themselves and was able to put their socks on.
- People's personal information was kept secure. All electronic records were password protected and access was restricted to the named staff members providing the direct support.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- At the last inspection some care plans did not contain up to date information about the person's care needs and reviews had not always been effective in identifying where people's care plans were inaccurate. We found this had improved. People told us they received personalised care and support specific to their needs. Records we looked at showed people and, where appropriate, their families were involved in the development of their care plans. This enabled people to express their choice as to how they wished to be cared for. Records also demonstrated the involvement of health and social care professionals.
- The registered manager and the staff had a good understanding of people's care, social and cultural needs. Care plans were in the process of being reviewed and transferred from paper-based records to electronic records. This meant some of the care plans had not been recently reviewed but were in the process of being reviewed.
- Changes to people's needs was communicated to staff via alerts on the electronic care monitoring system and, if required, by telephone, supervision or meetings.

Improving care quality in response to complaints or concerns

- At the last inspection improvement was needed to the managing and monitoring of complaints to identify themes which could improve care quality. We found the processes to investigate complaints had improved. Any learning from complaints was shared with staff through meetings and supervisions.
- People were given information about the service and how to complain when they first started to receive support from the service.
- Everyone we spoke with knew how to complain if they needed to and were confident, they would be listened to. One relative said, "I've not had any reason to complain but if I did, I would contact the office, they have always been pretty good at dealing with anything I've raised with them."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers'.

- People's communication needs were considered as part of their assessment and their care plans described the level of support required. For example, the best way for staff to present information.
- Relatives told us staff communicated well and effectively with their family member. For example, using IT technology, simple gestures and signing.

- The registered manager told us they would be able to make information available in a range of formats including electronic records, large font, audio format or Braille.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to develop and maintain meaningful relationships with family and friends.
- The service was working towards re-introducing a regular coffee morning. One relative told us, "We used to go to the coffee mornings, they were very good and it was nice to get out and meet other people."

End of life care and support

- The service had systems and procedures in place to identify people's wishes and choices regarding their end-of-life care.
- The registered manager told us they would respond to any wishes or advance wishes should they support anyone with end-of-life care.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirement

At our last inspection there were insufficient systems in place to monitor and improve the quality of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Our previous inspections had identified improvements were needed to the processes in relation to monitoring the service. For example, accuracy of care plans, identifying risk and robust risk assessments, audits for medication records and ensuring staff received training and access to information relating to specific care needs. This inspection identified improvements had been made. However, the monitoring processes and new systems introduced, some as recent as January 2021, required more time to become embedded into working practices, to ensure consistency and sustain the improvements being made.
- The quality of the care being provided to people was monitored. Audits had been carried out on people's care plans. However, it was noted some care plans had not been recently reviewed. Feedback we received was mixed concerning the frequency of reviews. One relative told us, "[Person] needs are reviewed but I have to ask, it would be nice if the reviews could be done a little more often." Another relative had made similar comments. We have shared this feedback with the service. The registered manager explained as the service makes the transition from paper-based files to electronic; the newly appointed care co-ordinator will contact people using the service to review their care plans within the next few months. The registered manager also assured us they would always review people's needs more regularly, if their needs were to change. One person told us, "[Staff member] has been out to review my care plan, they were here for over an hour and a half."
- The service had a manager registered with Care Quality Commission (CQC).
- The staff were clear about their role and responsibilities and felt supported by the registered manager. Overall, everyone spoken with expressed confidence in how the service was managed. Comments included, "Very happy with the service. Would recommend to others. When I've raised something, it has been dealt with promptly."
- Unannounced spot checks were carried out on staff by the managers, to ensure they were meeting people's needs.
- Arrangements were in place to ensure staff training was up to date. Staff received feedback on their performance and were kept informed of changes and updates through supervisions, meetings and communication.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The duty of candour requires the provider to be open and honest with people when things go wrong with their care, giving people support and providing truthful information and a written apology. The registered manager understood this duty.
- The registered manager understood their legal obligations and had notified CQC about events that were required to do so by law. The inspection rating was displayed within the office and on the provider's website. The registered manager understood their role and responsibilities.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and staff were compassionate about providing person-centred care and support for people. One staff member said, "I love my job, spending time with people and making that little bit of difference."
- People's and relative's views were sought about their care and support through surveys. The latest survey results from people showed high rates of satisfaction.
- People, relatives and staff all said communication with the registered manager was good. A relative said, "[Registered manager] is open minded and pragmatic, I think she's a good manager." A staff member told us, "The manager has been there (for me), in or out of work. Has been supportive. Both work and personal."
- Staff were able to contribute to the service through staff meetings.

Continuous learning and improving care; Working in partnership with others

- The provider's policies and procedures were kept up to date to ensure the service delivery would not be interrupted by unforeseen events. The business continuity plan took account of the COVID-19 pandemic to ensure people continued to receive the care they needed.
- There was evidence of learning from incidents and improvements made to mitigate future reoccurrences.
- The provider had invested in the service and introduced an electronic care management system for care plans and a care monitoring system for staff to use when recording care calls. These systems enabled the registered manager to monitor effectively and identify trends so action could be taken promptly. People using the service and their family members could also access the electronic system should they wish.
- The registered manager and staff had developed working relationships with health professionals and the local authority and worked to implement any recommendations made.