

You in Mind (Homecare) Limited

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Inspection report

FA14, Technology Court
Bradbury Road
Newton Aycliffe
DL5 6DA

Tel: 01325525836

Website: www.youinmindhomecare.com

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07 October 2019

09 October 2019

10 October 2019

16 October 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

You in Mind is a domiciliary care agency providing personal care and support to people living in their own homes. 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. At the time of inspection 25 people were receiving personal care.

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

The service did not ensure staff were recruited safely. Accurate and complete training records were not up to date. The service was still introducing quality assurance systems. Whilst these were effective in the reviewing of care records and medicines, recruitment and training did not form part of the monitoring process and as a result, the issues we found had not been identified.

The service was not aware of the Accessible Information Standard (AIS) introduced in 2016. The standard was introduced to make sure people are given information in a way they can understand. We have made a recommendation about AIS.

People, relatives and healthcare professionals were complimentary about the care and support provided by the service, in particular end of life care. Healthcare professionals remarked about the responsiveness of the service and the caring nature of staff.

People and relatives told us staff had the appropriate skills and experience. Staff had regular checks of their competencies. Staff were supported to develop and received regular supervisions and appraisals.

Environmental and individual risks were identified and mitigated. Although we found some associated risks had not been recognised. People received their medicines as prescribed.

People and relatives knew how to raise a concern but told us they had no complaints about the service.

People commented that staff were punctual and did not rush, at times staying over their allotted time. Staff supported people and relatives to access the community.

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.

Care plans were personalised and outlined people's preferences. The management team regularly engaged with people and their relatives to discuss their care and support needs. Staff were responsive in alerting the management team to changes in people's needs.

The service had established strong partnerships with a range of health care professionals to ensure people had positive outcomes.

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

Rating at last inspection

This service was registered with us on 2 November 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the previous rating.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

You in Mind (Homecare) 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 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own home.

The service did not have a manager registered with the Care Quality Commission. A manager was in the process of completing their application to become a registered manager. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or a manager would be in the office to support the inspection.

Inspection site visit activity started on 7 October 2019 and ended on 16 October 2019. We visited the office location on 7 October 2019 to review records relating to the running of the service, such as medicine records, complaints and training records. We contacted people, relatives and healthcare professionals, with prior permission, on 9 and 10 October 2019. We returned to the office on 16 October 2019 to speak with staff and give feedback to the provider.

What we did before the inspection

We reviewed the information we held about the service. This included any statutory notifications received. Statutory notifications are specific pieces of information about events, which the provider is required to send to us by law. We contacted professionals in local authority commissioning teams and safeguarding teams. We used all this information to plan our inspection.

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.

During the inspection

We spoke with one person who used the service, four relatives and three healthcare professionals about their experience of the service. We spoke with 11 members of staff including the manager, compliance manager, contracts and business manager and eight care staff.

We reviewed three people's care and medication records. We reviewed records relating to the management of the service including staff recruitment, training and governance.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Staff recruitment was not always safe. The service did not ensure appropriate recruitment checks were completed prior to staff starting work. Application forms were not fully completed including declarations about criminal offences. Additional information disclosed on Disclosure and Barring Service (DBS) checks was not always followed up and risk assessed. This meant people were placed at risk of harm.

The failure to complete safe recruitment checks is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Fit and proper persons employed.

- People told us staff were always on time and attended visits. One person said, "Always on time and never miss a visit - one time they were slightly behind schedule and I got a message about the delay."
- The service constantly reviewed its staffing levels to ensure enough staff were available.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Staff had completed safeguarding training. Staff told us how to recognise and report potential abuse.
- The service had dealt with one safeguarding concern and alerted the local safeguarding team.

Assessing risk, safety monitoring and management

- The majority of risks were identified and managed. Risk assessments were created which outlined guidance for staff to follow to keep people safe. However, we found some risks associated with specific types of care were not recognised. The manager immediately addressed this matter.
- The provider had a business continuity plan in place to ensure people received continued care and support in the event of an emergency.

Using medicines safely

- Medicines were managed safely.
- Medicine Administration Records [MAR] were completed and audited monthly.
- Staff had completed training in the administration of medicines. Competency reviews were regularly conducted, ensuring staff remained safe.
- People were supported to remain independent and manage their own medication. One staff member noticed how one person was having difficulty with the medication packaging. They discussed other available options and supported the person to obtain an easier system.

Preventing and controlling infection

- The provider had systems in place to protect people from the risk of infection.
- Infection control training was completed at induction. Staff had access to gloves and aprons to use whilst supporting people.
- The service had arranged for all staff to receive their flu jab to reduce the risk of passing the flu virus on to vulnerable people.

Learning lessons when things go wrong

- The provider had systems in place to monitor, review and learn from accidents and incidents, safeguarding concerns and complaints. We could not see how effective the systems were as the service had only been supporting people since April 2019.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The service worked with healthcare professionals to provide care and support at short notice. It had designed a range of assessments dependent on the urgency of the care. Initial assessments were completed in discussions with people, relatives and staff.
- People's needs were assessed with care plans created to provide person centred care and support.
- Pre-assessments did not ask questions to support all the protected characteristics of the Equality Act. The manager addressed this on the first day of inspection.

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

- People were supported in line with their needs and preferences. One staff member told us, "Support can be shopping, preparing a meal, putting something in the microwave or popping to the chip shop."
- The service promoted the benefits of good hydration. Alerts were sent via staff member's mobile devices to prompt and encourage drinking more during the hot weather.

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

- The service was committed to working with healthcare professionals and supporting services to achieve positive outcomes for people.
- Healthcare professionals were extremely complimentary about the service. Comments included, "They are our eyes and ears out there," and "We work together, so people can get home quickly."
- The service worked with healthcare professionals to give staff face to face guidance and instructions regarding specific care and support or equipment.

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. We checked whether the service was working within the principles of the MCA.

- Staff had received MCA training. Staff described how they would gain people's consent before providing care and support.
- The management team told us no one had a Court of Protection authorisation. The manager understood the process they would follow if they believed a person may lack the capacity to make certain decisions.

Staff support: induction, training, skills and experience

- Accurate training records were not always maintained. The contracts and business manager told us staff had completed percutaneous endoscopic gastrostomy (PEG) awareness training. A PEG (Percutaneous Endoscopic Gastrostomy) is a way of introducing food, fluids and medicines directly into the stomach by passing a thin tube through the skin and into the stomach. However, the service could not provide us with PEG training records. Healthcare professionals did not raise any concerns regarding this aspect of support and commented how well staff were trained. Following the inspection, the service arranged for additional PEG awareness training to take place.
- People and relatives told us staff had the appropriate training and skills to support them. One person said, "All staff have been trained for this work and the confidence in their delivery means I am getting good care."
- Staff completed an induction and a period of shadowing with another carer. One staff member told us, "We all bring different skills and experience. We share that knowledge."
- Staff received regular supervisions and observations of practice by the management team.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People and relatives were very complimentary about the care and support provided. Comments included, "You cannot put a value on kindness and caring it is priceless and so are the staff," "This is wonderful care and we feel very lucky and blessed to be in good hands and have my partner well looked after," and "Couldn't ask for better care they are so kind and lovely."
- Staff treated people as individuals and had extensive knowledge of the people they supported. They affectionately recalled people's life histories and experiences.

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

- People and relatives told us they were always involved in discussions about their care and support. They said staff were patient, allowing time for them to communicate their needs and were not rushed due to the pressure of time constraints.
- People and relatives worked with staff in making decisions about the level of care and support needed. They told us they felt supported by the staff and expressed they were in control.
- Rotas were produced so people knew which staff members were attending and when.
- No one was using the services of an advocate at the time of inspection. Advocacy services are there to make sure people's choices, needs and wants are listened to and recorded.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and dignity. One person told us, "The care is just great, they always observe my dignity especially after personal care."
- Staff described how to make people comfortable and support them with dignity. One staff member said, "It's effective communication, plenty of reassurance, let them know what you are doing before you do it and tone of voice is so important."
- Staff respected people's privacy and promoted their independence. One relative told us, "My [Family member] likes the fact that he is encouraged to do things if he can manage. Now the staff wait outside the bathroom door whilst he showers–before they were with him all the time."
- People's confidential information was held securely. Handheld devices were password protected.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Care plans were personalised and detailed how best to support the person in their preferred way.
- Whilst the service gathered all information to keep the person safe, they also took time to learn about the individual. 'About Me' was a pen picture of the person, their family, interests and how they felt about having support.
- Care records were reviewed and updated to reflect changes in people's needs. Staff were responsive and alerted the management team of changes in people's needs.
- People told us they were involved in decisions around their care. One person told us, "I don't want to worry about care plans, I do get asked I just want to continue with my excellent care."

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 take part in their interests and maintain links to the local community.
- Care records reflected people's histories and interests. This helped staff to have a basic understanding of people's lives and enabled them to start and engage in conversations the person might be interested in.
- People were supported with their religious beliefs. One staff member recognised how important it was for a person to attend church and supported them to attend services.
- The contracts and business manager told us how staff supported the whole family whilst supporting their loved one with end of life care. They said, "We can add visits to enable relatives to go out, so they aren't isolated."

Improving care quality in response to complaints or concerns

- The service had a complaints procedure in place. No complaints had been made.
- Information relating to how to make a complaint was readily available for people in the service user guide.
- People did not have any concerns. One person said, "Yes we would know how to make a complaint, but it would need to be serious."

End of life care and support

- People received end of life care in a sensitive and dignified manner.
- The service worked with healthcare professionals to deliver fast track care packages enabling people to return home from hospital.
- Healthcare professionals we spoke with praised the quality of care given. One professional said, "They [staff] understand palliative care." Another said, "They [staff] know what is important and care for the whole family."

- Relatives were complimentary about the care and support provided. One relative told us how staff still check on the welfare of the family following the loss of their family member.

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 assessed and outlined in people's care records.
- The management team were not familiar with AIS. The manager advised if a person required information in large print or easy-read it would be made available for them.

We recommended the provider seeks further information from a reputable source in regard to the Accessible Information Standard.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management did not have a clear oversight of the service to deliver safe care and support.

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

- Quality assurance systems were not always effective. Issues we found during our inspection had not been identified or recognised by the service. Associated risks were not always identified or managed, appropriate recruitment checks were not conducted and accurate and complete training records were not held. The manager was responsive to this and had systems in place by the end of the first day of inspection.
- The provider had submitted the required statutory notifications to CQC. The manager had applied to become a registered manager.
- The management team were clear about their roles and responsibilities.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team demonstrated a caring, compassionate style of management which was recognised by people they supported and healthcare professionals. One healthcare professional said, "[Management team] always make themselves available, they really care about the people they support." A relative told us, "Words fail me as to how good this service is and the staff that are employed – as a relative who has just recently had to ask for help I know that this level of care is exceptional as it is like mine."
- There was a positive staff culture at the service. Staff expressed how they enjoyed working at the service. One staff member told us, "We are the dream team, we all work well together and support each other." Another staff member said, "We are well supported. They [management] would not ask us to do something they wouldn't do themselves."
- Staff were passionate about delivering the best care possible. One staff member said, "We do what people want and take the stress away from families."

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; Continuous learning and improving care

- The management team understood their responsibility to apologise to people and give feedback if things went wrong. One healthcare professional told us, "They [management] are open and transparent."
- The service had plans to use information from accidents and incidents, safeguarding concerns and complaints to drive improvement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service sought feedback from people and their relatives. The management team regularly contacted people and their relatives to gather their views about the support and care received. Relatives and people told us visits by [management] were regular and reassuring and not regimented, it was often just a pop in to make sure all is ok.
- Staff had the opportunity to discuss the service in team meetings and supervisions. The manager also cascaded information via staff member's handheld devices.

Working in partnership with others

- The service worked in partnership with healthcare professionals to deliver a high standard of end of life care.
- Healthcare professionals told us the service was responsive and reacted quickly to requests of support and were very flexible to ensure people received care that was specific to their needs.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed The service did not have robust recruitment processes to ensure applicants were of good character.