

# Calderdale Metropolitan Borough Council

## Support In Mind Team

### Inspection report

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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

Support in Mind Team is a domiciliary care agency. It provides personal care to people living in their own homes and flats. At the time of our inspection the service was providing personal care to seven people.

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 did not ensure systems were in place to effectively oversee the service. Quality checks had not been routinely completed. Accidents and incidents were not always reviewed promptly, and action was not always taken to prevent a re-occurrence. Some people's care plans and risk assessments had not been recently reviewed.

Relatives spoke extremely positively about the service provided. They were happy with call times and said people were supported by the same staff. They said people felt safe and told us staff were exceptionally caring. One relative said, "Staff are always, brilliant, kind and understanding."

People's care needs were assessed. They received appropriate support with their nutrition and health needs. Medicines were managed safely. People were supported in a warm and caring way by staff who knew them well. Staff spoke passionately about offering person centred care to people.

Staff asked people for consent before providing any care. 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. Staff encouraged people to make decisions about their own care, and promoted people's rights to dignity, independence and privacy.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was outstanding (published 15 January 2020).

### Why we inspected

We undertook this inspection as part of a random selection of services which have had a recent Direct Monitoring Approach (DMA) assessment where no further action was needed to seek assurance about this decision and to identify learning about the DMA process.

The overall rating for the service has changed from outstanding to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report..

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Support in Mind Team on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to good governance at this inspection.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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** ●

# Support In Mind Team

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

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

Inspection activity started on 9 May 2022 and ended on 20 May 2022. We visited the location's office on 9 May 2022 and met with the registered manager on 20 May 2022

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took

place on 1 March 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

#### During the inspection

We spoke with four relatives of people who used the service about their experience of the care provided. We spoke with the registered manager, team leader and three care staff. We reviewed records relating to the running of the service and four people's care and medication records. We reviewed two staff files to look at recruitment training and supervision records.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to 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.

Assessing risk, safety monitoring and management; Learning lessons when things went wrong

- Systems were not in place to ensure where accidents and incidents occurred lessons learned were recorded and shared. For example, one person had been involved in two recent incidents and prompt action had not been taken to update their risk assessments. This meant there was an increased risk of a re-occurrence.
- Risks to people's health and safety were assessed and a range of assessments completed. However, some people's risk assessments had not been recently reviewed. We identified examples where people's needs had changed, and risk assessments had not been updated. This meant we were not assured they reflected people's current needs.

We found no evidence that people had been harmed. However, systems were not robust enough to demonstrate risks to people's health and safety were properly assessed, monitored and managed properly. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- Staff understood people's needs very well and were able to describe the risks they were exposed to.
- The provider responded immediately to our findings and assured us plans were in place to review records and introduce systems for more robust monitoring.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding referrals had been made as needed.
- The service was responsible for supporting some people with their finances. Systems were in place for checks of financial records, but these had not always been carried out in a timely way.
- Staff were aware of the signs of abuse and what to do if they had any concerns.
- Relatives said they felt people were safe and they trusted the service. One relative said, "The girls are so gentle. I have trust in them."

Using medicines safely

- Medicines were generally managed safely. Care plans clearly indicated where people needed support with their medicines.
- Relatives said people received their medicine on time and records were generally well completed. We found one person's Medication Administration Record where their medication was administered from a blister pack and medicines had not been recorded individually. This is not in line with best practice

guidance. We discussed this with the registered manager, and we were assured this would be addressed.

- Staff who supported people with medicines received regular training. Staff competency checks were carried out in line with best practice guidance.

#### Staffing and recruitment

- Relatives were happy with call times and said people were normally supported by the same staff. They said staff arrived on time and were flexible to meet people's needs.
- Call times were appropriate and met people's individual needs. Staff told us calls were not rushed and there was enough travel time between calls. One staff member said, "There is always plenty of time to chat."
- Recruitment was managed safely.

#### Preventing and controlling infection

- Staff completed training in infection prevention and control. They had access to personal protective equipment and understood when they needed to use it.

# 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 our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Relatives were confident in the abilities of staff.
- Staff undertook the Care Certificate as part of their induction. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. They also received supervision and spot checks on their care delivery.
- We reviewed training records and found mandatory training was not up to date for all staff. The registered manager told us there had been challenges with carrying out face to face training due to the pandemic, but dates were now scheduled for staff to refresh their training.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to eat and drink enough to maintain a balanced diet

- People's needs were assessed before being offered a service. The information gathered during the assessment was used to develop care plans and risk assessments which described the support required for each call and contained person centred information.
- Where people needed support with meals their needs and preferences were recorded. Staff knew about people's preferences and needs. They spoke passionately about supporting people to eat a healthy and varied diet and described creative ways of involving people in food preparation to create an enjoyable and social experience.
- We received positive feedback about the support staff offered people with meals. One relative told us staff support and patience had really helped their relative increase their appetite and interest in food and helped them gain weight.

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

- Relatives said people's health needs were supported. They said staff were diligent in identifying any changes. One relative said, "If they spot any rashes or inflammations, they are really good at letting me know."
- Care records showed people's healthcare needs were assessed and the service had contacted health professionals to help ensure people's needs were met. Call times were managed flexibly to enable staff to support people with routine health appointments such as the dentist or opticians.

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 MCA 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 followed the principles of MCA. They understood the importance of seeking consent when supporting people with their needs.

# 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 our last inspection we rated this key question outstanding. At this inspection the rating has changed 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

- We received a range of universally positive feedback from relatives about the care staff. One relative said, "They go above and beyond. They are all brilliant." Another relative said, "They are outstanding. It is a vocation not just a job for them."
- Staff we spoke with demonstrated caring values and a strong desire to provide people with personalised care. One staff member said, "I treat everyone as individuals and as I would my grandma or grandad."
- People received support from the same staff, so their care was consistent. Staff had formed warm and genuine relationships with people and relatives.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- People and relatives had not always been involved in recent reviews of their care. People and relatives' views were not recorded in their plans of care but the registered manager told us this would be addressed. Relatives told us staff listened to people's views and provided care and support that reflected their wishes.
- Staff spoke passionately about promoting people's independence and gave person centred examples of how they respected people's privacy and dignity. One staff member said, "On one day [person] might do something for themselves and then the next time not but I don't stop encouraging [person]."
- Care notes were very detailed and showed how people were involved in their care. They were written with warmth and compassion. Relatives told us they enjoyed reading the notes.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained 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; 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

- Most care plans were person centred and provided information about people's likes and dislikes and what was important to them. We found some care plans did not contain as much detail and not all people's care plans had been recently reviewed. It was not always documented clearly how people and their relatives had been involved. We discussed this with the registered manager, and they told us reviews with people had recently started and plans were in place to ensure all care plans would be updated.
- We saw examples of the service being responsive and flexible to people's needs. This included reviewing the length and timings of calls. One relative told us, "The morning call was initially scheduled for half an hour, but Support in Mind Team recognised more time was needed. They increased the time to be with [person] longer."
- Staff had a very good understanding of people's care needs. They supported people to be part of their local community. They took time with people to find out what they enjoyed doing.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service identified people's communication needs by assessing them. Care plans provided staff with guidance about the most effective way to communicate with people with a sight or hearing impairment.
- 'Meet the Team' information was shared with people and relatives and included photographs and a pen picture of staff.

### Improving care quality in response to complaints or concerns

- The provider had a system to monitor complaints, concerns and compliments. The registered manager told us they had not received any complaints.
- Relatives told us they could confidently raise any issues with staff or the management.

# 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 our last inspection we rated this key question outstanding. At this inspection the rating has changed to requires improvement. 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 requirements; 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

- There was a range of audits in place, but they had not been fully completed. The registered manager worked part-time and had registered manager responsibilities in another of the provider's services. There had been other recent management changes. Regular quality checks had not been completed. This included reviews of people's care plans and risk assessments.
- We asked to review daily notes and medication administration records sheets for two people. The registered manager told us staff brought these into the office at the beginning of every month for auditing. However, on the day we visited the office, records from April 2022 had not been brought in. This meant the managers had not carried out any quality checks of call times, finance records and medication sheets. The registered manager told us they were aware that there had been some delays in records being audited.
- Accidents and incidents were not robustly reviewed to prevent a re-occurrence. Where action was required, we found there had been delays in updating people's risk assessments.
- Registered providers are legally obliged to inform the Care Quality Commission (CQC) of certain incidents which have occurred. These statutory notifications are to ensure CQC is aware of important events and play a key role in our monitoring of the service. Notifications about some significant events had not been submitted to CQC. The provider had not always report allegations of abuse. This meant they did not fulfil their legal responsibility.

Whilst we found no evidence people had been harmed the lack of a robust quality assurance systems meant there was a lack of clear oversight of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager submitted statutory notifications immediately after the site visit. They assured us improvements had been made to ensure they were submitted in a timely way in the future. They submitted an action plan to show us they were doing to address the concerns we found during the inspection.

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

- Relatives confirmed they felt involved and were universally positive about care staff. There had been

recent management changes and not all relatives knew the registered manager.

- Records showed care was delivered in a person centred way. Staff were clear about their roles and expressed their pride in how they worked and communicated as a team. One staff member said, "The team are amazing."
- We received mixed feedback from staff about the management support they received. Most staff said they felt well supported and the service was well-led but some expressed concern that communication had been less effective recently.
- We saw the service had received a range of compliments. A health care professional wrote, "I am really impressed by just how person centred their care is which was lovely to see and just how evidently caring they are."

Working in partnership with others

- The service worked in partnership with people, relatives and health and social care professionals to provide good outcomes for people.

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 17 HSCA RA Regulations 2014 Good governance  Regulation 17 HSCA RA Regulations 2014 Good governance  Systems to monitor and improve the service had not been effectively maintained.