

U in Mind Care Ltd

U in Mind Care

Inspection report

18 Monmouth Close
Ipswich
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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?

Good ●

Summary of findings

Overall summary

About the service

U in Mind Care is a domiciliary care agency providing a service 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 the inspection there were five people using the service who received personal care. One of those people had a learning disability and received 24- hour live in care and support. We found the service was meeting this person's needs but have signposted the provider to review their service provision alongside the requirements of 'Right Support, Right Care, Right Culture'.

'Right Support, Right Care, Right Culture' is our regulatory approach alongside recommended best practice to ensure providers meet the needs of Autistic people and people with a learning disability. This means providers supporting people to have the same rights to live an ordinary life as any other person and free to make choices about their own care where they can.

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

Feedback about the care and support U in Mind Care provided to people was complimentary. People, relatives and staff spoke positively about the leadership and management of the service.

People were supported by a staff team who were safely recruited, trained and knew how to protect them from potential harm.

Staffing and recruitment was a challenge, particularly considering the impact of the COVID-19 pandemic. Despite this staff and the management team worked hard to ensure that people received their care visits as planned and at the time of the inspection there had been no reported missed visits.

People received their care visits at the times they expected, for the length of time agreed and from staff they knew.

Infection prevention and control, medicines and risks associated with people's care was well managed, and in line with legislative requirements and recognised best practice guidelines.

People's care and support records were detailed and person centred. These were assessed regularly and support was planned to ensure people's needs were met.

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.

Systems to monitor the quality and safety of the service were in place. This supported the management team to continually develop U in Mind Care.

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 22 June 2020 and this is the first inspection.

Why we inspected

This service had not previously been inspected and we wanted to check that people were receiving safe care and support.

Follow up

We will continue to monitor information we receive about the service using our monitoring system and will inspect when this is indicated.

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.

Is the service effective?

Good ●

The service was effective.

Is the service caring?

Good ●

The service was caring.

Is the service responsive?

Good ●

The service was responsive.

Is the service well-led?

Good ●

The service was well-led.

U in Mind Care

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out by an 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.

The service had a manager registered with the Care Quality Commission. 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 it is a small service and we needed to be sure that the provider or registered manager would be available to support the inspection.

Inspection activity started on 25 January 2022 and ended on 1 February 2022.

What we did before inspection.

We sought feedback from the local authority and professionals who work with the service. We reviewed our systems and information we held about the service. 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, two relatives and received electronic feedback from two relatives about their experience of U in Mind Care.

We spoke with the registered manager, and three members of staff. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We received electronic feedback from three members of staff and the local authority commissioning team who work with the service.

We reviewed a range of records which included risk assessments, medication records for three people and two staff records. We also viewed some of the provider's policies and procedures, management monitoring and oversight records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe from the risk of abuse. One person told us, "I have never felt uncomfortable or unsafe in the company of the [staff] in my home. [Registered manager] and their staff are always polite and professional."
- Relatives said they had no concerns about people's safety and shared examples of when the service had taken appropriate action to keep their family member safe from harm for example liaising with relevant professionals.
- Staff received training and understood how to recognise and report any concerns about people's safety and welfare. A member of staff commented, "Part of my training included a section on abuse, it's different forms and how they manifest themselves and the various tell-tale signs. I believe I can identify it and report but so far while working with the company I have not had to do so."
- The registered manager understood their responsibilities to ensure any safeguarding concerns were dealt with properly.

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

- Risk assessments were carried out to identify any risks to people and these were regularly reviewed and amended where needed. Where risks were identified, measures were put in place to guide staff on how to reduce these risks.
- Staff were aware of the risks to people and how to mitigate these without restricting people's independence.
- A system was in place for accidents and incidents to be recorded and analysed for any themes and trends. This meant that lessons could be learned, and the risk of reoccurrence minimised.

Staffing and recruitment

- People received their care calls from staff they knew, and for the allocated time and agreed duration. One person said, "I have the same people [staff] that come including [registered manager] to help me. They are very reliable and always on time. A relative commented, "The staff turn up each night without fail and if there was to be any changes the manager would let us know in advance."
- There were sufficient staff available with the right skills and experience to meet the individual needs of people who used the service. Staff confirmed they had regular people they cared for which helped to build rapport and understanding. One member of staff said, "What works well is the fact that we normally provide services to the same [person], it makes it much easier when you know the person and they know you then they are more at ease."
- Recruitment checks and processes were in place to ensure only staff suitable for the role were employed.

Pre-employment checks included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working in care services

Using medicines safely

- The provider had appropriate policies, procedures, and training in place to support the safe administration of people's prescribed medicine; where that support was required.
- Staff managed people's medicines safely. The registered manager monitored people's prescribed medicine administration records regularly and had effective processes in place to identify and address any errors which may occur.

Preventing and controlling infection

- People and their relatives confirmed that staff followed good infection control practice (IPC) in their homes and wore personal protective equipment (PPE). One person said the staff, "Always wash their hands and wear PPE." A relative shared how staff supported one person with IPC, "The cleanliness [in the person's home] is maintained to high standard."
- Staff had received infection prevention and control training and additional training relating to COVID-19.
- Staff took part in a weekly testing programme to minimise the risk of spreading COVID-19 and confirmed they had sufficient amounts of PPE.

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

- People's care and support was planned and completed in line with recognised best practice and current legislation.
- Care records were detailed and involved people in their ongoing planning and development. The information was used to create a person-centred care and support plan to help people achieve meaningful outcomes.
- Records were regularly reviewed and updated as people's needs changed.

Staff support: induction, training, skills and experience

- Staff received the required training, and had the necessary skills, to carry out their roles. A staff member told us, "The training is very relevant to the job we do and we get updates to refresh us all the time."
- New staff received an induction which included training, assessed shadowing with more experienced colleagues and working on the Care Certificate. This is a set of induction standards that care staff should be working to.
- Staff were encouraged and supported to professionally develop through ongoing training, supervisions and appraisals with opportunities to achieve qualification in care available. A member of staff told us, "I do have 1:1 supervisions and these are very beneficial and constructive as well. I have always felt supported, encouraged and understood in the workplace, but it is also a space where if I go wrong I know I will be corrected in the most constructive and meaningful way."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to eat and drink where they required this support. This was documented in their care records and provided guidance for staff on how to meet these needs.
- People were supported to access health care appointments and timely referrals for advice were made when needed.

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 on 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 registered manager understood their responsibilities under the Act. We saw that appropriate best interests' documentation were in place for one person who had restrictions placed on their liberty.
- Staff ensured people were given choice and control over decisions about their day-to-day care. One person told us, "They [Staff] always check with me first, asking is it okay if I do this, do you want me to do that? They never take over." A relative commented, "Staff are patient and tolerant with [family member] and check first before they do anything."
- People's care records documented staff consistently sought consent from people before providing their care and where people had declined this was also recorded and respected.

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

- Feedback about the approach of the staff was positive. One person said, "The staff are lovely, very kind and considerate and I could not do without them." A relative shared with us, "We were able to observe when we visited that [family member] was being well cared for by the [staff] who took an interest in [family member's] personal development."
- People were respected and included as much as they wanted to be in shaping their care and outcomes. One person said, "100% I would say they [staff] do listen to me and they respect my opinion." Supporting people to express their views and be involved in making decisions about their care
- People and their relatives were involved in the planning and reviewing of their care. The service adapted wherever possible if people asked for changes in their package of care. For example, change of visit times.
- The registered manager and the nominated individual made regular care calls and visits to people and this was used as an opportunity to discuss individual's care and seek their feedback.

Respecting and promoting people's privacy, dignity and independence

- Feedback from people and their relatives told us that staff respected people's privacy and dignity when delivering their care. One person said, "I have no complaints, they [staff] are respectful and discreet and look after me well." A relative shared that the staff ensure that curtains are closed and doors shut when they are doing personal care so not to compromise their family member's dignity.
- People's care records included guidance for staff on respecting people's dignity, privacy and confidentiality. Their care records included the areas of their care people could attend to independently and where they required support and how staff could best encourage this.
- Staff were observed by the management team in their usual work duties as part of the provider's quality monitoring processes. During these spot checks members of the management team checked that people's independence, dignity and privacy was promoted and respected.

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

- People's care plans were developed with the person and/or their relatives where appropriate. They gave a detailed record of what the person's interests were, what made a difference to their lives and what individualised care meant to them. This helped staff to deliver care and support in line with the person's wishes. One person commented, "Over time they [staff] got to know me and my ways. I don't need to remind them as they know. Plus, they know me that well they can spot changes in me sometimes before I notice it myself."
- One relative shared with us how staff had been involved in supporting them to be able to take their family member out on trips which they enjoyed and was important to them. They told us that staff, "Were 'well versed with [family member's] behaviour and were able to step in and [provide support] whenever necessary."
- Staff told us people's care plans contained information that was relevant and accurate about their needs. One member of staff said, "Care plans are not only relevant but practical, they put the [person] and their needs at the centre of everything while respecting and upholding their rights and freedoms."
- We noted throughout the care records there were prompts for staff to seek consent, encourage people to make choices and to be as independent as possible.

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.

- The registered manager was aware of their responsibilities under the AIS. People's care records contained information about their ways of communicating and their preferred methods. For example, one person's care plan used larger print, pictures and symbols to convey key information.
- The registered manager told us that any information could be provided in other languages and or in alternative formats such as audio recordings and braille should these be required.

Improving care quality in response to complaints or concerns

- Relatives told us they knew who to speak with if they had any complaints to raise and were confident their concerns would be appropriately addressed. One person said, "I see [registered manager] all the time as they sometimes do my care, so, if I needed to say something I would do it then. But there's been no need it's all been fine."
- Since registering with CQC the service had not received any complaints. However, we saw processes in place which would enable the service to record, investigate and take appropriate actions in response to a

complaint.

- The registered manager logged any comments or concerns and these included actions they had taken in response to the issues raised.

End of life care and support

- At the time of the inspection, no one supported by the service was receiving end of life care.
- The registered manager told us they would work closely with relatives and healthcare professionals, including GPs to support people at the end of their life.

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 Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Feedback from people who used the service and their relatives about the care provided and staff approach at U In Mind Care was positive. One person told us, "I am very happy with the arrangements in place; can't fault it." A relative said, "The management and staff team are incredibly tolerant and accepting in their manner, recognising when [family member's] dementia is causing them anxiety and distress and they respond appropriately. They remain calm and professional throughout. I would recommend the agency."
- We saw a range of complimentary letters about the service provided from relatives who expressed their appreciation for the care and support given and how this had benefited their family member.
- People and relatives told us the staff knew them well, which enabled rapport, trust and positive relationships to develop, which contributed towards good outcomes for people.
- Planned assessments checked that the service was able to meet people's needs prior to accepting the care package. Ongoing reviews included people who used the service and where appropriate their relatives to identify how they wanted their care delivered and to ensure it was person-centred.
- Feedback was sought from people, their relatives and staff on a regular basis. This gave the opportunity to suggest any changes or improvements and further develop the service.
- Staff had their competency regularly assessed to ensure they were working to the standards expected. There was a transparent and open culture where staff felt able to speak to one another and the management team if they needed guidance and support. One member of staff said, "We are able to raise things and to get clarification. We work in a place where it is safe to ask questions."
- Feedback from staff was positive. One member of staff said, "The management team are firm but understanding, they remain professional but are still very approachable and the company is run by very innovative individuals who always seek to make the [person's] care satisfactory." Another member of staff shared how the management team cared about their employee's welfare, "They [management] are supportive especially about our mental health."

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

- There was an established leadership structure in place and staff understood their roles, responsibilities and duties. Staff performance was monitored through regular one to one supervision and competency

checks.

- Staff and relatives spoke highly of the registered manager and told us that they were available and approachable at any time.
- There were systems in place to monitor and review the quality of the service. This included checks and audits for example, on staff files, medicine administration and care plans. Audits of the service were completed to ensure the provider was meeting peoples' needs and the service being delivered was to a high standard.
- Where issues were identified the registered manager made sure that these were addressed immediately, and processes put in place to prevent any future re-occurrences.
- Feedback from staff was positive, they enjoyed working at the service, had confidence in the management team and felt valued and supported in their role. One member of staff said, "The management are fantastic, [Registered manager] is brilliant, always there for you and amazing, never worked in such a good place where they care about the people and the staff."
- The registered manager understood their responsibilities in relation to the duty of candour regulation and was able to discuss how they would meet this requirement.

Continuous learning and improving care; Working in partnership with others

- The registered manager shared with us the challenges of opening a new service during a pandemic. They had recognised the need to keep up to date with the latest government guidance on COVID-19 and had adapted accordingly.
- Audits were used to identify areas of improvement and an action plan developed in response and updated accordingly.
- Spot checks on staff took place to monitor how staff were providing care, timeliness of calls and the caring approach to people.
- Staff and the management team worked in partnership with health and social care professionals to ensure people had the care and support they needed to maintain their health and wellbeing.