

Calderdale Metropolitan Borough Council

Support In Mind Team

Inspection report

Savile Park Road
Halifax
West Yorkshire
HX1 2ES

Tel: 07734459782

Date of inspection visit:
22 November 2019

Date of publication:
15 January 2020

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

The Support in Mind team is a domiciliary care service providing predominantly short-term care and support to people living with dementia or other mental health issues in their own homes. The service was providing personal care to ten people at the time of the inspection.

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 Support in Mind team excelled in gaining the confidence of and supporting people who had previously refused intervention from health and social care professionals.

People were extremely positive about the service and told us they would have no hesitation in recommending it. People unanimously described the service as 'outstanding'.

People were supported by staff who were exceptionally kind and caring. Staff were dedicated to ensuring people experienced the best possible care and support.

We found many examples of staff going the extra mile to make sure people experienced exceptional care and support. This had resulted in people being able to live independently in their own homes when health and social care professionals had not thought this possible.

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's needs were assessed. From the outset people were involved in planning how their support needs would be met and in setting goals to help them become as independent as possible. This meant people received entirely person centred care.

The leadership of the service was excellent. The management team put the delivery of high quality, highly individual and safe support at the centre of everything they did.

The management team were passionate about the service and were continuously looking at ways to improve people's experiences. They worked in partnership with other health and social care agencies to make sure people received the support they needed to fulfil their potential and maintain their independence.

The service had excellent quality assurance and monitoring systems to ensure people received safe care and treatment. These systems meant the management team were able to identify any areas where improvements could be made.

People told us the service was safe. Staff knew how to recognise and report any concerns about people's safety and welfare. Robust recruitment procedures helped to protect people against the risk of being supported by unsuitable staff.

Family members said they had complete confidence in the service making sure their relatives were safe. One said, "I have absolute peace of mind". Risks to people safety and welfare were identified and managed.

The management team had dedicated a lot of time and resources to staff training and development. Staff told us they were very proud to work for the service and felt extremely well supported in their roles. They said they would recommend it to family and friends who needed care and as a place to work.

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

Rating at last inspection

This was the first inspection of this service since it's registration in November 2018.

Why we inspected

This was a planned inspection based on the date of registration.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was exceptionally effective.

Details are in our effective findings below.

Outstanding ☆

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was exceptionally well led.

Details are in our well led findings below.

Outstanding ☆

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 Care Act 2014.

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. The service provides short term support, initially up to 8 weeks, to enable people living with dementia to remain in their own homes. The aim of the service is to enable people to accept care from and move on to other providers in the long term. The service provided long term care to a small number of people for whom it was considered a move to another provider would be detrimental.

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 a short period notice of the inspection because we needed to make sure the registered manager would be available to support the inspection.

Inspection activity started on 22 November 2019 and ended on 29 November 2019. We visited the office location on 22 November 2019 and made telephone calls to family members of people who used the service on 25 and 26 November 2019. We reviewed additional information sent to us to support the inspection process on 29 November 2019.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and safeguarding team. 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 on the telephone with four family members of people who used the service about their experiences of the care provided. None of the people who used the service were able to share their experiences with us over the telephone. We spoke with five staff including support workers, the team leader and the registered manager. We reviewed a range of records which included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. We looked at other records relating to the management of the service, such as training records, meeting notes, audits and survey results.

After the inspection

We reviewed additional information sent to us by the provider.

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 because staff knew what to do if they thought someone was at risk. They said they would always report concerns to the team leader and registered manager. They knew how to make a direct safeguarding referral to the local authority.
- Missed calls were treated as safeguarding events. They were reported appropriately and fully investigated.
- The 'Herbert Protocol' was in place for people at risk of becoming lost outside of their home. This is a protocol used in conjunction with West Yorkshire Police.

Assessing risk, safety monitoring and management

- Effective systems were in place to assess and mitigate risks people might encounter. People and their families were included in the risk assessment process.
- Family members were confident in the service maintaining their relative's safety. They told us how staff had made extra visits, some in their own time, if they had any concerns about their relative. One family member said the way in which staff maintained their relative's safety gave them "Absolute peace of mind."
- Staff completed additional tasks to ensure people were safe. For example, checking people's fire alarms and providing non-slip gloves to a person to enable them to hold drinks safely.

Staffing and recruitment

- Staff were recruited safely. Systems were in place to ensure people who were not suitable to work with vulnerable people, for example because of information received in references from previous employers, were not given jobs.
- There were enough staff available to meet people's needs safely.

Using medicines safely

- Medicines were managed safely. Care files included a medication profile which gave details of where the person's medicines were stored, how to support the person with their medicine and the arrangements for making sure prescribed medicines were available for the person.
- A full list of the medicines the person was prescribed were included in their care file. This also described what the medicine looked like and how it should be taken.
- Medication administration records (MARs) were completed appropriately.

Preventing and controlling infection

- Family members said staff respected their relatives' homes and supported them in maintaining their personal and environmental hygiene.

- Staff had access to gloves and aprons as needed.

Learning lessons when things go wrong

- The registered manager and team leader reviewed all accidents, incidents and missed calls to make sure all necessary actions were taken to minimise the risk of reoccurrence.
- When four calls were missed on the same day a full investigation took place to find out what had happened. Staff were spoken with and a new system put in place to make sure any potential missed calls were picked up immediately.

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 outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Supporting people to live healthier lives, access healthcare services and support

- Due to the extremely patient and effective support from staff, people who had previously refused medical intervention were now accepting of the treatment they needed. For example, staff supported a person who had not left their house for several years to attend an important appointment. Another person had previously refused to attend an essential heart monitoring appointment. Staff supported them with this which resulted in their GP being able to prescribe medicine required to maintain their health.
- Feedback from one social worker thanked the service for their "absolute support" in enabling a person to return home from hospital. They said without this support, the person would "undoubtedly" have not made it home. Another social worker said of their client, "The support the SIM team provide to (person) is absolutely vital in maintaining (their) wellbeing and independence, this extremely vulnerable (person) is able to continue living in the community safely."
- The services' creative use of a 'Motivation to Move' programme had helped to promote people's physical and mental wellbeing. For example, staff used gentle stretching exercise to encourage a person to perform their own personal care. Another person was encouraged to demonstrate their hobby of bowling to exercise their shoulder and staff danced with another person to encourage exercise.

Staff working with other agencies to provide consistent, effective, timely care

- The service had an exceptional approach to helping people understand and accept they needed support, particularly when they had always refused it in the past.
- Health and social care professionals detailed their extremely high regard for the service and their appreciation of how staff supported people. The approach they took had resulted in significant levels of positive improvement to people's lives which professionals had not thought possible.
- Referrals to the service were often made when other care services had failed to provide the care and support the person needed. Staff worked slowly and exceptionally patiently with the person, their family and the referring social worker to gain the confidence of the person.
- The service had worked effectively with other agencies to support people to make the difficult move to new services. For example, staff had provided reassurance and positive reinforcement whilst supporting one person and their new live-in care staff over a six week transition period. The service had also worked with care home staff to make sure one person's transition to their care was as effective and supportive as possible.

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

- People were at the heart of the assessment process and were given exemplary and creative support to

discuss all their needs and preferences for care. Staff's excellent abilities in gaining people's trust was key to the success of this process.

- The service had developed staff profiles, which included a photograph, to show to people so they could make an initial choice of which staff they thought might be best to support them. This initiative had been extremely effective in establishing trust between the person and staff.
- Keyworkers worked closely with people to complete weekly audits of their care records. Changes to assessments were made if needed to ensure the support they were providing was as effective as possible in promoting people's quality of life.

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

- Staff had recognised that some people were financially unable to buy food. One staff member had taken the initiative to set up a food bank within the service and worked with local supermarkets to support this. This exceptional initiative was fully supported within the service. Systems had been put in place to allow staff to access the food bank at all times to make sure people who used the service received essential nutrition.
- Staff were proactive in making sure people received a diet suitable to their needs. For example, staff cooked and blended food for a person who needed this type of diet to make sure they were able to enjoy their preferred meals.

Staff support: induction, training, skills and experience

- There was a strong approach to induction and observations to make sure staff were confident and had the skills they needed to provide effective care.
- Regular supervision meetings were held to enable staff to discuss their roles, successes and any challenges they faced.
- Staff had an enthusiastic approach to training which was tailored to the needs of the people they supported.

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.

- All of the people using the service were able to make decisions about their care and support and systems were in place to evidence that people's consent and agreement was obtained for all aspects of intervention.

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 outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- We received extremely positive feedback about the caring, empathic and patient approach staff took and the positive and life changing outcomes for people. Family members told us they had complete peace of mind due to staff's understanding and sensitivity to people's individual needs. They said they considered the service exceptional in this area.
- There were many examples of staff going the extra mile to support people and improve their lives. A family member told us an off duty member of staff had seen an ambulance outside their relative's house, had gone in to support the person and phoned the family member to let them know what was happening. Other examples included staff liaising with the social worker to obtain a washing machine for a person and taking flowers, making personalised presents and cards for people's birthdays. A family member told us how staff had researched and obtained the right pet to keep their relative company. Another example was staff taking their lunch to a person's house to sit with them and encourage them to eat following the death of their spouse.
- When people did not want to engage in the support detailed in their care plan, staff respected this and followed the person's wishes.
- We received strong feedback about the excellent support the service provided to families. Family members told us staff were like an extended family for them and their relative. One said "I don't know where we would be without them; actually, I do and it's not the happy place we are in."
- Staff we spoke with were highly passionate about every aspect of their roles. They knew the people they supported extremely well and knew how to give each person highly individualised care and support.
- Staff had been exceptionally creative in making scrap books for people. This gave people huge pleasure and helped staff get to know and understand them. Scrap books told the story of each person's life, their family, things they enjoyed and important events through pictures, photographs, precious cards and written information. They included examples of what staff did to demonstrate their care for the person. One of these said, 'We bring you flowers, apples and rhubarb from your garden. Open a small window so you can feel the breeze, listen to the wind, smell the fresh air while keeping you warm and safe.'

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

- People's views and decisions about their care were given utmost respect. Care plans were developed in a way which put the person, their choices, needs and views, entirely at the centre of the process.
- Some people had been reluctant to accept care or had previous bad experiences. Care plans gave extremely detailed information about how to support people at a pace they could accept and in a way that

met exact decisions about their care. For example, one person's care plan detailed how staff must not enter the person's kitchen until they invited them to do so.

- The care planning process began with obtaining basic but extremely important information to give the person confidence their views and choices would be respected. These details were used to produce individual profiles for people.
- Family members told us they were fully involved in the development and review of care plans to make sure they accurately reflected their relatives' views and decisions about their care.
- Each person had a key worker who, where possible, was chosen by the person. This helped to ensure a good match for personality and interests

Respecting and promoting people's privacy, dignity and independence

- People experienced exceptionally positive outcomes due to the importance staff placed on understanding the need to be flexible when supporting them with their privacy and dignity needs. For example, where a person was reluctant for staff to support them in meeting their personal needs, staff spent time chatting with them to gain their confidence and returned later to provide the personal care.
- Feedback from social workers reflected how the service had supported people to retain their independence by continuing to live at home when this had not been thought possible and previous care packages had failed. A social worker told us people they supported would have had to move into residential care long ago without the support of the service.
- One social worker congratulated the service on the support they provided to one person. After many years of failed interventions from health care professionals and the need for the very vulnerable person to have spent extended periods of time in hospital, the Support at Home (SIM) team managed to support the person to make massive improvements to their life. The social worker said "The importance of the expansion of [person's] world by the careful and patient support provided by the SIM team cannot be overstated. Their work and [person's] progress has surpassed mine and the CPN's (community psychiatric nurse) expectations by a country mile."
- Photographs in one person's scrap book showed the huge improvements one person had made to their home after being supported by staff in this.
- Family members were unanimous in saying people were treated with dignity and respect. One family member said in a feedback to the service, "I have experienced a team working with my [relative] before the present team became involved. The difference is massive. He is now cared for professionally with the utmost dignity."

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 were empowered by the flexible and understanding approach of staff and received the support they needed when they needed it.
- Care plans had been developed with a holistic approach which meant they included all the information staff needed to make sure the care and support they provided was led by the person.
- The service had identified that people were not always receptive to support when staff visited. Due to this, staff took a flexible approach to care planning to ensure people received the person-centred care they needed and wanted.

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 during the assessment and care planning process to make sure staff knew how to support people with effective communication.
- One person's care plan described how they communicated non-verbally and what it meant when the person did certain things. For example, the care plan detailed how the person liked to hold hands with staff. When the person put their arm out, this indicated they wanted a hug or to kiss the staff member on the cheek.

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

- The flexible approach meant staff could support people to engage in social activity. One family member said the service had made all the arrangements for their relative to attend a weekly day centre.
- A social worker told us staff had supported a person to be able to leave their house after many years. Staff had supported the person to visit a family member and enjoy a visit to a local park.
- Staff had recognised how much a person, who lived alone and was unable to leave their bed, found comfort in holding their hands. Staff had filled a glove with flour to give the person the feeling of holding a hand when they were alone. This had provided the person with a great deal of comfort.
- Family members gave examples of how staff supported people to keep in touch with them. One said they had been very reluctant to take a holiday, but staff had arranged a video call with their relative to provide reassurance their relative was well.

Improving care quality in response to complaints or concerns

- People knew what to do if they had any concerns. Family members said they would have no problems in sharing any concerns as they knew they would be responded to immediately and effectively.
- The complaints procedure was included in the information given to people when they started using the service. No complaints had been received.

End of life care and support

- End of life care planning was not consistent in care plans. One gave details of how staff would work with the district nursing team whilst another did not include details of the persons wishes about their preferences for end of life support.

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 outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Continuous learning and improving care

- The management team and staff demonstrated a commitment and passion to continuous development of the service. The registered manager and team leader were both 'I Care Ambassadors'. This involved promoting the care sector within the community and in schools and colleges to raise awareness of the opportunities to work within the care field supporting people in making positive changes to their lives.
- The service had systems in place to support effective working with other agencies. They worked alongside multi agency teams to ensure people, particularly those who had previously refused care intervention, received the essential support they needed to achieve the best possible outcomes.
- Due to the extremely high emphasis placed on continuous learning, the staff team were highly skilled and competent to deliver outstanding care. The management team had developed a bespoke induction package that incorporated the visions and values of the service.
- The team leader had successfully gained a place on a nationally recognised twelve week course aimed at raising standards within the workforce. The successful application of the team leaders' learning had culminated very positive outcomes for people and extremely positive feedback from staff and professionals involved with the service.
- The management team were extremely responsive to suggestions about how the service could improve. This had resulted in the service changing its approach to provide an exceptionally flexible approach to supporting people.

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

- The culture of enablement and supporting people to live more independent and fulfilling lives was at the centre of everything the service did. For example, one person learning to live independently following the death of a spouse. The vision and values of the service were given the heading 'Achieving positive outcomes with compassion.'
- The service provided short term support to people living with dementia for whom previous support had failed. This had often been due to people being unable to accept support and demonstrating this through their behaviours. A positive outcome meant people had been able to accept the support they needed to affect extremely positive changes to their lives. There were many examples of this including a person being able to leave their house after many years, a person being supported to learn to live independently following the death of their spouse and several people being able to stay in their own homes.
- Feedback from healthcare professionals about the service provided was, without exception, extremely positive. One social worker described the service as "amazing" saying "The compassion they show and

caring manner in which they support goes a long way to enabling people to remain at home for longer."

- The service celebrated positive outcomes for people by displaying these on notice boards in the office. Under headings based on the CQC's key questions of safe, effective, caring, responsive and well-led, staff added notes to demonstrate how they achieved these outcomes for people.
- People spoke very positively about the service and without exception said they would recommend it. One family member said, "We truly are privileged to have these girls".
- The service had been nominated by a social worker for an 'Our Stars' award run by the local authority, for their "amazing collaborative working". The 'Our Stars' award scheme celebrated exceptional contributions of staff to make positive changes to people's lives. The care team and team leader had also been nominated by the registered manager for the exceptional support they provided. An example of the contributions staff made to affect positive outcomes for people was the recognition of people not having enough food to keep them well and developing a food bank.

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

- People's views were obtained through individual quality assurance forms and surveys throughout the year. The results of twelve surveys completed through 2019 showed exceptionally high levels of satisfaction with the service with all respondents rating the service as outstanding. One person commented, 'There is no best part, it is all the best part'.
- Family members said the service fully involved them in the support their relatives received and responded immediately and appropriately to any questions they might have. We saw how the service welcomed and used comments from family members to make sure support was entirely appropriate to the needs of the person.
- Staff said they were encouraged and fully supported by the management team to make suggestions and take initiative to improve and develop the service to make extremely positive changes to people's lives. Examples of this included the food bank and exceptional flexibility of service.

Working in partnership with others

- The service worked closely with health and social care professionals to make sure people benefitted from a well organised collaborative and consistent approach.
- The registered manager and team leader attended quarterly meetings of the 'Skills for Care' managers network and provider forums organised by the local authority.
- The service had worked with the Alzheimer's society in holding a 'Dementia Friends Information Session' for people and family members. The service offered transport to enable people to attend.

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

- The service was extremely well organised. There was a clearly defined management and staffing structure in place. Managers and staff were clear about their roles and responsibilities.
- Systems for monitoring and assessing the quality and safety of the service were fully embedded. There was a strong focus on continuous improvement. Care staff were involved in the auditing process to promote their understanding of the importance of detailed care records.
- The registered manager and team leader worked alongside staff to carry out observations of delivery of care and support. Observations focussed on supporting staff to develop their skills and knowledge and improving people's experiences.
- The registered manager understood their responsibilities with respect to the submission of statutory notifications to CQC.

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

- Family members said they had complete trust in the service and were confident in their honesty.