Inmind Community Support Services Limited

Inmind community Support Services Limited

Inspection report

The Rock Center
27-31 Lichfield Street
Walsall
West Midlands
WS1 1TJ

Date of inspection visit:
09 August 2018
10 August 2018

Date of publication:
20 September 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 09 and 10 August 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we wanted to give the provider enough time to prepare information we needed as part of our inspection process and to be able to contact people by telephone. This was the first inspection of this service since they re-registered with us in January 2018 after changing their address.

Inmind Community Support Services Limited is registered to provide personal care services to people in their own homes. This service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older adults and younger disabled adults. CQC does not regulate premises where people lived; this inspection looked at people's personal care and support.

On the day of the inspection there were 72 people receiving support. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported by care staff trained to keep them safe. There were enough care staff to support people timely and where people needed support with their medicines this was done as it was prescribed. Care staff had the appropriate equipment to ensure people were supported safe from infection.

Care staff received the skills, knowledge and support to meet people's needs. People were able to make choices and decisions about the support they received. The provider ensured they adhered to the principles of the Mental Capacity Act (2005).

People were supported by care staff who were compassionate and trustworthy. The provider ensured people were involved in the assessment of their needs and the support planning process. People's privacy, dignity and independence was respected by care staff that supported them.

People's views were listened to as part of how they were supported. Where people had a complaint, they were able to have their complaints dealt with appropriately and in a timely manner.

While the provider carried out spot checks they were not always consistently effective in identifying areas for improvement. Care records were not always clear and accurate enough to ensure care staff could support people consistently.

The provider ensured people were able to share their views on the service by completing a survey, however the outcome was not being shared with people.

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.

People were supported by care staff who were appropriately trained to keep them safe.

There were enough care staff to support people and keep them safe.

People were supported with their medicines as it was prescribed.

Is the service effective?

Good

The service was effective.

People's support needs were being met by appropriately trained care staff.

People's consent was sought before they were supported.

Where people needed support with health care they were able to access this.

Is the service caring?

Good

The service was caring.

Care staff were caring and compassionate.

People were able to communicate their views as to how they wanted to be supported.

People's privacy, dignity and independence was respected.

Is the service responsive?

Good

The service was responsive.

The provider involved people in the assessment of their support needs and they were given a copy.

People were able to raise concerns as part of the provider's

complaints process.

Is the service well-led?

Requires Improvement

The service was not always well led.

Care records were not always clear and concise enough to ensure care staff would always know how to support people.

While spot checks were taking place, they were not always effective in identifying areas for improvement.

People were able to share their views by completing a survey but the outcome was not being shared with them.

Inmind community Support Services Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Our inspection site visit was on the 09 and 10 August 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we wanted to give the provider enough time to prepare information we needed as part of our inspection process and to be able to contact people by telephone.

The Inspection team consisted of 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 service.

This service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older adults and younger disabled adults. CQC does not regulate premises where people lived; this inspection looked at people's personal care and support.

We reviewed information we held about the service this included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts, which they are required to send us by law.

As part of our planning for this inspection, we also requested information about the service from the local authority. They have responsibility for funding and monitoring the quality of the service. The information we were provided with we used as part of the planning for this inspection.

We visited the provider's main office location and we spoke to four people, eight relatives, four members of the care staff and a senior care staff member. The registered manager was not at work during our inspection so we spoke with the deputy manager. We looked at the care records for four people, the recruitment and

training records for three members of the care staff and records used for the management of the service; for example, staff duty rotas, accident records and records used for auditing the quality of the service.

Good

Is the service safe?

Our findings

People we spoke with told us that staff supported them safely. A person said, "The staff are really good and I do feel safe with them". Relatives we spoke with all told us that their relatives [people receiving services] were safe. One relative said, "Care staff we spoke with all told us that they had received the appropriate training to keep people safe. A care staff member said, "If anyone was being abused I would inform the office and if nothing was done I would contact the local authority or CQC [Care Quality Commission]". We were able to confirm that care staff had received training to keep people safe and they knew what abuse was so they would recognise the signs to be able to keep people safe. We found that the provider had the appropriate systems in place to be able to raise a safeguarding concern where a person had been abused.

We found that risks were being assessed as part of ensuring people were supported with their personal care safely. Where equipment was used to move people, for example a hoist, we found that a risk assessment was in place and clear instructions were on people's support plans as to what care staff should do to support people safely. A care staff member said, "Risk assessments are in place and I am able to see the risk assessment before I support my service users". We found that risks were being assessed in a range of areas for example, supporting people with their medicines, manual handling, the environment where people lived and where people may have health conditions.

We found where incidents and accidents took place that the appropriate record of what happened was being kept. We also found that trends were being monitored so the service could where appropriate, act to prevent similar events. Care staff we spoke with told us that they were required to log and report any incidents or accidents to the office. The deputy manager told us that they would carry out an investigation where needed into an accident of incident where it was unclear as to how it may have happened while care staff was supporting someone.

Care staff told us they were required to complete a Disclosure and Barring Service (DBS) check as part of the recruitment process. This check was carried out to ensure the provider had employed suitable care staff to support people with personal care type tasks. We also found that references were sought to ensure care staff had the right character to work with people. We found that the provider carried out checks on potential care staff to ensure they had suitable skills and knowledge to support people as part of the recruitment process. Where gaps in knowledge were identified relevant support could be made available.

We found that there was enough care staff employed to support people safely. People we spoke with told us there was enough care staff. A person said, "I think there is enough staff, they always arrive at the correct time". A relative also told us that care staff were never late and they never had any concerns with staffing. A care staff member said, "There is enough staff". The deputy manager told us they always recruited to more hours than they were contracted to deliver to ensure when care staff were on leave or were off sick that they would be able to support people on time.

A person said, "Staff prompt me to take my tablets and they are fine". Relatives we spoke with had no concerns with how care staff reminded their relatives to take tablets. Care staff we spoke with were able to

explain the circumstances where they supported people with medicines and the situations where they would not. A care staff member said, "I have had training and my competency is checked regularly". We found that the support people received with their medicines were carried out in a safe manner. Care staff were required to complete a Medicines Administration Record (MAR) when supporting people and the provider had a procedures and policies in place to advise care staff. We found situations where these records were not completed appropriately, for example, we found gaps where care staff had not correctly signed to show someone had received their medicines or we found that care staff had written onto the MAR but this was not done in a way that was clear. We saw care staff meeting minutes where these concerns were discussed to ensure care staff knew what was required. The deputy manager was able to also show us their monitoring and checking process to show that they had identified the concerns and the actions they had taken to ensure care staff knew what was expected.

The provider told us that care staff would only support people with medicines 'as and when required' that was prescribed by the doctor. Where these medicines were not prescribed care staff would not be able to support people. Care staff we spoke with confirmed this.

We found that the provider had the appropriate processes in place to ensure risks to people by way of infection control was managed appropriately. Care staff had received training in infection control and was able to explain that they had been given equipment to use when supporting people with personal care and they were required to carry personal hand sanitizer gel to reduce any risks of transferring infection between people. A person said, "They wear gloves and aprons as appropriate and always wash their hands when they arrive and leave my home".

Good

Is the service effective?

Our findings

People we spoke with told us that care staff knew how to support them and they had the skills to do so. A person said, "Staff do have the skills to support me". Relatives we spoke with all felt care staff knew how to support their relatives [people receiving service]. Care staff told us they were supported and able to get supervision regularly and attend staff meetings. We found that appraisals were also carried so care staff were able to discuss and identify further support where needed. We found from what we were told that people were happy with the support they received from care staff and that their assessed needs were being met by the support they received from the care staff.

We found that care staff were able to access training so they had the relevant knowledge and skills to support people. We saw examples of some of the training care staff were able to access in moving and handling people, health and safety, dementia awareness and food hygiene. Care staff we spoke with confirmed this. Care staff also told us they were able to access training where they needed further support to meet people's needs. We found that care staff were required to attend an induction course, which included shadowing more experienced care staff and also completing the care certificate. The care certificate is an identified minimum set of standards that health and social care workers adhere to in their daily working life. A care staff member said, "I have had to complete the care certificate". This meant care staff had the skills and knowledge to support people effectively.

A person said, "Staff always get my consent". A relative said, "I do hear staff asking my mom if it's okay to do something, so I guess they do seek her consent. If they didn't ask she would not let them do anything". Care staff we spoke with explained how they sought consent. One care staff member said, "I always ask before I do anything".

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We found that while there was no one within the service that lacked capacity sufficiently to meet the requirements of the MCA. The provider told us a number of people were confused or within the early stages of dementia. The provider was able to show that care staff had received the appropriate training to understand the principles of the MCA and were able to show some understanding when questioned. This meant care staff had the knowledge to be able to at what point people were unable to make an informed choice.

We found that most people did not need support with the preparation of a meal or a drink as their relatives

did this for them. However, where someone needed a snack of a drink care staff did this. A person said, "The carers make my butties the way I like them and I'm always left with a drink that I want". A relative said, "I do all the meals but if she [person receiving support] needed a drink the care staff do it".

We found that care staff did not need to support people with ongoing health care support. However, where people needed to see their doctor, needed an ambulance or were generally unwell that care staff knew how to get them the support they needed. A relative told us that the care staff knew her mom very well and if she was unwell they would get medical support. Care staff we spoke with were able to explain the actions they would take where someone was unwell or they found someone on the floor. A staff member said, "I would check to make sure the person was breathing and check them over. I would not move them off the floor and I would get an ambulance". This meant care staff would know what to do in an emergency where people needed medical attention.

Good

Is the service caring?

Our findings

We found from what people told us that care staff treated them with compassion and kindness and that there was a continuity in the care staff they had to support them. A person said, "The staff are mostly kind, compassionate and trustworthy". A relative said, "My husband gets on so well with [carer's name] she is the only person he lets help him. She has become a true friend to us both, but she remains properly professional. We trust her completely", another relative said, "The carers are brilliant. I love the way the carers talk to my husband rather than at him".

A person said, "My carers listen to what I want and get on with it. They are very patient with me and they do as I ask. They prepare my porridge just how I like. They always leave me comfortably in my arm chair near to my alarm buzzer and a drink before they leave". We found that while care staff were not aware of the Equality Act (2010) principles and characteristics, the way people were supported was in line with the act. Care staff we spoke with knew about the importance of not discriminating, listening to people's views and having good communication skills. Care staff were able to explain the importance of people being able to communicate their views as to the service they wanted. Where people's first language was not English we saw that the service ensured when assigning care staff to support people that care staff who spoke the same language were assigned to them. This encouraged communication and allowed people the opportunity to share their views with as little barriers as possible.

We found that where people needed the support of an advocate the provider would be able to support people to access this service through the Local Authority. No one we spoke with needed the support of an advocate but were they to need this in the future it would be available. Most people lived with relatives who we found advocated for them and care staff kept them informed as to where there may be concerns with the support people received.

We found that care staff knew how to support people in a way that respected their privacy, dignity and independence. A person said, "They close the doors and curtains to keep things private. Not that anyone would be interested in seeing me". A relative told us, "The staff are respectful of my mother and they always respect her privacy and dignity when they wash her". Care staff we spoke with were able to show that they understood the importance of people's privacy, dignity and independence. A care staff member said, "We always cover people over during personal care and ensure relatives leave the room where needed". Care staff were also able to explain how people's independence was promoted by people being able to do what they could. A person said, "I wash myself staff just support me if I need it".

Good

Is the service responsive?

Our findings

People's needs were assessed to identify their support needs and a support plan was developed to show how people would be supported by care staff. A person said, "I do have a copy of my support plan and I was involved". A relative told us, "I have a folder from the office with an assessment and support plan and other documents". Care staff we spoke with confirmed that they were able to access people's assessment and support plan from the folder in people's homes. This meant that people had a copy of the agree support and care staff were able to check this when needed. We found that an assessment and support plan was being used within the service to identify people's needs and show how the service would support them. We found that the assessment process involved people and where appropriate their relatives in order to ensure people were supported how they wanted.

We found that reviews of the service provided to people were taking place and involved people. A person told us that informal review chats had taken place. As a result, their service time had been reduced but they were still satisfied as the carers still had enough time to support them properly.

We found within the assessment process that people's emotional, mental health, physical capabilities and equality and diversity were all being considered within the assessment. We saw that people's preferences were being identified to so the support people received was personal and centred around them. A person said, "The staff support me to get washed exactly how I want". A relative told us, "The carers have struck up a really good rapport with me and my mother. They have got to know her likes and dislikes really well. She can be stroppy because of all the health problems she has, but the carers are extremely patient and they have won her respect. I think they have been trained well to give support in a relaxed and calm way that certainly works with my mum". Care staff we spoke with were able to explain people's preferences when questioned and knew the people they were supporting. Care staff were able to identify where people had specific cultural needs and how they supported this. Many of the people care staff supported were from an Asian background and they were able to explain these individual's cultural or religious support needs. This ensured the support people received would be what they wanted.

We found that a complaints process was in place which people were made aware of as part of how the service started. They were also given a copy of the service user guide which illustrated how people could complain. We found that people were able to raise a complaint or compliment. A person said, "I have never had to complain". A relative told us, "We have only complained once at the very start of our care package. Originally, they sent two carers who made very little attempt to chat with my husband. They spoke to each other and made little effort to talk to him [person receiving service]. I asked them [provider] to send other carers and this was done straight away". Care staff we spoke with knew how to support people to make a complaint and were able to explain the process. We saw that a complaints and compliments log was in place which showed the date a complaint was received and when the complaint was resolved.

Requires Improvement

Is the service well-led?

Our findings

We found that care records were not always clear enough and or misleading. This could potentially leave newly appointed care staff not knowing how to support people appropriately. For example, we saw information on a person's care record that suggested they had concerns with tissue viability [pressure sore] but within the same page we later read the person did not have a pressure sore. This would leave care staff confused. We saw other examples of risk assessment documentation showing people had a risk to later read there was no risks.

We found a number of care records where the person receiving the service was able to sign their support plan and had done so, their relative had also signed the care record as well. This was confusing as people who were able to sign their own care records should not then need anyone else's signature.

We found there were gaps in the work history information gathered as part of the recruitment process by the provider during the recruitment process. These gaps had not been picked up by an audit or checking process. We discussed these concerns with the deputy manager who told us they would take action to rectify the concerns we had identified and discuss the recruitment concerns with the registered manager on their return to work.

We found that while spot checks on care staff were carried out on the service on a regular basis and some concerns identified were acted upon. We found that that audits being carried out were not consistently identifying areas that needed to be improved and as a result the audits were not effective in identifying areas for improvement. The concerns we identified about care records and staff files were not picked up by the audit process.

We found that training into the Equality Act (2010) was not taking place. The deputy manager told us action would be taken to implement this training immediately.

We found that while people were able to share their views and there was no evidence to suggest people were unable to communicate their views. The deputy manager and care staff were not aware of the Accessible Information Standard (AIS).

We found that the provider carried out surveys on the quality of the service. We found that people were happy with the service they received from the information gathered from the last survey conducted. People we spoke with confirmed they had received and completed a survey. Care staff we spoke with also confirmed they had completed regular questionnaires. However, we found once the information had been analysed the outcome was not being shared with people or care staff. The deputy manager told us this would done in future. This meant people were not able to know what their comments meant for improving the service.

People told us the service was well led. A person said, "The service is a well led service". While relatives we spoke with all spoke highly of the service they were receiving for their family members. Care staff we spoke

with all told us the service was well led due to the support they were able to get and the office staff managing the service. A care staff member said, "The service is well led".

The provider had an out of hours on call service that people told us they were aware of. This enabled people and care staff to be able to contact a managers in an emergency when the office was closed. For example, on bank holidays, weekends or on an evening. Care staff we spoke with confirmed they there was an out of hours service.

The provider had a whistle blowing policy that care staff were aware of and knew when they could use it to highlight concerns in the service or risks to people.

It is a legal requirement that the overall rating from our last inspection is displayed within the service and on the provider's website. This was the provider's first inspection since moving offices so this service had not yet had a rating.

The deputy manager understood their role for notifying us of all deaths, incidents of concern and safeguarding alerts as is required within the law.

We found that the provider worked in partnership with other agencies. A relative told us that care staff have attended meetings with a specialist nurse and their social worker to discuss the future support for their relative [person receiving service]". Care staff told us that they are required to speak to health professionals on behalf of people as well as attend different meetings when required.