

Bromley and Lewisham Mind Limited

Bromley Mind - Mindcare

Inspection report

20B Hayne Road
Beckenham
Kent
BR3 4HY

Tel: 01689811222
Website: www.bromleymind.org.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This announced inspection took place on 10 and 11 October 2016. We told the provider two days before our visit that we would be coming, as we wanted to make sure the office staff and registered manager would be available. At the last inspection, on 10 July 2013, the service was meeting all the legal requirements we inspected.

Bromley Mind - Mindcare is a carers' respite and sitting service which provides support and some personal care to people living with dementia within their own homes. The service is situated within the London borough of Bromley and provides services to people living within the borough. At the time of our inspection there were approximately 76 people using the service. 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.

At this inspection we made a recommendation to the provider on the safe management and administration of medicines. This was because medicine records were not always completed appropriately by staff in line with best practice. There were no systems in place to seek and assess people's consent and capacity and to act in accordance with the requirements of the Mental Capacity Act 2005 when required. This required some improvement. Risk management required improvements as risk assessments did not provide staff with detailed guidance on managing or reducing highlighted risks. We will check on these issues at our next inspection of the service.

There were policies and procedures in place for safeguarding adults from abuse. Appropriate recruitment checks took place before staff started work and staffing levels were appropriate to meet the needs of people using the service. There were suitable arrangements in place to manage foreseeable emergencies.

Staff received supervision, appraisals and training appropriate to their needs and the needs of people who they supported to enable them to carry out their roles effectively. There were processes in place to ensure staff new to the service were inducted into the service appropriately.

People's nutritional needs and preferences were met and people told us they were treated with dignity and respect. People were provided with information about the service when they joined.

People told us the support they received was personalised, respected their wishes and met their needs. People's support and care needs were identified, assessed and documented within their care plan. People's needs were reviewed and monitored on a regular basis. People were provided with information on how to make a complaint and who to refer to if they were unhappy with the outcome.

Although the provider had procedures and systems in place to evaluate and monitor the quality of the

service, we found that these were not always followed or were not effective in ensuring the quality of some aspects of care people received. People told us they thought the service was well run and staff told us they received good support that enabled them to do their jobs effectively. There were systems in place to carry out staff spot checks to ensure consistency and people were provided with opportunities to provide feedback about the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

We have made a recommendation to the provider on the safe management and administration of medicines.

Risk management required improvement as risk assessments did not provide staff with detailed guidance on managing or reducing highlighted risks.

The service had policies and procedures in place for safeguarding adults from abuse.

Appropriate recruitment checks took place before staff started work and staffing levels were appropriate to meet the needs of people using the service.

There were suitable arrangements in place to manage foreseeable emergencies.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

The service did not have systems in place to seek and document people's capacity and consent and to act in accordance with the requirements of the Mental Capacity Act 2005 when required. This provides protection for people who do not have capacity to make decisions for themselves. This required improvement.

Staff received supervision, appraisals and training appropriate to their needs and the needs of people who they supported. This enabled them to carry out their roles effectively. There were processes in place to ensure staff new to the service were inducted into the service appropriately.

People's nutritional needs and preferences were met.

Is the service caring?

Good ●

The service was caring.

People told us they were treated with dignity and respect.

People were provided with information about the service when they joined.

People told us the care and support they received was personalised, respected their wishes and met their needs.

Is the service responsive?

Good 

The service was responsive.

People's support and care needs were identified, assessed and documented within their care plan.

People's needs were reviewed and monitored on a regular basis.

People were provided with information on how to make a complaint and who to refer to if they were unhappy with the outcome.

Is the service well-led?

Requires Improvement 

The service was not consistently well led.

Although the provider had procedures and systems in place to evaluate and monitor the quality of the service, we found that these were not always effective in ensuring the quality of some aspects of care people received. For example in relation to the safe management and administration of medicines, assessing, recording and managing risk and seeking consent and assessing people's capacity in line with the providers policy and the Mental Capacity Act 2005.

People told us they thought the service was well run and staff told us they received good support that enabled them to do their jobs effectively.

There were systems in place to monitor other aspects of the service and to carry out staff spot checks to ensure consistency and quality was maintained whilst supporting people in the community.

There was a registered manager in post at the time of our inspection and they were aware of their responsibilities as a registered manager in relation to notifying CQC about reportable incidents.

People were provided with opportunities to provide feedback

about the service they received.

Bromley Mind - Mindcare

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.

The inspection was carried out by one inspector on 10 and 11 October 2016 and was unannounced. We told the provider two days before our visit that we would be coming. We did this because we needed to be sure that the manager would be in when we inspected.

Before the inspection we reviewed information we held about the service and the provider. This included notifications received from the provider about deaths, accidents and safeguarding alerts. A notification is information about important events that the provider is required to send us by law. We also contacted the local authority responsible for monitoring the quality of the service and other health and social care professionals to obtain their views. We used this information to help inform our inspection.

There were approximately 76 people using the service on both days of our inspection. We spoke with five people using the service by telephone and looked at the care plans and records for seven people using the service. We spoke with five members of staff by telephone and members of staff on site including the registered manager, office staff and care staff. As part of our inspection we looked at records and reviewed information given to us by the registered manager and members of staff. We looked at records for people using the service and records related to the management of the service. We also looked at areas of the building and external grounds.

Is the service safe?

Our findings

People told us they felt safe with staff and felt well supported by the service. One person said, "The staff are fantastic and know just how to manage my loved one's behaviour." Another person said, "The sitters are excellent. They are kind and caring and I feel very assured to leave my loved in their care." People also told us that staff were punctual and stayed the required amount of time, and they did not feel rushed. One person said, "They do what I need them to do so I can do what I need to do. They always come on time and we have regular sitters, so they are familiar with my loved one's needs." Although people told us they felt safe with staff that supported them we found that some systems in place to ensure people's safety required some improvement.

Where people required support with their medicines, we saw there were some arrangements in place to ensure medicines were managed and administered by staff appropriately. Staff received appropriate regular medicines administration training to ensure the safe support and administration of medicines. Medicines administration records detailed the medicines people were prescribed by health care professionals and when they were required to be taken. We noted that medicine administration records were completed by staff confirming that the person had taken their medicines when required. However not all medicine records had been completed in line with best practice as we found gaps in the recordings of some medicines records. We drew this omission to the attention of the registered manager who took immediate action to address any issues in the recordings. They advised that there were very few people who required support with medicines because on many occasions they had family or formal carers that administered their medicines so staff were not regularly involved in administration or the recording of medicines. We saw that medicine records were returned to the office on a regular basis to be filed within people's care plans. However we noted that there were no systems in place to check medicines records for any errors or omissions and this required improvement. The registered manager informed us that they conducted regular care plan audits which also include checking medicine records but there were no formal recorded medicine audits in place to ensure safe practice.

We recommend that the provider refers to best practice and current guidance in relation to the safe management and administration of medicines.

Assessments were completed to determine levels of risk to people's physical and mental health needs. People had a care plan in place which identified areas of risk, for example risks related to poor mobility or if someone had a history of falls. Risks related to people's behaviour and their home environment were also identified and assessed. However we noted that although risk assessments were in place for specific areas of people's needs, guidance for staff in relation to managing or reducing risk was not always documented and some records required improvement. For example, one risk assessment documented that the person could display behaviour that may challenge, however it did not provide information or guidance for staff on how to manage the behaviour. Their risk assessment also highlighted there had been an identified near miss in relation to fire safety but again did not provide information on what the near miss was or guidance for staff in minimising any potential risks or hazards. We spoke with the registered manager who informed us that they had recently conducted an audit of care plans and were working to ensure risk assessments were

detailed and provided staff with clear guidance. We will check on this at our next inspection.

There were arrangements in place to manage foreseeable emergencies. People had an out of hour's emergency on call number available to them within their care plans. Assessments and review visits were made to people's homes to check for environmental risks. Staff had received training in emergency first aid and health and safety and knew how to respond in the event of an emergency. Accidents and incidents involving the safety of people using the service and staff were recorded, managed and acted on appropriately. Accident and incident records demonstrated staff had identified concerns, had taken appropriate action to address concerns and referred to health and social care professionals when required to minimise the reoccurrence of incidents. Staff told us they were issued with a staff handbook, identity name badges and there was an out of hours on call system in place to help maintain continuity at weekends and during the night and to support staff in times of emergencies.

The provider had up to date policies and procedures in place for safeguarding adults from abuse. Staff received training to ensure they were knowledgeable about how to respond to concerns and demonstrated they were aware of the signs of abuse, knew what action to take and told us they felt confident in reporting any suspicions they might have. Staff were aware of the provider's whistle blowing policy and knew how to report issues of poor practice. We looked at the service's safeguarding folder and saw that detailed records of safeguarding concerns and incidents were completed and managed appropriately. Where required the registered manager and senior staff submitted notifications to the CQC and referrals were sent to safeguarding authorities as appropriate.

There were safe staff recruitment practices in place and appropriate recruitment checks were conducted before staff started work to ensure they were suitable to be employed in a social care environment. Staff records confirmed that pre-employment and criminal records checks were carried out before staff started work. Records included application forms and interview records, photographic evidence to confirm applicant's identity, references, history of experience and or professional qualifications and explanations for any breaks in employment.

People told us there were enough staff working at the service and they had never been without the support they requested. One person said, "Their time keeping is perfect. I have never experienced a time when they haven't come when they were arranged to." Another person told us, "We have regular sitters who are always on time. The service has not let me down as yet." People confirmed that they had a regular group of staff that visited them and in the event of any staff holiday or sickness this was covered by the service without any problems. Staff told us they thought there were sufficient staff working at the service to ensure that people's needs were met.

Is the service effective?

Our findings

People told us they were involved in the decisions about their loved ones' care and were able to express their loved ones' preferences to staff. They told us staff sought their consent before providing support and they felt involved in assessments and on-going reviews of people's support needs. One person said, "Staff are very caring and always seek my agreement before doing anything different. They know my loved one well and how best to support them." Another person commented, "They always seek my approval in relation to my loved one's care plan. We have reviews to ensure I am happy with everything." Staff we spoke with demonstrated their knowledge and understanding of people's right to make informed choices and decisions independently and where necessary for staff to act in someone's best interests. However we found that the service did not have systems in place to identify and assess people's capacity to make informed decisions and in seeking consent in line with the provider's policy and the Mental Capacity Act 2005.

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.

Care plans contained assessments of people's physical and mental health needs and risk assessments identified people's psychological needs and any hazards. However, we noted that there was no documentation in place to note people's consent and no mental capacity assessments in place to identify and assess people's capacity in relation to specific decisions when required. We discussed this with the registered manager who confirmed that they did not have systems in place to seek and document formal consent and to carry out mental capacity assessments when required in line with the provider's policy. They advised that regular staff knew people well and made decisions in people's best interests on a daily basis and in consultation with informal carers if required. They advised that they would look at how they recorded people's consent and capacity issues and implement mental capacity assessments into their care planning system to ensure people's consent was appropriately sought and considered when required in line with the provider's policy. We did not find these issues directly impacted people's care but there were possible risks to people as a result if staff that were not familiar with people and their needs. This required some improvement and we will check on this at our next inspection of the service.

People told us they thought staff were competent and well trained and knew how best to support them and their loved ones. One person told us "Staff are well trained. They are very knowledgeable on dementia and know just how to stimulate my loved one." Another person said, "The staff are excellent. They are all very professional and great at what they do." Staff told us they received training appropriate to their needs and the needs of people who they supported. One member of staff told us "The training we get is fantastic. I have been supported to complete a City and Guilds health and social care qualification." Another member of staff commented, "The mandatory training we have is good. It keeps me up to date with good practice." Staff records showed that training was provided on a regular basis and included topics such as medicines,

equality and diversity, emergency first aid, safeguarding, dementia awareness and moving and handling amongst many others.

Staff confirmed they received regular supervision and had an annual appraisal of their performance. Staff records showed that supervision was conducted on a regular basis and included discussion of any training needs. In addition we saw that 'On the job' supervisions (spot checks) were undertaken by senior staff within the community and these acted as part of a direct observational practice session. Staff confirmed that spot checks were undertaken unannounced, and the format of spot checks covered a number of areas such as, support delivery and record keeping to support them in their roles.

New staff were provided with an induction period of shadowing experienced members of staff, introductory discussions on the provider's policies and procedures and mandatory training. The registered manager told us they were in the process of implementing the Care Certificate for all new staff on an induction and this was confirmed from records we looked at. The Care Certificate sets out agreed learning outcomes, competencies and standards of care that are expected of all new care workers.

People told us when required staff supported their loved ones to meet their nutritional needs. Care plans included people's nutritional requirements and any known risks such as choking. People told us they were happy with the support provided by staff in preparing meals and snacks. One person said, "They know what food my love one likes and they ensure they always have plenty to drink."

Is the service caring?

Our findings

People told us they had good relationships with regular staff that visited, who they described as 'caring, kind, friendly and compassionate'. One person said, "The service is fantastic with wonderful kind staff." Another person said, "Our regular sitter is excellent. They are so caring and friendly and really know my loved one well." A third person commented, "The staff are lovely. They are very caring and always respectful." People also told us they had a regular member of staff that provided support and who knew them and their loved ones' well. One person commented, "Continuity is very important to my loved one as their memory is poor. Having someone who regularly visits is great as they know my loved one well and I know them well and trust them."

Staff spoke fondly and were knowledgeable about the people they supported. They showed a good understanding of people's individual needs and preferences and demonstrated a real commitment in recognising what was important to them. Staff we spoke with were respectful of people's needs and described a sensitive and caring approach to their role recognising people's needs in relation to disability, race, religion, sexual orientation and gender. For example, a member of staff gave us an example of how they promoted equality and respected people's cultures. They told us of the way in which they supported one person whose first language was other than English and how they used an I-pad to translate and communicate effectively with them. Staff told us they enjoyed their work and the support they offered to people within their homes. One staff member said, "I make a real effort to get to know people well. I always want to do the best I can for people so it's important to know them well and how best to support them." Another member of staff commented, "The service we provide is very person centred and we look after people well. It's all about the clients."

People confirmed they were provided with information about the service when they joined and we saw that people were provided with a copy of the provider's 'service guide' which was kept in people's homes. The registered manager confirmed this was given to people when they joined the service and this included information on their statement of purpose and the complaints procedure with useful contact numbers for people's reference. The registered manager also told us the service produced a quarterly newsletter for people using the service which provided people with updates on the service and related news articles.

People told us they had been consulted about the support they required and their individual needs were identified and respected. Care plans contained a personal account of people's history and their preferences in relation to the support provided. One person told us, "Communication with the service is very good. They make regular contact to ensure I am happy with the service and if there have been any changes in my loved ones needs." Staff told us they knew where to locate important information about people within their own home's and had access to people's identified care needs and risk assessments. They told us care plan records were updated regularly and were reflective of people's current needs.

Is the service responsive?

Our findings

People told us the care and support they received was personalised and respected their wishes. They told us their needs were assessed and care plans were developed with their participation. One person said, "We had an assessment when we first started to use the service. We have a plan of care in place and staff always record the support provided and how my loved one has been during their visit." People confirmed their care plans met their needs and were used by staff on a daily basis to ensure they reflected people's needs and to communicate any changes in their needs to other staff or family members.

Assessments of people's needs and risks were conducted when people first joined the service. The registered manager told us that the majority of referrals came from commissioning authorities and prior to people being suitable or accepted by the service a full assessment of their needs was undertaken. Care plans included referral information from placing authorities that detailed people's care and support needs and reason for the service request. We saw that reviews of people's care plans and risks were conducted shortly after the service commenced to ensure people's needs were met effectively and to rectify any issues or concerns. We saw that reviews of people's care were then conducted every six months or when required due to a change in need.

The registered manager told us there was a matching process in place that ensured people were supported by staff that had the necessary experience, skills and training to meet their needs. Staff told us they introduced themselves to people when they started with the service for the first time, so they could become familiar with people, their families, and their home environment. One member of staff said, "It's important from the start that people feel comfortable with us and we feel comfortable with them. We are visiting people in their homes and must always respect that." One person using the service told us, "Our sitter came to visit us the day before we started the service. I thought this was very good as it made us all feel more relaxed."

People's support, needs and risks were identified and documented within their care plan. Care plans were organised and easy to follow. The provider's assessments tools covered areas such as physical and mental health history, medicines and support required with medicines, personal history and preferences, family involvement and support, dietary requirements, health and safety issues, risks, personal goals and outcomes and task sheets which detailed the support staff provided at each visit. Care plans demonstrated that people using the service were consulted about their needs.

People told us the service was responsive to their needs and in the delivery of the support they provided. They told us the service was good at responding to their requirements and always tried to accommodate people's requests for support. One person said, "There have been times when I have needed support at short notice. The service is very flexible like that and they always do their best to accommodate us when needed." People told us they had regular contact with office staff and the registered manager and felt there were good lines of communication. One person commented, "I never have any problems in contacting the office, there is always someone there when I call. They are always very helpful."

People told us they were aware of the service's complaints procedure and were confident their complaints would be listened to and action taken if necessary. One person said, "I know how to contact the office if I had any concerns or complaints and know they would be dealt with." Another person said, "The service is fantastic, I have no complaints at all. However if I did I know they would be dealt with appropriately." There was a complaints policy and procedure in place and information on how to make a complaint was provided to people within their care plans. Information provided guidance on the complaints handling process and how complaints could be escalated. Complaints records we looked at showed when complaints were received they were responded to appropriately and in line with the provider's policy to ensure the best outcomes for people.

Is the service well-led?

Our findings

The provider had policies, procedures and systems in place to evaluate and monitor the quality of the service provided; however, we found that these were not always effective in ensuring the quality of care people received and these areas required improvement. For example the issues we had identified with following best practice in relation to the safe management and administration of medicines and assessing and managing risk.

We looked at the other systems in place to assess and monitor the quality of the service provided. Audits and checks were conducted on a regular basis when required to ensure any required actions from previous audits were addressed and completed. Checks were also completed by local commissioning authorities and we noted some actions were required from a visit conducted in March 2016 which the provider had addressed. For example in relation to staff recruitment checks. Audits and checks in place included care plans, accidents and incidents, health and safety, safeguarding, staff records and staff spot checks amongst others. We noted that audits undertaken were up to date and conducted in line with the provider's policy. Records of actions taken to address any highlighted concerns were documented and recorded as appropriate. For example the care plan audit had highlighted some care plans required reviewing. We noted that actions had been taken as required and care plans were up to date. We also looked at the service's work plan for 2016/2017 which set out the priorities and aims of the service including ensuring all regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were consistently met.

People were very complimentary about the service and the support they received from staff and the way in which the service was managed. One person said, "I just can't fault the service. The staff are so kind and supportive." Another person told us "The sitting service is fantastic. Staff are kind, well trained and understand my loved one's needs." A third person commented, "The service is excellent. It's very well run and organised."

Staff told us they felt well supported and thought the service was well led. They said that staff located in the office were supportive and available for any support and advice they needed and were available at any time. One member of staff said, "I really love my job. The service really looks after its clients which is what makes me stay." Another staff member told us, "I like working for the service and the management support I get is great. I feel very supported to do my job and get lots of training which is good."

Staff told us they were happy in their work and had an understanding of the provider's statement of purpose and values. Staff told us they were provided with a staff hand book when they joined the service to act as a guide and to remind them about the provider's policies and procedures. They told us communication within the service was good and crucial to providing good care and support. We saw staff meetings were conducted on a regular basis for care staff and office staff to ensure the service ran smoothly. We looked at the minutes of recent meetings held which included discussions around staff recruitment and care plans and records. We also noted that staff received a provider 'staff memo' (newsletter) on a regular basis keeping them up to date with provider and service news.

At the time of our inspection there was a registered manager in post. They knew the service well and were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and the registered manager demonstrated good knowledge of people's needs and the needs of the staffing team.

The provider took account of the views of people using the service through annual satisfaction surveys and feedback telephone monitoring calls. The registered manager showed us the results and an analysis completed for the annual carer's survey conducted in 2015. Results were positive showing 95% of respondents said they would recommend the service, 78% of carers regarded the service as excellent and 16% as satisfactory. Where improvements were highlighted and required as a result we saw that action plans were in place to address issues and to ensure the implementation of improvements. For example the provider's action plan detailed actions required to promote greater communication with informal carers and we saw evidence of the work undertaken to implement a new carers group.

We saw that the service also provided people with other opportunities to provide feedback on the service at newly implemented carer's forums which were scheduled to be held three times a year. People were also kept informed of service and provider updates through newsletters that were available in several formats to meet people's diverse needs.