

Herefordshire Mind

Herefordshire MIND Domiciliary Care Service

Inspection report

Ferncroft
144 Ledbury Road
Hereford
HR1 2TB
Tel: 01432275380
Website:

Date of inspection visit: 11 December 2014
Date of publication: 03/03/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 11 December 2014, it was announced. This was the first inspection of this location which was registered on 3 November 2013.

The service mainly provides support to people who have mental health needs living in their own homes. At the time of the inspection 34 people were using the service. One person was supported 24 hours a day.

It is a requirement that the service has a registered manager. There was a registered manager in post who was registered with us in November 2013. 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.

Summary of findings

People using the service liked the staff that supported them and they felt safe when staff were with them. Staff knew people well and understood how they preferred to be supported. Staff respected people's differences and they ensured their dignity and privacy were respected.

People were offered the planned support at the times and days agreed. People had small teams of staff who they had chosen to support them. On the rare occasion when a preferred member of staff was not available an alternative had been offered. People were involved in planning and reviewing their support arrangements. When people chose not to take part in review meetings senior staff held informal discussions with them to check they were satisfied with the service. People's relatives felt that the service was caring and the leadership of the service was effective and responsive.

When the agreed service included support with meal planning and food preparation people said staff encouraged them to have a balanced diet. This was the same with support for people's healthcare. This was discussed when the service was set up. People told us what was agreed was provided. We were told about several examples of staff supporting people during health emergencies in a compassionate and flexible way.

Staff knew how to support people and help maintain their safety. They understood their responsibility to protect people from harm and abuse and they felt able to report any concerns appropriately. People's safety and risks were considered when their support was planned and their medicines looked after. The backgrounds of new staff were checked before they were employed. Staff were given suitable training and were observed carrying out their work to help maintain the expected standards. Staff felt well supported and part of an effective team that worked together to meet people's needs.

The service was well led and had a clear vision of enabling people to recover from mental health conditions and lead independent lives. Staff understood this and worked to develop people's self-confidence and living skills. Systems were in place to monitor the service and people's views were sought and listened to. The provider acted in accordance with the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DOLS). Staff had been trained in this area.

Summary of findings

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. People felt safe when staff were supporting them and systems were in place to help protect them from avoidable harm and abuse.

Staffing arrangements were suitable to meet people's needs and people were helped when with their medicines.

Good



Is the service effective?

The service was effective. People were receiving a service from staff who felt well trained and supported. Where people needed staff support with their meals and health care this was provided to help them stay healthy. Arrangements for establishing people's consent to care and treatment were in place.

Good



Is the service caring?

The service was caring. People were involved in making decisions about their service. They were treated as individuals and their differences were respected. They had good relationships with the staff and felt staff assisted them with sensitivity.

Good



Is the service responsive?

The service was responsive. Staff respected people's views and preferences and their support was planned in a personalised way and with the person's consent in partnership with relatives and other professionals.

People were supported to have links with their local community and helped to avoid social isolation. People and their relatives felt able to raise concerns and they had confidence that these would be taken seriously and responded to.

Good



Is the service well-led?

The service was well-led. People, relatives and staff felt there was an open culture where feedback was welcomed and communication with senior staff was effective. The arrangements to monitor the quality of the service were effective and led to improvements. People's views were sought as part of the quality assurance systems.

Good



Herefordshire MIND Domiciliary Care Service

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 took place on 11 December 2014. It was carried out by one inspector and was announced. The provider was given 48 hours notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

Before the inspection we had asked the provider to complete a Provider Information Return (PIR). This is a form that we ask the provider to complete to give us key information about the service, what they do well and improvements they plan to make. This was returned on time and was detailed. We looked at the statutory notifications we had been sent by the provider. A statutory

notification is information about important events which the provider is required to send to us by law. We asked other agencies their opinions of the service including the local authority and Healthwatch. Eleven people who used the service and three staff gave us their views in a pre-inspection survey. We used all this information to help us plan our inspection.

During our inspection we met and spoke with one person using the service and with their consent a relative of this person. We also spoke with the registered manager, the team coordinator, a senior care worker and two support staff. We spoke on the telephone with one person's relatives. Mental health professionals gave us their views by email.

We looked at a sample of records including two people's care plans, one person's medicine administration charts, a record of the support visits that were cancelled, staff training information, one staff recruitment file and records relating to the management of the service such as quality assurance audits.

Is the service safe?

Our findings

Everyone who gave us feedback told us they felt safe and free from the risk of abuse from staff when they were receiving support. The relatives we spoke with felt that their family members were safe from abuse and they were confident that any concerns would be taken seriously. One said, “I have no concerns, [relative’s name] would tell me if anything was wrong”.

Staff were able to tell us how they would put their training on safeguarding into action and raise any concerns with the registered manager or the local authority. They also understood that they were protected by the provider’s whistle blowing policy. Staff told us they were always listened to when they raised a concern and two staff gave us examples of this. One said, “Any concerns we raise are taken seriously”. The registered manager told us there was a safeguarding policy in place, however during 2014 no safeguarding incidents had occurred. No safeguarding concerns had been raised with us.

People told us that staff helped them to stay safe. One person told us that staff helped them manage their financial affairs. Staff were able to explain how they kept people’s risks to a minimum. For example, they assessed people’s mood and mental state while they were supporting them. Risk assessments formed part of each person’s care plan which covered the support they needed and any environmental risk staff needed to consider. Those we sampled included clear information to guide staff on how they should reduce the risk.

People told us that staff discussed any risks with them and they agreed the support they wanted. The registered manager told us that incidents and accidents were recorded and monitored so that lessons could be learnt. They saw all accident and incident reports which staff had completed and analysed them for each person so that any trends would be noticed. These were then put into a quarterly report to summarise this information and to show any action that had been taken to reduce people’s risks.

The registered manager told us in the PIR that a rigorous recruitment process was followed. We looked at one staff

member’s recruitment records that confirmed this. A risk assessment was completed if any issues from an applicant’s past raised a concern. This meant that people were protected as well as possible from the risk of being supported by unsuitable staff.

People told us that the staff were reliable, punctual and that they supported them for the agreed amount of time. They said that the team coordinator asked them which staff they preferred, and that they could say if there were staff that they did not want. Staff told us that the way the support was arranged meant they had enough travel time to support each person with the agreed plan. The nature of the service meant that the support people wanted could be provided at an alternative time or day if staff were unwell at short notice. This meant that if a regular carer was not available people often preferred not to have a replacement and wait until the staff they were familiar with was available.

The registered manager showed us that they logged and analysed the reasons why planned support sessions had been cancelled. The record for 2014 showed that most cancellations were due to people declining support or not being at home when staff visited at the agreed time. In the previous six months the service had only been unable to provide support three times. On each of these occasions several days’ notice had been given so the person could make alternative arrangements if needed.

Some people did not need support with their medication. This was discussed with them when the service was agreed. One person’s relative told us that staff were very efficient in their involvement with medication and had alerted the relative quickly when there were any problems. They told us staff had enabled the person to again become independent with their medicines and this had led to them not needing staff support every day. We saw there were systems in place to manage medication such as receipts, administration and returns records. The records we saw for one person showed that the medication had been administered as prescribed. Staff told us that only those trained in safe administration were allowed to deal with medication. This helped ensure good outcomes for people.

Is the service effective?

Our findings

People told us that they liked the staff that supported them. They felt they received support that was consistent from staff that had the right skills and attitude. Everyone who responded told us the staff helped them to be as independent as possible. The registered manager told us in the PIR that whenever possible people chose which of the staff supported them. Staff were introduced and then people were asked their views. One person told us, “I have three regular staff that I have chosen and I like them all”.

Staff felt they were supported to stay up to date with good practice in their work through training and regular 1-2-1 meetings with a line manager. They said the focus of the service was to help people become fully independent, to recover from mental health problems and to no longer need a support service.

People told us the staff had the skills they needed and were patient and understanding. Staff told us the training helped them with their work and they had a good understanding of people’s mental health needs. The registered manager showed us training records which confirmed that training was planned, delivered and monitored. He said the aim for 2015 was to arrange more training on mental health conditions delivered by mental health professionals to increase staff expertise. There had not previously been a formal staff appraisal process but this had now been put in place. The registered manager visited people, with their consent, to observe staff providing support to them to monitor each worker’s competency.

People told us that staff asked their consent before providing support. One person said, “I have always been listened to and respected”. We saw that people had been involved in planning their support and had signed their support plans. The registered manager told us that the people currently using the service were paying for the service and they decided what type of support they wanted. In the PIR the registered manager told us that a policy and procedure had been developed on the

implementation of the Mental Capacity Act 2005 (MCA) in the service but this had not yet been needed because the people currently being supported had capacity. Staff told us that they had been given training on the MCA but some felt further training would be helpful.

People’s life skills were discussed and assessed with them when the support package was set up. Staff told us that some of the people they supported were independent in food shopping and meal preparation. They said that when this support was needed their role was to encourage the person to make healthy nutritional choices and in some cases motivate the person to cook. One staff member told us they had given one person a healthy eating recipe book to assist them. One person told us that the staff helped them prepare meals on the days they supported them. They said, “I never thought I would be cooking for myself, I am amazed really”. The person told us they had not always eaten well before they received support. Staff had helped them and they now felt healthier and were a healthy weight.

The registered manager told us that people’s ability to manage their health was assessed and discussed with them when the support package was set up. We saw that care plans included details of the support people needed with their health. We heard examples of when staff had been helpful and sensitive when people were unwell. For example, one person was encouraged to get treatment for an ear infection and staff went shopping for them so they could keep out of the cold windy weather while they recovered.

Discussions showed that staff worked with health and social care professionals, for example, a multi-agency review meeting was being held the following day for one person. One professional told us, “I know part of the ethos of Mind is to promote wellbeing and recovery and in my opinion this is what happens in Hereford, certainly in respect of the service users I am aware of some of whom have benefited greatly in levels of self-confidence and skill levels”.

Is the service caring?

Our findings

People told us they found the staff helpful and kind. Comments included, “[staff name] helps me keep in touch with friends and family, they make me laugh and are a good friend” and “Friendly and very helpful”. The team co-ordinator told us that staff had a good relationship with the people they supported and at times went over and above what was expected of them. For example, on two occasions staff had stayed with people to support them through emergency situations such as admission to hospital.

People told us they felt they had control over the support that they received and that staff helped them be independent. One told us, “I would like less support as I want to be independent so they are helping me work towards this”. One person’s relative told us, “Staff are

motivational rather than doing things for people” and “They have helped my relative regain independence in several areas and they are improving all the time”. The team co-ordinator said that the support was reviewed with each person every six months unless there was a change or an earlier review was requested. The records we saw confirmed this.

People told us that they were supported with dignity and respect. One person’s relative confirmed that staff had been very understanding and respectful. The registered manager told us the service had signed up to the Dignity Challenge and dignity audits were carried out to help identify any areas they could improve. They told us in the PIR that if a person they supported needed essential help that was outside their remit they were able to use their charity funds to pay for this if the person could not afford it.

Is the service responsive?

Our findings

People felt the support they received was tailored to their needs and benefitted them. Comments we received included, “[staff name] has given me confidence and enables me to keep on top of things” and “I get a very good service”. One person told us they had been supported to join a men’s group and this was enjoyable and was helping them not be socially isolated.

People told us they had felt involved in the planning process. The support each person wanted was discussed and agreed with them before the service began. The days and timing of support was arranged to suit each person. Staff all told us they felt well informed about people’s needs and preferences. The support plans included any practical help people wanted with daily living and self-care tasks, however the main focus was on their mental health needs and any associated emotional support. The support was planned under areas including social responsibility, addictive behaviours, trust and hopes, social networks and meaningful occupation. The team co-ordinator told us if a person’s needs changed or they made a complaint they would go and visit the person and review their support.

The registered manager explained that support was arranged with scope to be flexible. This was because of people’s mental health problems. At times some people would cancel support sessions and then wanted it at another time. Staff said that they understood this was part of the role and that people needed to be in the right frame of mind for their support to be of benefit to them.

People told us they felt able to tell the staff if they had any problems. Comments included, “I can always call the office and they would help”. There was a system in place to record and show how any concerns had been responded to. The registered manager said that they planned to record more clearly how feedback was used from complaints and compliments. We saw examples of when action had been taken in response to incidents in order to try to prevent these from reoccurring. For example, when staff had not noticed one person’s medication dose had been changed, staff were all retrained in the correct procedures. This showed that although the person was unharmed the failing was taken seriously, and action was taken to try to help prevent a reoccurrence.

Is the service well-led?

Our findings

People told us they were confident about how the service was run and felt there was an open culture. One person told us, “It works well and it helps me with what I want to do, overall pretty good”. The registered manager told us that an electronic recording system was being introduced for evidencing the support provided and the outcomes for people. They hoped that this would be more inclusive and people would get involved using the electronic tablets to record their achievements.

People told us that they felt comfortable about speaking to the registered manager and coordinator on the telephone or visiting the office and they found them friendly and helpful. One person’s relative told us, “They are always tuned into what is important to [relative’s name] and pre-empt problems. Staff felt valued and supported by the senior staff and said they were well informed about the people they supported so they could give accurate advice when needed. Staff told us that the senior staff promoted the service vision to help people recover and lead independent lives.

We saw that systems were in place to monitor the quality of the service, for example the analysis of any cancelled visits and incidents. There was evidence that action was taken when shortfalls were identified, such as a review of medicine procedures after an administration error

occurred. The registered manager told us that the policies and procedures were reviewed to make sure that they were updated to reflect relevant changes such as the Mental Capacity Act 2005.

A service review was carried out each year and as part of this people using the service were given a survey. Their views were then collated and considered when the following year’s business plan was developed. The registered manager showed us that process had been followed and the action plan was being developed for the year ahead.

People were also asked their views in their individual support reviews which were held annually. It was proposed that during 2015 the frequency of these reviews would be increased to allow people to make any changes to the support they received more often. A service user group which enabled people to meet and give their views had lapsed was also going to be reintroduced in 2015.

The registered manager was also the nominated individual for the provider. They told us that the board of trustees had no formal system for checking the quality of the service and they relied on the information he shared with them at board meetings. To improve the arrangements he had recently increased the level of information shared with the board by developing a monthly report on the service which highlighted any areas for improvement. The trustees were also going to visit more frequently to increase their involvement and oversight of the service.