

Inmind Community Support Services Limited

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Inspection report

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

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16 June 2022

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Inmind Community Support Services is a domiciliary care service providing personal care for people living in their own homes. At the time of the inspection 14 people were receiving personal care from the service.

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

Since our last inspection, a number of care and office staff had left at very short notice which resulted in the provider contacting the local authority to arrange for packages of care to be transferred to other care providers. Responsibility was left with the registered manager to fulfil the responsibilities of the vacant office posts. This resulted in a lack of effectiveness in the governance of the service as the registered manager took on additional duties to ensure people's care needs were met.

Systems were not in place to effectively monitor call delivery times. This resulted in some people experiencing early, late or short calls. Care records did not always hold the most up to date information regarding people and their care needs. People and relatives raised concerns regarding poor communication with the service.

Staff felt supported by the registered manager but had not received regular supervision or had their competencies assessed for some time.

There was no evidence the provider had actively sought feedback from people who used the service to help them monitor and improve the quality and safety of the service, and make changes in response to people's feedback.

People felt safe when supported by staff in their own home . They were supported by a consistent group of staff who had been recruited safely and were aware of their care needs.

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.

Staff were aware of the latest government guidance regarding infection prevention control and had access to plentiful supplies of personal protective equipment (PPE.)

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

Rating at last inspection

The last rating for this service was good (published 26 July 2021).

Why we inspected

The inspection was prompted in part due to concerns received about staffing levels and the timings of calls. A decision was made for us to inspect and examine those risks.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Inmind Community Support Services Limited on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to good governance at this inspection.

At our last inspection of the service in June 2021, it was agreed the provider could apply to have the conditions on their registration removed, as enough improvement had been seen in the governance of the service. However, the provider continued to submit monthly reports and did not apply to remove those conditions. At this inspection, we were not assured regarding the effectiveness of the governance systems in place. We therefore advised the provider that a decision has been made to keep the conditions in place to obtain assurances that governance systems would be improved. The provider will continue to submit monthly reports to provide evidence of this.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Requires Improvement ●

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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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector and an assistant 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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 16 June 2022 and ended on 22 June 2022. We visited the location's office on 16 June 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including care workers, the registered manager, the head of quality and governance and a member of staff in charge of recruitment. We reviewed a range of records including four people's care records and medication records. We looked at two staff files in relation to recruitment. We looked at a variety of records relating to the management of the service.

After the inspection

We continue to seek clarification from the provider to validate evidence found. We looked at staff records and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- The provider failed to ensure sufficient staff were available to deliver care to people at agreed times specified in their care plans. Due to staffing pressures, systems to monitor call times did not operate effectively. This meant people who used the service could not be confident their calls would be delivered in line with their care needs.
- People told us they were not consistently informed if their care call was running late. Feedback from people confirmed this. Comments about care calls included, "The lateness can vary up to 30 minutes. On one occasion it went up to an hour", "Some carers are staying six or seven minutes then writing on their app that they have done everything. 30 minutes calls we rarely get that."
- Recruitment checks were completed to ensure staff were safe to work with people. This included obtaining references from previous employers and checks with the Disclosure and Barring Service (DBS).

Assessing risk, safety monitoring and management

- Care plans and risk assessments did not always provide staff with the up to date information regarding people's needs. For example, one person's care plan identified the person 'sometimes struggles to breath' due to an on-going health condition. There was no guidance for staff on what to do if this happened which could place the person at risk of harm.
- Despite some information missing in care records, staff were aware of the risks to people and how to support them in line with their care needs. One person told us, "Yes [staff knew how to support them], I have to have help to get me from A to B. I have had a few accidents; I need someone to hold onto me otherwise I will tumble."
- The registered manager told us, "I know there is information missing" and advised this information was previously gathered by a former member of staff. They advised their priority was to review all care records and this work was ongoing.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when supported by staff in their own home. Staff received training in safeguarding and were aware of their responsibilities to raise concerns with the registered manager. A member of staff told us, "I would inform the office, fill in the form [on electronic system] and tell the family as well."
- Where safeguarding concerns had been raised appropriate action had been taken. However, the registered manager had failed to notify CQC of a safeguarding concern that had been brought to their attention. This was immediately rectified during the inspection.

Using medicines safely

- Medicines were managed safely and audits were in place to identify any errors or areas for action.
- Staff had received training in how to support people with their medication but checks on their practice had not taken for over 12 months. However, people who received support with their medication told us they had no concerns regarding the support they received.
- Staff recorded when people had been supported with their medication on an electronic medication administration record. Audits of this information were completed by the registered manager. A member of staff told us, "If someone did not take their medication, I would inform the office and the family as well."

Preventing and controlling infection

- The provider used effective infection, prevention control measures to keep people safe and staff supported people to follow them.
- Staff had access to PPE and people told us staff wore PPE when supporting them.
- Staff knew how to use PPE in line with government guidance.
- Staff were carrying out regular testing for COVID-19 prior to their shifts in line with government guidance and this was overseen by the registered manager.

Learning lessons when things go wrong

- Lessons had been learnt following recent events and an action plan was now in place. This included all staff files being reviewed and recruitment overseen by another member of staff. The registered manager told us, "It's positive that recruitment is being done independently."

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.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, Engaging and involving people using the service, the public and staff, fully considering their equality characteristics, Continuous learning and improving care

- Systems and processes to ensure monitoring and oversight of the quality and safety of the service were not operating effectively. Audits and quality assurance checks did not identify the issues found on inspection.
- In April 2022 a number of staff left the service at short notice, including office management staff. At the time of the inspection, action had not been taken to recruit to those vacant posts, which included roles to ensure the effective running and management of the service.
- Due to staffing pressures, the registered manager was unable to effectively monitor call delivery, oversee staff supervisions and spot checks, review people's care, ensure care records were up to date and oversee the running of the service on a daily basis. There was also an expectation the registered manager would be on call 24 hours a day, seven days a week.
- Staff had not received supervision and their competencies had not been assessed for over 12 months. This meant the provider could not be assured staff were providing care and support in line with their training, and people's care needs.
- The head of quality and governance was not aware of historical quality assurance systems in place prior to them commencing in post. They told us, "I haven't seen any audits done by the previous management team; I have struggled to find information. I am putting things in place."
- Systems were not in place to effectively monitor call delivery. This meant information was not gathered which could be analysed to identify any trends and put actions in place.
- The provider did not have effective communication systems to ensure people could contact management to raise any concerns or discuss their packages of care. A relative told us they had contacted the office to advise there was no need for staff to turn up for certain calls and staff still turned up. We also received the following comments, "I try to get them, but no one came back to me. I wanted to speak to them about the timetable for the carers for the lateness", "It's been really mixed [the service], I've made lots and lots of complaints." And, "The communication is the biggest issue."
- There was no evidence the provider actively sought the views of people who used the service in order to use the information to make improvements.

This was a breach of Regulation 17, Good Governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager responded to concerns that were raised and where information was found to be missing or incorrect, took immediate action to rectify the matter. They told us they were in the process of reviewing care files and added, "I'm working to make sure they [care staff] have all the information they need." Care staff spoken with confirmed this.
- A log of complaints, concerns and compliments had recently been put in place to review information received and analyse for any trends and lessons to be learnt.
- The head of quality and governance had reviewed the service and identified priorities for improvement. They said, "We have identified as a team what the key priorities are. We want to ensure safe practices are in place and to improve services."
- The provider was actively recruiting care staff and a dedicated member of staff had been appointed to drive recruitment and appoint new staff. The head of quality told us, "We want to grow safely."

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

- The registered manager was open and transparent during the inspection. They were passionate about the care and support people received from the service but were unable to be as effective in their role as they wished, due to the additional roles and responsibilities that had been handed to them when staff had left.
- We received a mixed response from people and their relatives regarding the service. One relative told us, "I would recommend some of the carers, they are doing their best. If I'm honest, because of the lack of communication, I probably wouldn't recommend them." Another relative said, "I would [recommend the service], I think so. The people are alright. The carers coming in now are alright. I did ring them, but no one has come back to me." Other people told us they had experienced short calls, one person said, "In fairness [registered manager's name] did listen and changed the one carer."
- Staff felt supported by the registered manager and reassured by her following the recent issues with staffing. One member of staff told us, "It was difficult for us because lots of colleagues left. I was shocked when it happened. I was scared. They [former staff] told us the service was going to be closed. We spoke with [registered manager's name] and they told us 100% it was not closing." Staff added that the registered manager has bought in change since April and things were much better. One member of staff said, "Previously there were too many clients and you never had a choice. With [registered manager's name] it's different."
- Not all people using the service were confident their concerns would be dealt with. One relative told us, "I would contact the service [if I wasn't happy] but from my experience it isn't very good." Another said, "I have recently sent an email but have had no response, so communication is not the best."

Working in partnership with others

- The registered manager and staff continued to develop working relationships with health professionals and the local authority and worked to implement any recommendations made.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems in place were not effective and failed to give full oversight of the service.