

Inmind Community Support Services Limited

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Inspection report

Tameway Tower, Office 15, 4th floor
Bridge Street
Walsall
West Midlands
WS1 1JZ

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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 ●

Summary of findings

Overall summary

This announced inspection took place on 16 March 2017. The provider registered with us in August 2015 and this is their first inspection. Inmind provides personal care to people in their own homes. At the time of our inspection they were providing care to 67 people.

There was no registered manager in place at the time of our inspection. 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. The manager was in the process of registering with us at the time of our inspection.

People told us they felt safe when receiving care. Staff knew how to protect people from any suspected abuse and were knowledgeable how to report it. Staff knew about people's risks and how to manage them to ensure people were safe. There were sufficient staff to meet people's needs. The provider had a safe recruitment process which meant people were supported by staff who were suitable to work with vulnerable adults. People told us they received their medicines on time.

People told us the staff who supported them had been sufficiently trained to meet their needs. People told us staff asked for their consent before providing any care. The staff and the manager understood the principles of the Mental Capacity Act and had considered people's capacity to make their own decisions when necessary. When required, people were supported to meet their nutritional needs.

People told us they were supported by kind and considerate staff who knew them well and understood their needs. People felt involved in their care and were enabled to make decisions about their care needs. People were supported by staff to maintain their independence and staff respected their privacy and dignity.

People and their relatives told us staff provided care which was responsive to their individual needs and they were given choices by staff. Records we saw reflected people's choice and individual preferences. People knew how to complain. The provider had an effective complaints system in place which meant when people did complain they were listened and responded to.

People and their relatives told us the service was well led and were happy with the service they received. Staff felt supported by the management structure in place which meant they enjoyed their job. Effective systems were in place to monitor the care people received.

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 told us they felt safe. Staff knew how to protect people from potential abuse and how to report it. Staff understood how to manage risks to people's health and safety. There were sufficient staff to meet people's needs. The provider operated a safe recruitment system. People got their medicines when they needed them.

Is the service effective?

Good ●

The service was effective.

People told us staff could meet their needs because they had received good training. Staff understood how the principles of the Mental Capacity Act affected people's care. People were supported to meet their nutritional needs.

Is the service caring?

Good ●

The service was caring.

People were supported by kind and caring staff. People were supported to maintain their independence. People's privacy and dignity was respected by staff.

Is the service responsive?

Good ●

The service was responsive.

People were involved in their care. Staff were knowledgeable of people's choices and preferences and respected them. People were comfortable in raising complaints and when they did the provider listened and took action to resolve the issues.

Is the service well-led?

Good ●

The service was well led.

People told us the service was well led and they were happy with their care. Staff understood their roles and told us they were

supported by the management structure in place. People and staff were involved in the running of the service. There was an effective system in place to monitor the care people received.

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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 checked 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.

This inspection took place on 16 March 2017 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.

The 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 care service. In this instance their area of expertise was older people. We reviewed the information we held about the provider and the service and looked at the notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law.

We spoke with five people who used the service and twelve relatives to gain their views of the service provided. We spoke with five members of staff and the manager. As part of our inspection we looked at three people's records which included records detailing staff administering medication to people, and three staff records. We looked at records relating to how the provider monitored the quality of the care people received.

Is the service safe?

Our findings

People told us they felt safe whilst staff were delivering their care. One person said, "I feel safe because they always lock up, that is important for me". Another person said, "I have no worries about my safety". Relatives also told us they thought their family members were safe. One relative said, "I do think the care is safe". Another relative explained to us they thought their relative was safe because staff didn't rush them. Staff told us they had received training in how to protect people from harm and knew what to do should they suspect any potential abuse had occurred. One member of staff said they had reported to managers when they thought one person was potentially being abused. They told us manager's had taken action promptly to protect the person. Another member of staff told us they would look for signs such as bruising or changes in a person's behaviour and would report it to their manager's. The manager understood their responsibility in reporting any suspected abuse and had done so when they were required to. This meant people were protected from harm because staff had received training and understood their responsibilities in reporting any suspected abuse.

Staff understood people's risks and knew how to manage them to support people to maintain their health and safety. One person told us staff used a piece of equipment to manage their mobility and they felt safe using it. One member of staff explained to us how they supported one person with equipment. They explained they had to ensure the equipment was safe before they used it to ensure the person was safe when being moved. Another member of staff explained how they managed a person's nutritional risk which had resulted in a positive outcome on their health. We saw when people had assessed risks to their health and safety risk assessments were in place and contained information to guide staff. We saw these were regularly reviewed and updated when people's needs changed.

We received mixed views from people whether there were sufficient staff to meet their needs. One person said, "They always turn up on time, unless there is an emergency". Another person told us, "The staff always turn up and are usually on time". However, some people told us they thought the staff were sometimes late attending calls especially at a weekend. One relative commented they were mostly happy with the care their family member received but added, "They do always turn up eventually but our 8.30am call has been as late as 12.00pm at a weekend but they do always get someone there". Staff told us they were allowed sufficient time between calls to arrive on time. We looked at the rota system the manager operated. We saw sufficient time was left for staff to travel between calls. The manager told us there had been problems with the timing of calls but they had made improvements by changing how staff were employed and they would continue to look at ways to develop this system. We saw there were sufficient staff to meet people's needs and the manager was implementing new systems to ensure people got their preferred call time.

We saw the provider had a system in place to ensure new staff were recruited safely. One member of staff said, "They completed a DBS check. It took ages to come. I couldn't start work until it arrived". Disclosure Barring Service (DBS) checks help employers to make safer recruitment decisions and prevents unsuitable people being recruited. Another member of staff explained to us they had to provide documents such as their driving licence before they began work. Records we looked at confirmed what staff had told us and

demonstrated the provider had a safe recruitment system in place which meant new staff were safe to work with vulnerable people.

People told us they were happy with the support they received with their medicine. One person said, "They are good with my medicine. There haven't been any mistakes at all." Another person commented they received their medicine every day which staff supported them with. Relatives told us their family member received their medicines when they needed them. One relative said, "They don't administer their medications they do get them out of the pack and always remember to leave them for [the person]." Staff were able to describe to us how they supported people with their medicine and knew what to do should people refuse. We saw the provider had a system in place which meant people got their medicine when they needed it.

Is the service effective?

Our findings

People and their relatives told us they thought staff had the skills to provide care to meet their needs effectively. One person said, "The staff are trained for what they do and I haven't come across anyone who doesn't know what they are doing". Another person commented, "The staff do seem trained". Relatives told us staff had the skills to care for their family member. One relative said, "The staff seem to be trained enough for their job". Staff told us they had received training which meant they had the skills to support people with their care needs. One member of staff said, "The training is very helpful". Another member of staff told us the training they had received to move people safely had given them confidence to move a person using a particular piece of equipment. The manager told us they offered informal training sessions in the office if they identified staff may need further training. These included lessons in English language for staff whose first language wasn't English. Staff told us, and records we saw confirmed, staff received a good induction prior to starting their role. Staff told us they were supported with ongoing training and discussed this in their supervisions with their manager. The provider had ensured staff had the right skills to provide people with effective care which met their needs.

People told us staff sought their permission before providing any care. One person commented, "They always ask permission and show general respect". Another person said, "I have no problems with them, they are always polite and ask my consent". Staff understood the need to get permission before providing people with any care. One member of staff said, "I always have to ask their permission before providing care".

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. Staff told us they had received training in the MCA. One member of staff said, "Mental capacity is when a person can't make a decision themselves. We have to involve others to make sure it's the right decision for them. We can't make the decision ourselves". The manager told us that almost all people who received care could make decisions about how their care needs were met. Records we looked at demonstrated when one person lacked the capacity to make decisions about their own care the manager had considered their capacity and recorded the process of the decision making in their care records.

Not all of the people we spoke to received support with their meals. However one person told us, "They offer me a choice for meals." Another person told us, "They help with meals and know my preferences now". A relative explained to us that although their family member didn't receive support for their meals they liked to have tea and biscuits. They told us staff were aware of their choice and provided the support they needed to meet their nutritional needs. One member of staff told us although family member's prepared a person's meal they always offered if they could help when they noticed their food had not been eaten.

People received support from family members when their health needs changed. However, staff were aware of where to go or who to call in an emergency, for example, emergency services or doctors. Staff told us they

worked with other healthcare professionals to provide support for people when their health needs required additional expertise, for example the district nurse.

Is the service caring?

Our findings

People and their relatives told us the staff were kind and caring. One person said, ""The girls are generally very nice. They are caring and respectful". Another person said, "There is no rushing and they chat and talk with me as they do their work". A relative commented, "The carers are kind and caring".

People were happy with how staff delivered their care and felt included in making decisions. One person told us, "The service does meet all of my needs. I tell them what I want and they respect my wishes". Another person commented, "They listen and do what I ask, they just do it". Relatives told us staff spent time with their family member which meant staff could get to know people well. One relative said, "They know [name of person] well and what they like. They never rush them and give them adequate time to do things." People told us they were supported by consistent staff who knew them well which had a positive impact on the relationship between themselves and the staff who supported them. Staff knew people well and were able to share with us how they supported people to meet their individual needs. One member of staff said, "Although I know [name of person] well I give them choices. I include them and ask if they like the choices they have made". Another member of staff shared with us how one person they supported preferred their care to be delivered and what they had to do to ensure this person did not get anxious. This meant the provider ensured people were involved with their care and staff respected their choices.

People and their relatives told us staff encouraged them to maintain their independence. One person told us, "My carer is lovely. They are very kind and thoughtful. I like to have my independence and they let me walk on my own but keep a careful eye on me. [Name of person] is lovely. It matters that we have got to know one another." Another person commented, "The service does meet all of my needs. I tell them what I want and they respect my wishes. They let me do what I want to do for myself." A relative told us, "[person] is very independent and the staff support them with that by respecting their independence. They like the service that they provide." Staff gave us examples of how they supported people to maintain their independence. One member of staff explained how they had to allow one person sufficient time to complete a specific task so as they could maintain their independence. They said, "They put their trust in us [to support them with their independence.]" Staff were skilled and supported people to maintain their independence where appropriate.

People's privacy and dignity was respected by staff. People and their relatives told us staff respected their dignity. They told us they felt care was delivered in a dignified way because staff had the time to spend with them and didn't rush their care. Staff confirmed what people had told us and gave us examples of how they supported people to maintain their dignity. One member of staff told us, "We always cover any personal areas when providing care. We ask [people] if they would prefer a male or female carer when they join us". Staff were skilled and supported people in a way which respected their privacy and dignity.

Is the service responsive?

Our findings

People and their relatives told us staff knew them well and provided care in a personalised way which met their own needs. One person said, "They know what I need. There is one carer in particular who knows everything I need without being asked". Relatives told us they were involved in the planning of their family members care and felt staff knew their family member well. One relative commented, "The staff are getting to know [name of person] over time and what [their] likes and dislikes are". Staff were aware of people's choices and preferences and were able to share with us how they provided care which was responsive to people's individual needs. People told us staff stayed for the right amount of time and although there had previously been problems with regards to the time of their care calls they explained there had been improvements and they now got their care delivered at the time they preferred.

People and their relatives told us they were involved in their care and staff had visited them to complete an initial assessment of their needs. People told us about their care plans and how staff could refer to them if they needed. One person said, "I have a care plan in the house. The staff do seem trained but they don't bother with the care plan, they just get on with it and do what they need to do. I do feel as if they know what I do and don't like." A relative commented, "There is an accurate care plan in the house and the staff seem to know what they are doing". Records we looked at confirmed what people and their relatives had told us. We saw people's choices and preferences were documented clearly in their care plans which meant information was available for staff to use should they need to. We saw people's individual choices were considered as to whether they preferred male or female carers and how they chose to have their care delivered.

People told us they were confident in raising any concerns regarding their care and when they did they were listened to by the provider and responded to appropriately. One person said "I have no complaints but if I did have I could always ring them". A family member told us, "I have complained about the call times in the past and they were very helpful and it hasn't happened since". Another relative said, "We didn't know when or who was coming at times. I did complain. They responded very well and it has now been sorted out". Records we saw demonstrated when people complained actions were taken and outcomes documented. The provider kept a record of people's complaints to learn from their outcomes. We saw the provider had an effective complaints system in place and when people complained they were listened to and any corrective action was taken.

Is the service well-led?

Our findings

People told us they were happy with the service they received. One person told us, "It does seem like a good company and for me having the same carer really helps. It really works for me". Another commented, "The service does seem well managed. The staff are punctual and the office are generally very helpful." Relatives also told us they thought the service was well managed, one commented, "If I do call they are always friendly. We are very happy with them and the service that they provide and we would be happy to recommend them".

Staff told us they were well supported by the manager and that they received regular supervisions and thought the manager was approachable. One member of staff told us they spoke about the people they cared for in supervisions and how they could improve their care. They continued by saying, "Everything is really nice. I love my job". Another member of staff told us how they had received support from the management following an accident and how they felt part of a team. Staff told us they had regular team meetings which meant they were kept up to date with what was happening within the company.

The manager involved people and staff in the development of the service by sending out regular questionnaires. We saw one member of staff had highlighted an issue with regards to their training on their questionnaire and as a result the manager told us they had organised further training for the member of staff. We saw no concerns had been raised by people who use the service on their questionnaires. Another member of staff shared with us how they had made a suggestion of using a mobile phone application to help with communication between staff and said the management had listened and taken up their idea. Despite them not being well attended, the manager told us they continued to organise coffee mornings for people so as they can mix with other people who use the service.

The manager was aware of the responsibilities of a registered manager and of their duties of meeting legal requirements by notifying CQC about events they are required to by law such as Serious injuries or allegations of abuse or harm. We saw staff were supported in their role and people were happy and involved with the care they received.

We looked to see how the provider monitored the quality of the care people received. We saw systems were in place to ensure people's care records contained up to date guidance for staff to follow and the care reflected their current needs. We saw the system the provider had in place to monitor when people had their medicines was effective and where any areas of concern had been highlighted action was taken to address them. We saw the provider had a system in place which ensured people were able to complain and they were responded to. We saw people were involved in their care and were happy with the care they received. The provider had systems in place to ensure people got safe and effective care which was responsive to their individual needs.