

Coventry and Warwickshire Mind

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Inspection report

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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

Coventry and Warwickshire MIND is registered as a domiciliary care service which provides personal care and support to people in their own homes. The service specialises in supporting people with mental health care needs. The service supports people to develop independent living skills with the aim of living independently. At the time of our inspection visit the agency supported 22 people, six of whom received the regulated activity of personal care.

We visited the offices of Coventry and Warwickshire MIND on 24 November 2016. We told the provider before the inspection visit we were coming so they could arrange for members of staff to be available to talk with us.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run

People felt safe using the service and there were processes to minimise risks to people's safety. These included procedures to manage identified risks with people's care and for managing people's medicines safely. Care workers understood how to protect people from the risk of abuse and keep people safe. Care workers suitability and character was checked during the recruitment process to make sure they were suitable to work with people who used the service.

The registered manager understood the principles of the Mental Capacity Act (MCA), and care workers respected people's decisions and gained people's consent before they provided personal care.

There were enough care workers to deliver the care and support people required. People said Care workers arrived around the time expected and stayed long enough to complete the care people required. People told us care workers were kind and knew how they liked to receive their care.

Care workers received an induction when they started working for the service and completed regular training to support them in meeting people's needs effectively. People told us care workers had the right skills to provide the care and support they required. Care workers told us they had knowledge of how to support people from having time to get to know the individual and through information in their support records and risk assessments.

People knew how to complain and information about making a complaint was available for people. Care workers said they could raise any concerns or issues with the management team, knowing they would be listened to and acted on.

Staff felt supported to do their work and people felt able to contact the office and management at any time.

There were systems to monitor and review the quality of service people received and understand the experiences of people who used the service. This was through regular communication with people and staff, returned surveys, spot checks on care workers and a programme of other checks and audits.

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.

Care workers understood their responsibility to keep people safe and to report any suspected abuse. There were procedures to protect people from the risk of harm and care workers understood the risks relating to people's care. There were enough care workers to provide the support people required. People received their medicines as prescribed. There was a thorough staff recruitment process so that the provider ensured care workers were of good character.

Is the service effective?

Good ●

The service was effective.

People were supported by care workers who had the relevant skills and knowledge. Care workers were able to request additional training. People were asked for their consent before support was provided and best interest decisions were made for people who could not make specific decisions.

Is the service caring?

Good ●

The service was caring.

People were supported by care workers who they considered kind and who respected people's privacy and promoted their independence. People received care and support from consistent care workers that understood their individual needs.

Is the service responsive?

Good ●

The service was responsive.

People's care needs were assessed and people received a service that was based on their personal preferences. Care workers understood people's individual needs and were kept up to date about changes in people's care. People knew how to make a complaint and the registered manager dealt promptly with any concerns or complaints they received.

Is the service well-led?

The service was well-led.

People were satisfied with the service and said they were able to contact the office and speak to the management team if they needed to. Care workers felt able to raise any concerns with the management team. The management team provided good leadership and regularly reviewed the quality of service provided. The registered manager was actively involved in developing and improving the service.

Good 

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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 was planned to check whether the provider was 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 visit took place on 24 November 2016 and was announced. We gave the registered manager 48 hours' notice that we would be coming, so they could ensure care workers would be available to speak with us. The inspection was conducted by one inspector.

We reviewed information received about the service, for example the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Before the inspection visit the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We found the PIR reflected the service provided. We also contacted local authority commissioners to find out their views of the service. These are people who contract care and support services paid for by the local authority. They had no concerns about the service.

We spoke with three people who used the service by telephone following our inspection visit to the office, to gain their views on the care they received. During our inspection visit we spoke with the registered manager, the regional manager and three care workers. We reviewed four people's care records to see how their care and support was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including quality assurance audits and records of complaints.

Prior to our inspection we sent questionnaires to gain feedback of the service. We received responses from four people who use the service, eight members of staff and three community professionals. All of the

responses we received were positive about the service.

Is the service safe?

Our findings

People we spoke with said they felt safe with their care workers. One person told us "The staff know what makes me feel unsafe and how I want to be supported." Another person said "I feel safe; I think I would struggle at times if I didn't have staff to help me."

People were supported by staff who understood their needs and knew how to protect them from the risk of abuse. Care workers we spoke with had a good understanding of abuse and how to keep people safe. Care workers understood what constituted abusive behaviour and their responsibilities to report this to the management team. One care worker told us, "We have safeguarding training. It included different types of abuse. I would report any situation where a person was harmed, being taken advantage of or made to feel unsafe." They went on to say "We have a safeguarding policy, it tells us how to report any concerns to our line manager and there is a list of contact numbers including local safeguarding teams." Records showed that when concerns had been raised with the registered manager these were then referred to the local authority safeguarding team. This meant the provider followed their safeguarding policies and procedures to ensure the safety of people who used the service. The registered manager kept us informed of the outcome of safeguarding referral and any actions they had taken that ensured people were protected.

There was a procedure to identify and manage risks associated with people's care. Assessments of people's care needs were completed when they started to use the service and these identified any potential risks. For example, one person was known to injure themselves if their mental health was deteriorating. Their risk assessment included information about how staff could support this person with the immediate risks and to prevent infection. It also contained information about how to contact the person's consultant psychiatrist and other health professionals. Care workers explained to us how they would support this person if they had injured themselves and their responses corresponded with the information in the risk assessments.

Care workers told us that they were kept informed about any changes in people's needs by the management team and this information was recorded in the risk assessments. The registered manager told us that risk assessments were updated regularly but if any risks changed they would be updated immediately. Records we saw had been updated with changes in people's risks.

There were enough staff employed to support people safely. People told us their care workers arrived at the time expected and that they were able to spend time talking with them. A person told us, "My care workers always have time to spend with me. They don't rush in and out. They have time to chat and stay if something is bothering me." The registered manager and staff confirmed there were enough care workers to allocate all the calls people required. Care workers told us if there was an unexplained delay, for example traffic hold ups, they may arrive later than expected. Care workers said they either phoned the person or asked staff at the office to let people know they were running late. People confirmed this happened. We viewed staff rotas for the four weeks prior to our inspection visit and saw that all calls had been attended.

Recruitment procedures ensured, as far as possible, staff were safe to work with people who used the service. Staff told us, and records confirmed that they had to wait until their Disclosure and Barring Service

(DBS) and reference checks had been completed before they started working with people unsupervised in their own homes. The DBS assists employers by checking people's backgrounds and criminal history.

The people we spoke with administered their own medicines. One person told us, "I take my own tablets, I like to have control of that, but staff always ask me if I have taken them." They went on to explain that this helped them to feel reassured that they would not forget to take any of their medicines. This helped remind people to take their medicines as prescribed at specific times of the day or at set intervals.

People were supported to take their medicines safely by staff when needed. For example if a person was ill, care workers supported people to manage their medicines. When this occurred it was recorded in their support plan and was in agreement with the person's mental health team. Care workers told us, and records confirmed, they had received training to administer medicines safely which included checks on their competence. One member of care staff explained that after they had completed their medication training and checks, they were observed by their manager or team leader administering the medicines on at least three occasions before being considered competent to do this without supervision.

When care workers were administering people's medicines it was recorded in people's records that medicines had been given and staff signed a medicine administration record (MAR) sheet to confirm this. Completed MARs were checked for any gaps or errors by care workers during visits. Completed MARs were returned to the office every month for auditing. By completing these checks the registered manager and team leaders were able to monitor that medicines had been recorded as administered accurately. The registered manager explained to us that if any errors were found this would be discussed with the member of staff and they would have their competencies reassessed. Following this, if further training was necessary the member of staff would not be able to administer medicines until this had been completed. The MARs we saw had all been completed correctly and had no missing signatures.

Clear instructions were in place for medicines that were prescribed 'when required', such as pain relief or to reduce anxiety. These are medicines that are prescribed to treat short term or intermittent medical conditions or symptoms and are not taken regularly. Information was documented in people's care records about what the medication was and when it was to be used. This information corresponded to information on the person's MAR chart. Records showed that people were not given 'as required' medicines unless they needed it.

Is the service effective?

Our findings

People said staff had undertaken training and knew how to provide the care and support they needed. One person told us "Staff are very knowledgeable about what support I need." Another person told us "I've never had a problem with staff, they know what to do."

Care workers told us they completed an induction before they supported people. Staff told us the induction included training which the provider considered essential skills in order to meet people's care and support needs. Care workers also told us they spent time with experienced members of staff to learn how to support people who used the service. One person said, "If there is a new care worker they 'tag on' with the other workers to get to know me before they come on their own."

The induction training was designed so that staff completed the Care Certificate. The Care Certificate is a recognised qualification, acknowledging staff have achieved fundamental skills and knowledge expected from staff working in a care environment.

Care workers told us they felt confident and suitably trained to support people effectively. A care worker told us "The training good, the [registered manager] is planning some more training for the new year." Another care worker said, "I find the practical, face to face training interesting. Things like mental health awareness training, the things we can really use in our jobs." Records confirmed care workers received regular training to help them keep their skills up to date and provide effective care to people. The registered manager explained they were working with other organisations, to arrange specialist training with staff. For example, West Midlands Police were providing staff with preventing radicalisation training which was developed to health care workers understand what they can do to prevent terrorism and terror acts, and how they can respond if they believe that a vulnerable individual may be involved in these. Training had also been arranged with a local substance misuse agency was providing training to help staff support people who misused drugs or alcohol.

Care workers told us they were encouraged to complete qualifications in care and had training to support people's specific health needs for example how to support people who had suicidal thoughts. One care worker told us, "I am completing a psychology degree which will help me to support people who use the service and to understand the difficulties they have."

Care workers told us their knowledge and learning was monitored through one to one meetings with their manager and unannounced 'observation checks' on their practice. Care workers said they had regular supervision meetings to make sure they understood their role. A care worker explained they found the one to one meetings beneficial because the meetings "It gives you chance to sit down and talk about what you have been doing and anything you would like to do." The registered manager told us, "We have based our supervisions on the CQC's way of inspecting. In supervision I want to know what staff have done that has been caring or has been responsive to a person's needs. I want to know if I can support them improve what they do."

Staff told us that they received unannounced spot checks by their managers. The registered manager told us that during observation checks senior staff looked to see if care workers performed their duties according to the provider's policies and training. They explained that during these observations the senior staff checked if care workers were dressed appropriately and had their identity badge. They also checked care records and made sure care workers recorded what they had done accurately. They said during visits to people's homes they talked to the person about the care they received and asked them if they were satisfied with their care workers. Records confirmed care workers were observed working in people's homes to ensure they had put their learning into practice.

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. Where people lack mental capacity to take particular decisions, any decisions made must be in their best interests and in the least restrictive way 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. The application procedures for this in the community are called the Community Deprivation of Liberty Safeguards (Community DoLS).

We checked whether the service was working within the principles of the MCA. We found the registered manager understood their responsibilities under the Act. They told us there was no one currently using the service that needed a community DoLS but that they understood how to apply for one. We were told some people lacked capacity to make certain complex decisions, for example, how they managed their finances. These people all had somebody who could support them to make these decisions in their best interest, for example a relative or an independent advocate. An advocate is a person who speaks on behalf of a person to ensure that the person's preferences and opinions are considered when making a decision in their best interest.

People told us care workers asked for their consent before they provided care. Care workers had completed training in MCA and knew they could only provide care and support to people who had given their consent, or if they did not have capacity to give consent it was agreed that it was in the person's best interest. We asked care workers what the MCA meant, a care worker told us "We have to consider how a person is presenting and if they have capacity, for example are they being affected by delusions or visions or if they have not taken their medication. If we have any concerns we inform their Community Psychiatric Nurse (CPN). If their decision is going to be unsafe for them or anyone else and we don't think they have capacity we contact the crisis team who can assess the person." Care workers said everyone they supported could make everyday decisions for themselves. In people's care records it was documented what decisions people could make for themselves and when decisions were made in people's best interest.

People who used the service were able to make their own meals and drinks. Staff told us that none of the people they supported were identified as at risk of malnutrition or dehydration, but if they had any concerns they would inform their manager.

People were supported to manage their health conditions where needed and had access to health professionals when required. People we spoke with managed their own health care appointments, one person told us "I sometimes ask my worker to phone my GP or CPN but I usually do it, the workers are good at reminding me if I have an appointment that day." Care workers said they supported people to be independent when arranging their healthcare appointments but they could contact healthcare professionals or social workers if there were any concerns about a person's health. Records confirmed the service involved other health professionals with people's care when required including CPN's, GPs and consultant psychiatrists. Care records showed that information and guidance from other health

professionals was included in the person's support records, which ensured care workers were aware of it.

Is the service caring?

Our findings

People told us care workers were kind and treated them with respect. One person said "They are very caring" another said "They are very kind, it's not an easy job but they are never short with me or make me think they have better things to do. I have a lot of respect for them."

Care workers respected people's privacy and dignity. A person told us "They (care workers) are very respectful, I've never felt uncomfortable with them." One member of staff explained how they respected people's dignity. They told us if they were accompanying a person somewhere outside of their home they would either take off, or cover their identity badge to ensure that they did not draw attention to the person.

People confirmed they were supported by regular care workers. One person said "It changes with who is on each day but I always know the care worker, I'm never with a stranger." Care workers confirmed they were allocated regular calls to the same people. Care workers told us they also read the person's care records to gain further information. The registered manager explained that people were supported by the same staff and because it was a small service all members of staff knew each person well. This meant that if one member of staff was absent from work, the person would still be supported by another care worker they knew. Continuity of staff helped care workers to have a good understanding of people's care and support needs. They told us they supported the same people regularly so they knew people's likes and preferences. We looked at the call schedules for people who used the service; these showed people were allocated regular care workers.

People told us they were supported to maintain their independence. One person told us "The care workers are very good at helping me to live my own life. It can feel stressful at times but they are there to remind me I can do it. One day I hope to be independent and be well enough not to need support." A care worker explained to us, "People's needs change, it's not a straight forward journey but our aim is to help people to have the skills, health and confidence to live independently."

The provider sent an annual quality assurance survey to people who used the service. One comment on it said "First day staff made me feel welcome. All staff, including night staff, continue to help me feel more confident and able to cope."

In response to our questionnaire sent prior to our inspection visit a healthcare professional wrote "They (care workers) work very hard to support very complex clients with severe and enduring mental ill health and have promoted the client's independence and moved them through their intensive service."

People said they were involved in making decisions about their care and were able to ask care workers what they wanted. People said they had been involved and consulted when their care was arranged. Records showed that people had signed and agreed to their care plans.

Is the service responsive?

Our findings

People told us their support needs had been discussed and agreed with them when their service started and felt that the service they received met their needs, choices and preferences. One person said "They include me in all plans and decisions. They talk to me and ask what goals I want to set myself and how they can help me achieve them.

A person told us that the trusting relationship they had created with their care workers had particularly helped them when their mental health had declined. They said "Normally I would stop taking my medicines and probably end up in hospital but this time the workers recognised what was happening and helped me to get extra support." The person went on to explain that by having the support to have their medication reviewed by their mental health team and additional support the deterioration in their mental health was managed in a positive way which allowed them to stay in their own home and avoid the upheaval of a stay in hospital.

Care workers we spoke with had good understanding of people's care and support needs. A care worker told us, "We are able to spend a lot of time with the people we support, this means we get to know them really well and learn what they like or don't like." Another member of staff said, "We have a briefing every morning which tells us of any problems a person has had so we all know what support they need." Care workers told us they referred any changes to people's care and support needs to the office staff or the management team, and records were reviewed and updated quickly so they had the required information to continue to meet people's needs.

Care records provided care workers with information about the person's individual preferences and how they wanted to receive their care and support. There were instructions for staff about how to provide the care people required. For example; how people wanted to be supported by staff if they had a panic attack. Records of calls completed by staff confirmed these instructions had been followed. The records we viewed had been reviewed and updated as needed.

We looked at how complaints were managed by the provider. People said they would raise any concerns with the management team in the office. One person said "I've not had anything to complain about but I would speak to the manager if I did." Care workers knew how to support people if they wanted to complain, we were told, "People are given information when they start using the service which tells them who to speak to if they're not happy." No complaints had been received in the twelve months prior to our inspection visit. People were complimentary about the service and feedback from the quality assurance questionnaire praised the staff's approach and skills as well as the support they received each day.

Is the service well-led?

Our findings

People said they were happy with the service they received and how the service was managed. One person said, "The service is great, I don't know what I'd do without it. It is well managed and the staff are very kind." Another person said, "There is nothing I would change, they do a good job and I think that's because the organisation understands the support we need."

Care workers told us they felt supported by the management team. One care worker told us, "I can speak to the team leader or manager at any time. They're happy to listen to us about anything." Care workers said they could contact or visit the office at any time to discuss any issues. During our inspection visit we observed staff came into the office and phoned the office staff during the day for advice. This enabled staff to check relevant details and to ensure they were supporting people effectively.

Care workers we spoke with were proud of the care they provided to people. It was important for them to do a good job and to get to know the people they provided care and support to. One care worker told us, "I love my job. It can be tiring but it is worthwhile." Care workers said they enjoyed working for the organisation and that the management supported a caring and positive culture. Staff told us that they felt the service was managed well. They explained that the managers ensured everything they needed to do their role was organised, for example receiving updates to training and their rotas were sent to them in a timely manner.

The registered manager told us "Each person has a 'service user agreement'; this has guidelines of what people can expect from us and how to contact us with any concerns or complaints." They went on to explain people who used the service were regularly consulted and were asked to complete surveys, which gave them the opportunity to provide feedback about the service. We saw the most recent survey and one suggestion for improvement was for additional support to people who were moving to more independent living. The registered manager explained that they were working with an occupational therapist to help develop tools to support people who were progressing to independent living.

Care workers told us they had regular group staff meetings to discuss any information about the delivery of the service and to discuss any updates including new training. Care workers told us they found these meetings useful because they were able to plan as a team and share ideas with each other.

The registered manager understood their responsibilities and the requirements of their registration. For example, they knew what statutory notifications they were required to submit to us and had completed the PIR which are required by Regulations. During our inspection we saw that actions the provider had identified in the PIR to improve the quality of the service had been completed. These included arranging future training for staff and employing more care staff.

The provider and registered manager used a range of quality checks to make sure the service was meeting people's needs. The registered manager told us that they completed audits every week to check the safety and quality of the service. The provider regularly visited the service to support the registered manager and to complete additional checks on the quality of care provided. The provider completed checks similar to a CQC

inspection and from these an action plan was created to drive improvement within the service. We viewed the most recent action plan and saw that actions were identified and completed within the time scales set. One action that had been identified was for a new induction training plan to be written and implemented. We were shown a copy of this during our inspection visit.

Another action that had been identified was for the registered manager to rewrite the organisation's Statement of Purpose to clearly reflect what the service did. A statement of purpose is a document sent to us by the provider which includes contact details of the registered persons, addresses of all locations where regulated activities are carried out, who they are providing a service to and the kinds of services provided to carry out a regulated activity. This was completed prior to our inspection and we were sent a copy which is a requirement of registration. The registered manager explained that having checks completed both by himself and the provider helped to ensure no errors were overlooked and that there was consistency in the quality of the service provided. We found the registered manager played an active role in quality assurance and ensured the service continuously improved.

The registered manager delegated some of the auditing of care and medication records to the team leader. The registered manager checked these to make sure people received their medicines as prescribed and care was delivered as outlined in people's care records. Medicine audits had not identified any errors. The registered manager stated that if the audits identified any errors then an action plan would be created and each action would be assigned to a person to complete within a specific time frame.