

Wirral Mind

Wirral Mind

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

This comprehensive inspection took place on the 15 and 16 January 2018 and was announced. During our last inspection we found a breach in relation to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to staff recruitment procedures. At this inspection we found that improvements have been made to meet the relevant requirements.

This service provides a domiciliary care service and provides care and support to eighteen people living in their own homes. The care and support is provided by Wirral Mind staff so that people are supported to live in their own homes as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate the premises where people lived; this inspection looked at people's personal care and support.

The service had a registered manager who had been in post since 2011.

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.

Care records and risk assessments were well-kept and up-to-date. Each person using the service had a personalised support plan and risk assessment. All records we saw were complete, up to date and regularly reviewed. We found that people and their relatives were involved in decisions about their care and support. There was an emergency continuity plan in all files looked at that would be used if for example the person was taken to hospital. The information was a summary of the care and support required and other relevant information. We also saw that medications were handled appropriately and safely.

We found that recruitment practices were in place which included the completion of pre-employment checks prior to a new member of staff working at the service and disciplinary procedures had been followed appropriately and in accordance with policies. Staff received a comprehensive induction programme, regular training and supervision to enable them to work safely and effectively.

People's GPs and other healthcare professionals were contacted for advice about people's health needs whenever necessary. The provider had systems in place to ensure that people were protected from the risk of harm or abuse. We saw there were policies and procedures in place and training to guide staff in relation to safeguarding adults.

The service had quality assurance processes in place including audits, staff meetings and quality questionnaires. The services policies and procedures had been regularly reviewed by the provider and these included policies on health and safety, confidentiality, mental capacity, medication, whistle blowing, safeguarding and recruitment.

People told us they were happy with the staff and felt that the staff understood their support needs. The people and the relatives we spoke with had no complaints about the service. The provider had a complaints procedure in place and this was available in the 'service user guide'.

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

Safeguarding policies and procedures were in place and staff had received training about safeguarding people.

Staff had been recruited safely. Appropriate recruitment, disciplinary and other employment policies were in place.

Staff had received training about medication handling and managed people's medication safely when required.

Is the service effective?

Good ●

The service was effective

Staff were appropriately inducted, received on-going training and were provided with regular supervision.

People had given consent for care to be provided and the service had policies and procedures in place in relation to the Mental Capacity Act 2005.

The provider provided an initial assessment record where needs were examined and family were included in assessing and creating a personalised support plan.

Is the service caring?

Good ●

The service was caring.

Confidentiality of people's care files and personal information was respected.

People told us that their dignity and privacy were respected when staff supported them and staff showed a regard for people's individuality.

People and relatives told us that there was good communication between them and the service.

Is the service responsive?

Good ●

The service was responsive.

Suitable processes were in place to deal with complaints appropriately and people's comments and complaints were taken seriously and investigated.

People who used the service told us they were involved in their plan of care and support and, where appropriate, their support needs were assessed with them and their relatives or representatives.

Support plans and risk assessments were reviewed regularly and there were good records of communication with people's relatives and visits to or by medical professionals.

Is the service well-led?

The service was well-led.

Clear quality assurance systems were in place to ensure the service provided safe and good care and people who used the service had opportunities to express their views.

There was a well organised management and senior team that had clear roles and responsibilities.

The service had a manager who was registered with the Care Quality Commission.

Good ●

Wirral Mind

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 the 15 and 16 January 2018 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service to people who are often out during the day and we needed to be sure that someone would be in.

The inspection was completed by one adult social care inspector.

Before the inspection, the registered 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 reviewed this information prior to the inspection taking place.

Before the inspection on the 11 January 2018 we contacted the local authority who did not raise any concerns about the service.

During the inspection we visited the office on the 15 January 2018 and we visited three of the four houses that people were cared and supported by the service on the 16 January 2018 and made observations relating to the interactions between people and staff. We spoke with five people who used the service and spoke to some of their relatives. We looked at three people's care records. We spoke with four members of staff and the registered manager. We also looked at other records relating to the management of the service.

Is the service safe?

Our findings

We spoke with five people staff provided care and support for and we asked if they all felt safe. All replied that they did. One person commented "I do feel safe here". Relatives we spoke with agreed with comments including "My [relative] is very safe and very well looked after" and "Staff make sure the people are safe and well looked after". Other people told us they were safe and were happy with staff care and support.

At the last inspection in October 2016 there was an issue with recruitment procedures and that the IT system had deleted staff recruitment records. We looked at the recruitment records for six members of staff. The records showed that robust procedures had been followed to ensure that staff were safe and suitable to work with vulnerable people. We saw evidence that the manager had followed the company's disciplinary procedures appropriately and in accordance with policies.

We looked at the safeguarding records at the office with the manager; there had been four from January 2017 to January 2018. There were two safeguarding notifications that were on-going. We spent time discussing the safeguarding notifications and were shown actions that had been taken. All incidents had been sent to the local authority and the CQC. This informed us that the registered manager acted appropriately to safeguard people using the service. All staff spoken with discussed how they would initiate a safeguarding incident and would report straight away to the manager or senior and all staff were aware of the whistleblowing policy and procedure and would use it if required.

We looked at incident and accident records at the office and also looked at records in people's homes. Records looked at showed how the provider had initiated actions required for example one accident had occurred due to a loose fitting carpet and a member of staff had tripped in a persons house. Records looked at showed actions had taken place immediately to ensure the safety of people and staff.

People were supported to take their medicines as prescribed. We looked at the medication records for three people. Medication administration records (MARs) were being signed appropriately by staff to show that they had given people their medication. Where people required their medicines to be administered 'as and when' (PRN), there was a PRN plan in place which outlined to staff when this should be done. This helped ensure that their health and wellbeing was being protected.

We looked at the care and support plans for three people who used the service and all had a support plan and risk assessment record to inform the care and support staff were required to provide. Examples included transport, self-neglect, health needs and medication. We saw that risk assessments had been reviewed regularly. Financial transaction records were looked at that showed how staff were constantly monitoring people's finances. Monies and balances were checked at every staff handover and this was discussed with all staff spoken with who told us this was the safe practice to follow.

The service provided staff to the eighteen people over a twenty four hour period in their homes and because of staff being at the premises the provider had implemented a safe plan for emergency evacuations called a Personal Emergency Evacuation Plan (PEEP's). This ensured that staff were knowledgeable in the procedure

of any evacuation within people's homes.

There was an emergency continuity plan in all files looked at that would be used for example if the person was taken to hospital. The information was a summary of the care and support required and other relevant information including health details, medication and specific details about the individual including an up to date photograph.

Is the service effective?

Our findings

It was clear from looking at staff files that staff had received an induction when first employed by Wirral Mind. The service had implemented the Care Certificate, which was accredited by 'Skills for Care' this is a national qualification as well as carrying out their own induction.

Wirral Mind had a range of training that included topics such as equality and diversity, fire safety, food safety, recording and reporting and person centred planning. The registered manager also accessed the local authority for face to face training and safeguarding and whistleblowing. They had also accessed additional training on positive risk taking and epilepsy awareness. Staff were up to date with training and told us they preferred the face to face training rather than e-learning.

Staff were offered refresher training on a routine basis to ensure that their knowledge and skills remained up-to-date. Some staff had also completed training in nationally recognised qualifications which had helped to develop their knowledge and skills. Some members of staff had been given the opportunity to progress within the service, and commented that they found the registered manager and registered provider to be supportive of their development. The provider had initiated the training programme to be implemented with the support of a training company. The provider told us that the training was up dated and relevant to the roles of the employees.

Records showed that staff had an individual supervision meeting four times a year and an annual appraisal. One staff member told us "The manager is very supportive and acts straight away on anything we discuss". Supervision provides staff and their manager with a formal opportunity to discuss their performance, any concerns they have and to plan future training needs.

We saw that the people supported by service were involved in the planning of the menus and that peoples dietary requirements were catered for with the persons full knowledge and involvement.

Peoples dietary information was available in their support plan, documentation included information on diabetic needs or intolerances to certain foods. One person told us "The staff are good and they are good cooks, I cook with them when I want to". Another person said "They [staff] ask me if I want to help cook but I say no because I don't want to".

Is the service caring?

Our findings

We asked people if staff were kind and respectful and all said yes. One person told us "Staff support me well and I am happy with them". We also asked relatives and we were told "The staff are caring, they do care about people". Other comments included "I know [relative] happy with the service and as a family we are also very happy" and "Staff are very caring, they help in every way they can".

Other people we spoke with stated that staff were caring, attentive to needs and operated with advocacy when needed, this information was held in people's support files. We observed that people made choices and decisions about their lives and we saw that staff respected these decisions. One person said "I am very happy; staff take me out all the time and were going out for at lunchtime to a café". One relative told us "My [relative] is always immaculate when we visit".

People and relatives told us that there was good communication between them and the service. A relative commented "We are extremely grateful to staff they make a difference to our relative and have made their life enjoyable". A staff member also told us "We have a great relationship with families and they enjoy visiting their relatives in their homes. We involve families in the person centred planning meetings".

We were able to observe staff supporting people and we saw that interactions between staff and the people they cared for and supported were positive. Staff had a good knowledge of the people they were supporting and people told us that in their opinion the staff helped them in any way possible. One relative said "Excellent service we know that our family member is well cared for and don't have to worry". Staff told us "I really enjoy my role it's my vocation working with people to support their independence in the community, great job".

We were able to see feedback that had been received by the service and this included "Thank you very much for everything you do for [relative]". And [Staff] does a great job".

We observed that confidential information was kept secure in the main office as well in people's home that we visited during the inspection.

Wirral Mind had a service user guide in place that gave people a good range of generic information regarding the service that was provided including equal opportunities recreational activities and health and well-being. The service had added information regarding their own philosophy of care and their own principles and values.

People had been supported to access help from health care professionals where appropriate. For example people's care records showed that they had input from their GP and had been supported to access the dentist. People also received support from their social worker when required. This helped ensure that people's health and wellbeing was maintained.

Is the service responsive?

Our findings

People and relatives we spoke with said that they considered that the care and support provided was personalised. One person we spoke with told us "Staff are helping and supporting me my support plan is good, everything is ok". One relative told us "They know our [relative] very well. What they like and what they don't like".

We looked at the support and care files for three people, comprehensive records were in place for all of the people using the service. The files contained assessments of people's support needs and any risks to their health, safety and well-being. Plans were written based on 'support plans and evaluations' which resulted in the records being specific to the individual and the identified risks having actions for staff. All of the information was person-centred.

The records were person centred and specific in the activities and stimulus staff were to provide. Each person had a specific amount of time each day and the records informed what was important to the person, for example one person went to a day centre and the staff member would go with them and pick them up. Another person had a love of arts and crafts and the service had provided a space for him to paint and do other activities he enjoyed. There were lots of photographs in the care files that were of activities that people enjoyed doing, for example going on outings.

Support plans and risk assessments had been reviewed regularly and there were good records of communication with people's relatives and visits to or by medical professionals. Staff we spoke with had good knowledge of people's support and care needs and were able to describe in detail the support they provided to individuals.

Care and support plans and evaluations were reviewed regularly and risk assessments were specific to the individuals.

The provider had a complaints policy and procedure in place. We looked at the complaints records at the service; there had been no complaints in the last twelve months. People in the community were aware of the complaints procedure and all told us they would talk to staff if they were unhappy about anything. Staff spoken with told us they would initiate a complaint if a person informed them they were unhappy with something. A person using the service told us "I talk to staff if feel unhappy about anything".

Is the service well-led?

Our findings

The service had a manager in post who had been registered with the Care Quality Commission since 2011. The registered manager was supported by three coordinators and an administrator. The coordinators had an allocation of services to manage and was specifically based within one of the properties people lived in. The registered manager understood their responsibilities in relation to the service and to registration with CQC and had updated us with notifications and other information. The provider had made timely notifications to the Commission when required in relation to significant events that had occurred in the service.

From April 2015, providers must clearly display their CQC ratings. This is to make sure the public see the ratings, and they are accessible to all of the people who use their services. Wirral Mind were displaying their ratings appropriately in a clear and accessible format.

Wirral Mind had comprehensive quality assurance processes in place. We were able to see that the provider carried out audits of the service and the registered manager told us that the communication with the provider was very good and that they were very approachable. We also saw the system of audits in place that each level of staff carried out. The registered manager was able to demonstrate their oversight of the service and its quality systems. We were able to see if any actions had been identified and acted on and how these were items on agendas during management meetings. We saw evidence of action plans that had been developed from the findings of audits and that these were time specific for completion.

We looked at the quality assurance records within people's homes. Records were completed by the registered manager, coordinators and care and support staff. These records included finances, medication, environment, health and safety checks including fire alarm checks. We also looked at the tenant's meetings monthly records and staff meeting records.

Other quality assurance included asking people who used the service to express their views through a satisfaction survey as well as by a continuous improvement system. This meant that there was an on-going process of the service acting on issues and comments made. One relative told us "I go to visit staff are really good they do listen, we are very fortunate that [relative] is in the community they grew up in and close to family".

We looked at the minutes of the team meetings which were held for all members of the team. We saw that staff were able to express their views and any concerns they had. Staff we spoke with told us that they felt supported in their role. We were told "The manager is really good and helps me with anything". Although the service was a domiciliary care service staff were based in people's homes 24 hours a day. We saw that there were regular 'Tenants Forum Meetings' that were initiated by the staff to ensure the service was meeting their needs and they had a choice. The meetings were well attended and all attendees participated fully. This meant that people using the service felt listened to and comfortable to voice their opinions.

The policies in place were current and included health and safety, incident reporting, confidentiality,

safeguarding, medication, disciplinary procedures and recruitment. This ensured the staff had up to date guidance surrounding their practice.