

Transforming Minds Limited

Transforming Minds - Main Office

Inspection report

Southgate House
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Date of inspection visit:
15 December 2022
16 December 2022

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06 February 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Transforming Minds is a domiciliary care service providing the regulated activity of personal care. At the time of our inspection there were 2 people using 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

The provider had failed to ensure safe recruitment practices had been followed for all staff who were involved in the planning and delivery of personal care. We found effective quality monitoring systems had not been fully developed to monitor the quality of the service and the care practices of staff. The registered manager recognised further systems would be needed to monitor people's care and staff development if the service expanded. We have made a recommendation about the comprehensiveness of the provider's quality assurance systems.

People praised the care they received from staff at Transforming Minds. They told us staff were kind and they felt safe when they were supported with their personal care.

Systems were in place to prevent people being harmed and to manage their personal risks. Staff had access to information about the management of people's care needs and their risks.

We checked the registered managers and staff's knowledge and their policies relating to supporting people with their medicines and people who may lack mental capacity to ensure safe systems were in place if the service began to support people with more complex needs.

Staff understood the importance of reporting any safeguarding concerns, incidents or changes in people's health and well-being.

There were enough staff to support people. People told us staff were reliable and punctual.

Staff felt supported and had been trained to carry out their role. The provider was planning additional classroom-based training to enhance staff's online training and planned to implement the Care Certificate.

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.

The views and feedback from staff and people who use the service was valued by the registered manager to help them drive improvements. Lessons were learnt and improvements were made when incidents occurred.

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

Rating at last inspection

This service was registered with us on 15 December 2021 and this is the first inspection.

Why we inspected

This service had not been inspected since their registration; therefore, this inspection was also carried out to gain assurances about the quality of care and systems used to monitor and manage the service.

Enforcement and Recommendations

We have identified a breach of regulation in relation to safe recruitment.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Transforming Minds - Main Office

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 by 1 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. 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 15 December 2022 and ended on 20 December 2022. We visited the location's office/service on 15 and 16 December 2022.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all the information held about the provider to plan our inspection.

During the inspection

We spoke with 1 person who used the service about their experience of the care provided. We spoke to the registered manager and received feedback from 2 staff who deliver care to people.

We reviewed a range of records, this included 2 people's care records. We looked at staff files in relation to recruitment, training and a variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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

- People were supported by a small and dedicated team (including the registered manager and members of the management team). They were familiar with people's needs and had been trained to deliver care to people while they recruited permanent junior staff members.
- However, people were at risk of being supported by unsuitable staff as the provider had not implemented their own safe recruitment practices/policies before allowing members of the management team to deliver personal care to people. Full employment histories (including gaps in employment and reason for leaving previous roles) and health conditions had not been obtained in line with the provider's recruitment policy.

The provider had failed to carry out safe recruitment practices. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager explained through their own personal connections, they had been assured of the good character of each member of staff.
- The provider was considering different systems to enable them to plan and monitor people's care calls and the punctuality of staff if the service expanded.
- One person told us staff were mainly on time and they were informed if staff were running late.

Assessing risk, safety monitoring and management

- The management of people's risks and how they should be safely supported to mitigate their risks were recorded and known by staff. However, some people's risk assessments which led to the risk management plans required more detail. This would enable staff to better monitor changes in people's needs.
- Staff respected people's decisions about their care. However, the registered manager had not fully risk assessed and recorded the action staff should take to support people when they had not received clarity about people's support from key professionals.
- People's risk assessments were discussed with the registered manager who agreed to review people's risk assessments as a priority.
- Staff had received training from specialised health care professionals to support people with their medical devices. Additional guidance relating to people's clinical risks were available for staff to access.

Systems and processes to safeguard people from the risk of abuse

- The provider had ensured systems were in place which safeguarded people from harm and abuse.
- Staff had been trained in safeguarding and had access to the provider's safeguarding policies and

procedures. Staff were able to describe the provider's safeguarding policy and the actions they would take if they became aware of allegations of abuse.

- The registered manager reported there had been no safeguarding concerns since their registration with CQC. They clarified their safeguarding processes in line with their policy and when they would notify CQC and the local authorities of any safeguarding concerns.
- People confirmed that they felt safe being supported by staff.

Using medicines safely

- The service was currently not supporting people with their prescribed medicines.
- We confirmed the registered manager's and staff's understanding of the provider's medicines policy to ensure safe practices were in place in the event of people needing support with their medicines.
- Staff had received training in safe medicines management to ensure they were skilled to manage people's medicines if needed.

Preventing and controlling infection

- Safe infection control procedures and practices were being used to support people in their own home.
- Staff told us personal protective equipment (PPE) was available. People confirmed staff used correct PPE when entering their home and during delivery of care.

Learning lessons when things go wrong

- Any accidents, incidents and near misses would be recorded and reported to the registered manager. Actions would be taken to help prevent further incidents such as referring people to health care services or additional training for staff.
- People's care plans were updated to reflect any changes in people's support needs to help reduce the risk of repeat incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's wishes related to the support they would like to receive were assessed before the service began to provide care and support.
- People's protected characteristics under the Equality Act 2010, were considered in the planning of their care such as their communication requirements, religion and specific health conditions.

Staff support: induction, training, skills and experience

- Staff who delivered care had been trained in relevant health and social care topics and areas that were specific to people's individual needs.
- The registered manager had plans for staff to receive classroom based training to support their online training and to develop competency assessments for staff supporting people with medicines and more complex clinical risks.
- New staff received an induction programme which included shadowing experienced staff, reading the provider's policies and completing online training, before supporting people. However, the provider had not identified if the online training staff received met the requirements of the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. They agreed to review this as a priority when new staff were recruited.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff worked with people and their relatives to understand their nutritional preferences and dietary needs. People who needed support with meal preparation were given choice and had access to enough food and drink.
- Staff received training in food hygiene.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff kept clear records of the delivery of people's care. They worked with people, their families and key professionals to provide consistent support and to achieve effective outcomes.
- Staff helped to monitor people's well-being and make appropriate referrals to health care professionals if needed.
- The service sought appropriate advice when they were requested to deliver specialised care. They had ensured staff had received additional, specialist training so that they could confidently meet people's

individual healthcare needs.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- At the time of inspection, the service was not supporting anyone who lacked mental capacity to make decisions relating to their health and social care needs.
- Through conversations with people we judged that staff had a good understanding of gaining consent from people before delivering personal care.
- We confirmed with the registered manager the process they would follow if they believed a person may lack the capacity to make certain decisions.
- Staff had not received training in the principles of the MCA and DoLS, however we were told this would be completed by all staff if they supported people in the future who may have cognitive impairments.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and friendly. We received positive feedback from 1 person who said staff were caring and compassionate. One person told us, "They [staff] are very very good and caring. I have no complaints whatsoever."
- Staff and the registered manager were passionate about providing high standards of care. They told us they supported people as individuals and respected their individual needs, choices and preferences.

Supporting people to express their views and be involved in making decisions about their care

- People confirmed that they were aware of their care plan and that they were involved in any updates or review of their care needs.
- Staff communicated with people in a way that they understood. This meant people had access to the information they needed to make decisions about their care.
- The provider actively sought feedback from people about their care and acted on the feedback received.

Respecting and promoting people's privacy, dignity and independence

- People felt their privacy and dignity was respected by staff. They told us staff always sought consent before supporting them with their personal care.
- The registered manager emphasised the importance of respecting people's wishes, promoting people's independence and maintaining confidentiality at all times. We were told that these themes were reinforced through staff communication and staff meetings.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care and support.
- People explained that staff were responsive and attentive to their care needs and enquired after their well-being.
- Staff had access to personalised care plans which provided them with step by step guidance on people's preferred and agreed ways of support. Staff confirmed that people's care plans were current and provided them with the information they needed to support people.
- Changes in people's needs were monitored by the registered manager and information was regularly reviewed and updated.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed as part of their initial assessment.
- Care plans provided staff with guidance on how to meet people's communication needs.

Improving care quality in response to complaints or concerns

- People were given a service user guide at the start of the service which provided them with relevant information about the service including details of how to make a complaint.
- People told us they felt confident their concerns or complaints would be listened to and acted on.
- The service had received no complaints. The registered manager described their complaints process in line with their policy. They told us they worked in an open and transparent way and used any 'critical feedback' as an opportunity to improve the service.

End of life care and support

- People who required end of life care were supported to be comfortable and pain free in their home.
- Systems were in place to support people in a compassionate way and to help monitor and report any changes in people's health to the palliative and health care services.
- Staff had received end of life care training.

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.

This is the first inspection for this newly registered service. This key question has been rated 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.

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

- The managers of Transforming Minds were passionate about developing a service which was safe and delivered good quality of care to people in their own homes.
- The managers had completed relevant training to enable them to deliver care to people and to help build the service while they recruited new care staff.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People received good care, but some aspects of the service were not safe as good practice guidance and the provider's policies had not always been followed.
- The provider had failed to implement some of their own policies to ensure they met their legal requirements. The provider had not ensured safe recruitment checks had been completed for all staff who were involved in the planning and delivery of people's care.
- A system was needed to ensure there was a consistent approach in the recording and frequency of completing spot checks, supervisions and to assess the competences of staff practices and skills. The provider had not considered whether the training new staff received met the Care Certificate standards.
- The provider had not fully considered and established governance to monitor all aspects of the service. For example, systems had not been developed to monitor people's medicines and the competencies of specific skills of staff if the service expanded or the service supported people with more complex needs.

We recommend the provider considers current guidance when reviewing their governance systems to ensure monitoring includes all aspects of the service.

- The registered manager's oversight and involvement in the delivery of people's care enabled them to monitor the quality of care being delivered and therefore reduce the risk to people.
- The registered manager was receptive to the inspection process and our feedback. They told us they would focus on making the necessary improvements to develop the service safely before they acquired any further care packages.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were encouraged to provide feedback about the service they received. This information was used

to make improvements to the service and the care people received. People were positive about the service and the staff who supported them and felt comfortable to raise any issues.

- Effective systems of communication and support for staff such as an on call systems enabled staff to be informed of any changes in people's needs or seek advice and support as needed.

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 ;Continuous learning and improving care

- The provider had developed clear processes to follow when things went wrong and any lessons learnt were shared with staff.
- The registered manager understood their responsibilities under the duty of candour and were open about any lessons that needed to be learnt as a result of incidents or complaints. The registered manager worked to continue developing the service.

Working in partnership with others

- The registered manager worked with people, their families and other key health and social care professionals to deliver good outcomes for people. This included working with commissioners and NHS partners, social workers and district nurses.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to carry out safe recruitment practices.