

Mindful Care & Support Ltd

# Mindful Care & Support Ltd

## 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

### About the service

Mindful Care and Support is a home care agency supporting people with personal care in their own homes. 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. At the time of the inspection the service was supporting 40 people with personal care.

### People's experience of using this service and what we found

People and relatives told us staff took appropriate steps to reduce the risk of infection. Not all staff were accessing COVID-19 testing according to government guidance. We brought this to the provider's attention, and they took immediate action to ensure staff were taking tests as recommended. There were systems and processes in place to safeguard people from the risk of abuse. People had appropriate risk assessments in place and staff understood any risks involved in their care. Incidents and accidents were investigated thoroughly.

People's needs were thoroughly assessed, and their care was based on current guidance and standards. Staff were well supported with appropriate induction, supervision and training. People were supported to live healthy lives through appropriate support around nutrition and hydration. The service worked with other agencies to support people to have positive health outcomes.

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.

People and relatives told us the service was caring and staff knew people well. The service respected equality and diversity. People and their relatives were fully involved in the planning of their care and the service communicated with them regularly. People were treated with dignity and respect.

People received care that met their needs. People were empowered to make their own choices and be as independent in their activities as possible. People were supported to continue activities that were important to them.

We received positive feedback about the culture and management of the service from people, relatives and staff. There were processes in place to monitor and improve the quality of the service. People, relatives and staff were engaged in the running of the service and any feedback received was acted upon.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection – This service was registered with us on 10/04/2019 and this is the first inspection.

### Why we inspected

This was a planned inspection.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 safe.

Details are in our safe findings below.

Good ●

### 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 well-led.

Details are in our well-led findings below.

Good ●

# Mindful Care & Support Ltd

## 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 Care Act 2014.

#### Inspection team

This inspection was carried out by 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.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because we needed the provider to send us some information prior to the inspection.

Inspection activity started on 18 May 2021 and ended on 25 May 2021. We visited the office location on 18 May 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the provider had registered with CQC. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they

plan to make. This information helps support our inspections. We reviewed some further information requested from the provider when we announced the inspection. We used all of this information to plan our inspection.

During the inspection-

We spoke to three people who used the service, eight relatives or carers and one healthcare professional about their experience of the service. We spoke to the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke to the quality and business development officer, the coordinator, two team leaders and five members of staff.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment, staff training and supervision records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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 for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Preventing and controlling infection

- Staff were not all accessing COVID-19 testing according to government guidance. One member of staff was not accessing testing and three were not using the correct type of testing recommended for domiciliary care staff. We brought this to the provider's attention, and they acted immediately to ensure all staff were accessing testing as detailed in government guidance.
- People and relatives told us staff cared for them hygienically and took appropriate steps to reduce the risk of infection. Staff were using appropriate personal protective equipment (PPE). One relative told us, "Yes they wear PPE and wash hands regularly".
- The provider's infection prevention and control policy was up to date.

### Systems and processes to safeguard people from the risk of abuse

- People and relatives told us the service was safe. One person told us, "I trust them, and I don't worry about who comes through the door."
- Staff were aware of the risk of abuse and signs to look out for. Staff were confident concerns would be addressed appropriately when they reported them. The registered manager understood how to respond to safeguarding concerns and how to raise them with appropriate agencies outside of the service.
- The provider had a safeguarding policy and procedure in place. Staff also had access to the NHS England safeguarding app which contained guidance on safeguarding, how to report a safeguarding concern and how to contact the local authority with concerns.

### Assessing risk, safety monitoring and management

- People had appropriate risk assessments in place and staff understood any risks involved in their care. Staff communicated any concerns about risks effectively through multiple communication channels within the service. For example, staff discussed work related issues via a secure mobile phone messaging app such as, monitoring a person who was confused or monitoring a person's skin condition.
- People received visits when expected. The service monitored the punctuality of calls and we reviewed a report that demonstrated calls were punctual or within their allotted time allowance of thirty minutes either side of the call.
- Staff had a good understanding of moving and handling and carried out this practice safely.

### Staffing and recruitment

- The provider had processes in place to recruit people safely. They carried out the necessary checks to make sure staff were suitable to work in the care sector, including a Disclosure and Barring Service (DBS) check.

- We received feedback from people, relatives and staff that there were sufficient numbers of staff available to support people safely.

#### Using medicines safely

- People were supported to take their medicines safely, according to their individual needs. We received positive feedback about how people were supported with medication from people, relatives and a community professional. The provider had a medication policy and procedure in place.
- Medicines errors were thoroughly investigated, and action was taken to prevent re-occurrence. The service had seen a reduction in errors over recent months due to the action taken. Staff competency in administering medicines was monitored as part of staff observations. The provider was putting a process in place to monitor this more regularly to make the oversight of medicines administration more robust.

#### Learning lessons when things go wrong

- Incidents and accidents were recorded and investigated robustly. The provider had an accident and incident reporting policy and procedure in place. Staff told us incidents were always investigated promptly. One staff member told us, "There's always an action afterwards".

# 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 needs were thoroughly assessed. We received positive feedback from a healthcare professional that assessments were thorough and completed promptly as part of the 'rapid discharge service' provided to support people being discharged from hospital.

Staff support: induction, training, skills and experience

- Staff were well supported, the nominated individual told us, "our door is always open" for staff to raise issues or concerns. One staff member told us they had "fantastic support".
- Staff received an induction into the role and ongoing supervision. Staff observations were carried out by senior staff to monitor the quality of care provided.
- Staff received a variety of training to support their skills. Any concerns picked up about areas of practice were addressed and re-training offered where required. Staff were able to request additional training also. We received positive feedback from staff about the quality of the training. One staff member told us the training was "very thorough".

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

- People were supported to maintain a healthy diet. We heard examples from staff where people had been supported to improve their nutritional intake and this had positive outcomes for them. People were offered choices of food and choices in how they would like their food prepared.
- Staff understood the importance of hydration and ensuring people had plenty of fluids available to drink. Staff were effective at noticing signs of dehydration and acted accordingly to raise concerns.

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

- The service worked proactively with healthcare professionals to support people's health outcomes including making referrals and liaising effectively with outside agencies.
- The service worked effectively to support people at short notice as part of their rapid discharge service. We received positive feedback about this part of the service from a healthcare professional and a person who had received this support.
- The service supported people to have positive health outcomes so that the amount of care they needed could be reduced. The healthcare professional informed us the service actively challenged local authority requests to increase packages of care to ensure they were completely necessary and avoid reducing people's independence.

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 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.

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 the inspection the service was not supporting anyone who lacked capacity to make particular decisions. They had arranged training for their staff in the MCA in preparedness for any needs in this area to arise.
- Staff understood principles of the MCA for example, one staff member told us, "Always assume that someone has capacity." Staff were confident in raising any concerns about a person's capacity to the management.
- The service promoted choice for individuals and respected their wishes. One staff member told us, "I would love [person] to get out of the bed but she doesn't want that and I have to respect that".

# 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 and relatives told us the service was caring. Staff knew people well. One person told us, "We have a nice chat whilst they are working. They are very friendly".
- The service supported relatives and kept their wellbeing in mind. We were told of one example where a family member was recognised to be struggling. The service liaised with the local authority to organise a take a break service for the person to support their wellbeing. We observed the following feedback from another relative, 'I just didn't think I would be able to cope but due to the care he gets from your lovely staff I myself have felt a weight lifted, and for that I can't praise them enough.'
- The service had developed 'mindful moments' to promote people's wellbeing. Each month staff would make suggestions for an experience a person would really enjoy for example, having fish and chips on the beach. Staff would then be paid by the company to support the person to have the experience. A recent example of this taking place was a person being supported to visit a friend who was important to them.
- The provider respected equality and diversity, describing the service as, "inclusive". They had supported people from different backgrounds and told us the importance of not judging people and supporting them in a caring way. One staff member told us, "We are there to do a job, we are not there to judge".
- Following the inspection, the provider changed the company logo to include the colours of a rainbow. This was to demonstrate to the public that the service would not discriminate on the grounds of sexuality or gender and would provide equality in care for LGBT+ people.

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

- People and their relatives were fully involved in the planning of their care and the service communicated with them regularly.
- Feedback from people and relatives about the care provided was welcomed and acted upon.

Respecting and promoting people's privacy, dignity and independence

- The service had a focus on promoting independence. People and relatives told us their dignity and privacy were respected.
- Staff understood how to maintain people's dignity during all activities, including personal care.

# 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's care plans were appropriate, personal to their needs and these were reviewed and updated when required.
- People were empowered to make their own choices and be as independent in their activities as possible. Care records reflected a focus on people's independence. People and relatives told us they were involved in their care plans and had seen them.
- People's hobbies and interests were considered and staff with similar interests were chosen to work with them where possible.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was able to give us examples where they had met the communication needs of people with a disability, impairment or sensory loss. These included using flashcards for people to point to. Staff tried different approaches with people to find the most effective way to communicate with them. During the COVID-19 pandemic staff wore facemasks as part of their PPE. They had showed people pictures of their faces to help them understand which staff member was visiting them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to continue activities that were important to them. Call times were arranged to not disrupt activities for example, enabling people to attend religious services.
- As reported in the Caring key question, the service had developed 'mindful moments' which supported people to have experiences that were meaningful to them.

Improving care quality in response to complaints or concerns

- We observed numerous compliments about the service.
- People and relatives told us they knew how to make a complaint. There had only been one informal complaint that had been responded to appropriately.

End of life care and support

- The service was not providing care for anyone at the end of their life at the time of the inspection however

we observed information about a person who had been supported in this way previously. Staff had provided appropriate and compassionate care.

# 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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- We received positive feedback about the culture and management of the service from people, relatives and staff. One member of staff told us, "I think it's probably the best management I've worked for".
- There was a clear culture within the service that focused on promoting independence. Staff understood the values of the organisation and were committed to them. The provider told us they supported people with a, "Holistic, strengths led, person centred approach".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager had communicated appropriately with people and families when any incidents had occurred. They understood their responsibility to be open and honest with the people they supported.
- The provider had a duty of candour policy and procedure in place.

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

- The service had processes in place to monitor and improve the quality of the service. For example, the provider had completed an audit of the service in February 2021 in line with the CQC key lines of enquiry (KLOEs). They had identified any areas that could be improved and created actions accordingly. The service was working continuously to improve their oversight of the quality of the service. Following the inspection, they sent us an action plan of further improvements to their processes that they had implemented and would continue to embed.
- The provider used creative solutions to improve staff knowledge of policies and procedures. For example, they used games, quizzes and competitions to engage staff with policies and test their understanding of them.
- There was effective communication across the service with regular updates from the management, the nominated individual told us, "We know that having communication with your team is key."
- Senior staff meetings took place weekly to discuss any concerns or ideas for changes within the service. There were also regular team meetings. The service also sent out 'Mindful Memos' to remind staff of areas of good practice.

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

#### characteristics

- The service had sought feedback from people and relatives about the care provided and overall had received positive feedback. The service had also sought feedback from people and relatives for their rapid discharge service and received highly positive feedback about this aspect of the service.
- Relatives told us examples where they had given feedback to the service and this had been taken on board and action taken where necessary. One relative told us, "they are good at communication" and another told us, "issues are resolved efficiently".
- The service engaged staff in the running of the service. For example, a staff wellbeing policy was put in place after a staff suggestion that the organisation should have one. One staff member told us, "They listen, especially if you have any ideas."

#### Continuous learning and improving care

- The registered manager and provider welcomed feedback from people, staff and outside agencies. We also noted their positive approach to learning from the inspection. They consistently acted swiftly to use feedback to make improvements in the service.

#### Working in partnership with others

- The service worked effectively with other agencies and healthcare professionals. We received positive feedback about their communication in these situations.