

Peace of Mind Homecare Ltd

# Peace of Mind Homecare Services

## Inspection report

The Haven, New Street  
Dawley  
Telford  
Shropshire  
TF4 3JR

Tel: 01952630431

Website: [www.pomhcs.co.uk](http://www.pomhcs.co.uk)

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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

Peace of Mind Homecare is a domiciliary care service providing personal care to people living in their own homes. At the time of the inspection 82 people were receiving care.

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

Staff completed training in adult safeguarding and were aware of their responsibilities to report any concerns. Systems and processes were in place to reduce the risk of harm. Safe recruitment practices were used to ensure that new staff were suited to working with vulnerable people. Medicines were well managed with only two reported medicines' errors in the previous 12 months. Staff understood the need for effective hygiene standards to reduce the risk of infection. Staff recorded incidents and accidents in sufficient detail to aid analysis and reduce risk.

People were supported to maintain a healthy diet in accordance with their needs and preferences. The service worked well with other agencies to provide care which had a positive impact on people's health and wellbeing. Staff clearly understood the benefits of supporting people to improve their health and wellbeing through exercise and diet. When people were unwell staff acted promptly to ensure that they received appropriate care and treatment. People were involved in discussions about their care and their outcomes were good. Staff were given an induction in accordance with recognised standards for care staff. Staff told us that they felt well supported. The service was working in accordance with the principles of the MCA. 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 their relatives spoke very positively about the caring nature of staff. They told us that they were always treated well by staff and were involved in decisions about their care. We saw a number of examples where staff spoke to people and about people with kindness and respect throughout the inspection. Staff were clear about their responsibilities in relation to equality and diversity and supported people appropriately. People spoke positively about the way in which staff respected their rights to privacy and dignity in all aspects of their care.

We saw clear evidence that people's individual needs and preferences were consistently considered as part of the care planning process. Staff knew people's personal histories and their likes and dislikes. They used this information to hold conversations and to suggest activities. However, it was clear that staff knew more about people and their routines than was recorded in care records. We discussed this with the registered manager who made a commitment to add more information to the records as a priority. Staff understood

the need for effective communication and the service met the requirements of the Accessible Information Standard. Staff clearly understood the importance of supporting people to develop and maintain relationships and reducing the risk of social isolation. The service had not received any formal complaints in the previous 12 months. We were told how the service had responded positively when minor concerns were shared. The service did not routinely support people receiving end of life care. However, people's end of life wishes were recorded in care files.

Throughout the inspection the comments and behaviours of the registered manager and other senior staff consistently reflected their commitment to a genuinely person-centred service. It was clear that this had resulted in positive outcomes for people. Each of the staff that we spoke with understood their role and responsibilities. However, it was not clear from records how oversight was provided at the most senior (provider) level. The service placed continuous learning and improvement at the heart of their practice. They made effective use of audits, reports and other forms of communication to monitor and improve the safety and quality of care.

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

The last rating for this service was Good (published 11 January 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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 ●

# Peace of Mind Homecare Services

## **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 conducted by one 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.

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

We gave a short period notice of the inspection because we needed to give people the opportunity to meet with the inspector in their own homes.

Inspection activity started on 20 June 2019 and ended on 24 June 2019. We visited the office location on 20 June 2019.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all of this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service and two relatives about their experience of the care provided. We spoke with ten members of staff including the registered manager, two coordinators and seven care workers.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. 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. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had completed training in adult safeguarding and were aware of their responsibilities to report any concerns.
- Systems for reporting concerns were robust and aligned to the requirements of the local authority and the Care Quality Commission. There had been no reportable incidents in the previous 12 months.

Assessing risk, safety monitoring and management

- Systems and processes were in place to reduce the risk of harm.
- Risk assessments were completed in relation to a range of health conditions and environments. Assessments were sufficiently detailed and regularly reviewed.
- Risk was assessed as part of the management of the service and effective measures had been taken to reduce risk and maintain people's independence.

Staffing and recruitment

- Safe recruitment practices were used to ensure that new staff were suited to working with vulnerable people. Appropriate checks were completed before new staff started work.
- Most staff had worked at Peace of Mind Homecare for a long time and were deployed in sufficient numbers to meet people's needs and provide safe care. One person told us, "I tend to have regular carers. I have one main carer. If they have to change it they will always let me know."

Using medicines safely

- Medicines were well managed and there were only two reported medicines' errors in the previous 12 months.
- Staff completed training with an accredited provider before they administered medicines and had their competency assessed regularly.
- Records were completed correctly and subject to regular audits.

Preventing and controlling infection

- Staff understood the need for effective hygiene standards to reduce the risk of infection.
- Staff were provided with personal protective equipment (PPE) and used it appropriately when providing personal care.

Learning lessons when things go wrong

- Staff recorded incidents and accidents in sufficient detail to aid analysis and reduce risk.
- Senior staff provided examples where they had used information effectively to improve practice.

## 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.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were supported to maintain a healthy diet in accordance with their needs and preferences. One person commented, "They'll make me salads and pasta and keep me happy. One carer makes a fantastic omelette and another makes eggs on toast."
- One person had been supported to lose a significant amount of weight and had improved their level of independence as a result. In a written statement, they said, "Without the support of my carers assisting me with my dietary requirements my care package would be a lot larger than it is now and I would more than likely need a lot more assistance."
- Another person had been supported to re-discover their confidence and skills in relation to the preparation of their lunch. This had led to a reduction in their need for care.

Staff working with other agencies to provide consistent, effective, timely care

- Peace of Mind Homecare worked well with other agencies to provide care which had a positive impact on people's health and wellbeing. We were provided with examples where the service had worked flexibly with commissioners and healthcare professionals to ensure that people could remain in, or return to, their homes.
- People spoke extremely positively about the impact that the service had on their lives. One person told us, "I think they're brilliant. Because of my disability I couldn't do anything without them. They shower me, dress me, blow dry my hair. I'm really, really pleased."

Supporting people to live healthier lives, access healthcare services and support

- Staff clearly understood the benefits of supporting people to improve their health and wellbeing through exercise and diet. In one example, staff had been deployed flexibly to support a person to access a hydrotherapy pool. A relative told us, "Without the support of Peace of Mind staff, I would find it almost impossible to manage this on my own." They went on to list the physical and emotional benefits of the therapy.
- When people were unwell staff acted promptly to ensure that they received appropriate care and treatment. In one example, a service user was reluctant to go to hospital. Staff supported and encouraged the person and attended the hospital with them where a serious condition was diagnosed and treated.

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

- Staff were aware of the relevant standards and guidance and used this effectively to assess people's needs and plan their care.
- People were involved in discussions about their care and their outcomes were good. One person said, "If



there's anything I want changed I would approach them."

Staff support: induction, training, skills and experience

- Staff were given an induction in accordance with recognised standards for care staff. Staff were also given regular additional training to improve their skills and knowledge. One member of staff commented, "Training is all done before you start, then you go out shadowing. If we're comfortable after 16 hours, we go out alone. If not, we get more shadowing." While another member of staff said, "Training is updated as and when. I did a learning disability and an end of life course."
- Staff told us that they felt well supported. We were provided with personal examples when the provider had been exceptionally supportive and flexible.
- Records indicated that staff received regular group and individual supervision.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes an application can be made to the Court of Protection who can authorise deprivations of liberty.

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

- Staff had completed training in relation to the MCA and understood their responsibilities.
- The service was working in accordance with the principles of the MCA.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. 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 their relatives spoke very positively about the caring nature of staff. They told us that they were always treated well by staff and were consulted about their care. One person said, "They're great. They're my gang. They're not just carers, they're friends."
- We saw a number of examples where staff spoke to people and about people with kindness and respect throughout the inspection.
- Staff were clear about their responsibilities in relation to equality and diversity and supported people appropriately. In one example, senior staff explained how they met the specific cultural needs of a married couple.

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

- People were encouraged to comment on the provision of care and were actively involved in the decision-making process through discussions with staff and regular meetings.
- People told us staff discussed decisions with them and offered choices before providing care. Important decisions were recorded in care records and reviewed.
- Most people had capacity to represent themselves, or had a family member to act as an advocate. In some cases, staff had supported people to access an independent advocate.

Respecting and promoting people's privacy, dignity and independence

- People spoke positively about the way in which staff respected their rights to privacy and dignity in all aspects of their care. A relative said, "They always give [family member] privacy on the commode."
- Staff explained how they supported people with their personal care needs in a discrete and sensitive manner. Staff told us how important this was to people and explained how they supported people's right to privacy at all times.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- We saw clear evidence that people's individual needs and preferences were consistently considered as part of the care planning process. We also saw that needs and preferences were reflected in the way care was provided. For example, one person said how their call times had been adapted to match when they liked to get up and receive personal care. They commented, "I get up early and like my shower early. It works well for me."
- Staff knew people's personal histories and their likes and dislikes. They used this information to hold conversations and to suggest activities. However, it was clear that staff knew more about people and their routines than was recorded in care records. We discussed this with the registered manager who made a commitment to add more information to the records as a priority.

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.

- Staff understood the need for effective communication and met the requirements of the AIS.
- Important information was made available in a range of accessible formats to help people understand and to promote their involvement.
- Staff were able to explain how different people made use of facial expressions, body language and noises as alternative forms of communication to speech.

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.

- Peace of Mind Homecare was primarily commissioned to provide personal care. However, we saw numerous examples of staff supporting people to engage in a meaningful and appropriate activities. This included activities within their own homes and local communities.
- Staff clearly understood the importance of supporting people to develop and maintain relationships. Contact details and other relevant information was kept in care records and staff ensured that relatives were kept informed in accordance with people's wishes.

Improving care quality in response to complaints or concerns

- The service had not received any formal complaints in the previous 12 months.
- None of the people that we spoke with said that they had made a complaint recently. They each said that they would feel comfortable raising any issues with any member of staff.

- We were told how the service had responded positively when minor concerns were shared.

#### End of life care and support

- The service did not routinely support people receiving end of life care. However, people's end of life wishes were recorded in care files. We were provided with examples of how people's wishes had been supported by the service previously.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager understood her responsibility to submit notifications regarding important events.
- Each of the staff we spoke with understood their role and responsibilities. However, it was not clear from records how oversight was provided at the most senior (provider) level. The registered manager confirmed the provider visited regularly, accessed important information and provided support, but there was no formal record of their visits.
- The registered manager and other senior staff explained how they worked as front-line care staff and used the opportunity to assess performance and improve practice.

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

- Throughout the inspection the comments and behaviours of the registered manager and other senior staff consistently reflected their commitment to a genuinely person-centred service. It was clear that this had resulted in positive outcomes for people.
- People using the service and staff spoke about their involvement in important decisions.

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

- There had been no recent occasions when the service had to act on its duty of candour. However, it was clear from conversations and audit processes that openness and honesty were expected of all staff.
- Staff told us that they would not hesitate to inform senior staff of a concern or error. Senior staff provided examples of how they had supported staff when concerns had been identified.

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

- All staff prioritised communication with people using the service and generally performed to a high standard. We were told of a very small number of occasions when changes had not been well communicated. However, most people said that they were engaged and informed by staff at all levels of the service.

Continuous learning and improving care

- The service placed continuous learning and improvement at the heart of their practice. They made

effective use of audits, reports and other forms of communication to monitor and improve the safety and quality of care.

- Lessons learnt from incidents and accidents were shared with staff to improve practice.

Working in partnership with others

- Additional partnerships had been developed with other services in the area to improve outcomes for people. This included effective working relationships with social and healthcare colleagues.
- The registered manager explained how partnerships were managed to ensure that the service only received safe, appropriate referrals.