

Peace of Mind Home Care Solutions Ltd

Head Office

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We undertook an announced inspection of Head Office on 5 January 2018. The service is a domiciliary care agency registered to provide personal care to people in their own homes. The service provides support to people of all ages and different abilities. At the time of inspection the service provided care to 25 people.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The previous inspection of the service on 6 January 2016 rated the service as Good with no breaches of Regulation.

People who used the service spoke positively about the care provided. They said they felt safe in the presence of care workers and were happy with the care provided. This was also confirmed by relatives we spoke with who told us that they were satisfied with the level of care.

We looked at the arrangements for the management of medicines during the inspection. Care workers received medicines training and policies and procedures were in place. We looked at a sample of Medication Administration Records (MARs) and found that these were not completed fully with details of medicines administered. We discussed this with the service and they advised that they would take immediate action. We made a recommendation in respect of this.

Systems and processes were in place to help protect people from the risk of harm. Identified risks associated with people's care had been assessed and plans were in place to minimise the potential risks to people.

There were comprehensive and effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by staff who were unsuitable.

People and relatives we spoke with told us their care workers were punctual and raised no concerns in respect of care worker's timekeeping. They also told us they received care from the same care worker on a regular basis. However, we noted that there was no evidence that demonstrated management carried out regular checks in relation to care worker's attendance and timekeeping.

Care workers had completed relevant training. However, we noted that supervision sessions were not carried out consistently and on a regular basis. There was no evidence to indicate that staff had received an annual appraisal. We found a breach of regulation in respect of this.

Feedback from people indicated that positive and close relationships had developed between people using the service and their care worker. Care workers were aware of the importance of treating people with

respect and dignity.

Care plans provided information about people's life history and medical background. People's support plan outlined the support people needed with various aspects of their daily life such as personal care, continence, eating and drinking, communication, mobility, medicines, religious and cultural needs. Care plans detailed people's care preferences, daily routine likes and dislikes and people that were important to them.

The majority of care workers had received training in the Mental Capacity Assessment (MCA). Care workers we spoke with were aware of the importance of ensuring people were able to make their own decisions as much as possible. Care plans included information about people's communication and their capacity to make decisions.

A complaints procedure was in place. People and relatives spoke positively about the service and told us they thought it was well managed and raised no concerns.

There was a management structure in place with a team of care workers, office staff, the manager and director. All staff spoke positively about the management and culture of the service and told us the management were approachable if they needed to raise any concerns.

The service did not have an effective system in place to monitor the quality of the service being provided to people using the service and to manage risk effectively. The service had failed to effectively check essential aspects of the care provided in respect of MARs, punctuality and staff support. We found a breach of regulation in respect of this.

During the inspection, management explained to us that they would make the necessary improvements to aspects of the care identified. However we needed to be sure that these processes had been implemented consistently over a significant period of time.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 mostly safe. Medicines management procedures in relation to the completion of MARs were not comprehensive.

People told us they were safe and comfortable around care workers. This was confirmed by relatives we spoke with.

There were processes in place to help ensure people were protected from the risk of abuse.

Appropriate employment checks were carried out before staff started working at the service.

Requires Improvement



Is the service effective?

This service was mostly effective. Staff told us they felt supported, however we saw a lack of evidence to confirm they received regular supervision and appraisals.

Staff had completed relevant training to enable them to care for people effectively.

People's health care needs and medical history were detailed in their care plans.

Care support plans included some information about people's mental health and their levels of mental capacity to make decisions and provide consent to their care.

Requires Improvement



Is the service caring?

The service was caring. People told us that they were satisfied with the care and support provided by the service.

Staff were able to give us examples of how they ensured that they were respectful of people's privacy and maintained their dignity.

Care support plans were person centred, individualised and specific to each person's needs. They included information about people's preferences and their likes and dislikes.

Care workers were able to form positive relationships with

Good



people.

Is the service responsive?

Good ●

The service was responsive. Care plans included information about people's individual needs and choices.

The service had clear procedures for receiving, handling and responding to comments and complaints.

Is the service well-led?

Requires Improvement ●

The service did not have an effective system in place to monitor the quality of the service being provided to people using the service. The service had failed to effectively check medication administration records, monitor care staff punctuality and attendance and staff support.

The service had a management structure in place with a team of care workers, office staff, the manager and director of service.

Staff were supported by management and told us they felt able to have open and transparent discussions with them.

Head Office

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, and to provide a rating for the service under the Care Act 2014.

One inspector carried out the announced inspection on 5 January 2018. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection.

Before we visited the service we checked the information that we held about the service and the service provider including notifications we had received from the provider about events and incidents affecting the safety and well-being of people. The service also completed a Provider Information Return (PIR). The PIR 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. The PIR also provides data about the organisation and service.

During our inspection we went to the provider's office. We reviewed six people's care records, six staff files, training records and records relating to the management of the service such as audits, policies and procedures.

We spoke with four people who used the service and four relatives. We also spoke with seven members of staff including the director of the service, the registered manager, the field manager, the care co-ordinator and three care workers.

Is the service safe?

Our findings

People who used the service told us that they felt safe and comfortable in the presence of care workers. When asked if they felt safe with care workers, one person told us, "I feel comfortable and safe with them." Another person said, "Yes I feel safe." Relatives we spoke with told us they were confident people were safe and said they had no concerns regarding people's safety when care workers provided care. One relative said, "[My relative] is safe with care staff. There is no problem." Another relative told us, "Yes [my relative] is safe. She has regular carers."

We checked the arrangements in place in respect of medicines administration. Records showed and care workers confirmed they had received medicines training and policies and procedures were in place. Where people needed support by the care workers, the appropriate support for that person was outlined in their support plans.

During the inspection, the registered manager explained that people's current medicines administration records (MARs) were kept in people's home and therefore at the time of the inspection we were unable to check current MARs. However, we viewed a sample of archived MARs for different people for various dates between September and December 2017. We found these were completed with no gaps, with the exception of one person's MAR which had a gap on the 19 October 2017. We raised this with the registered manager and she confirmed that the medicine had been administered but the care worker had not signed correctly.

Where medicines administered by care workers formed part of a blister pack, we found that these were documented on MARs as "blister pack". There was no record on the MAR of what medicines formed the blister pack. We were therefore unable to clearly see what medicines had been administered and there was not an accurate record of this. It is important that where a service takes responsibility for medicines administration, there should be a clear record of which medicines care workers have administered on the MAR including those that are in a blister pack. We also noted that the service's medicines management policy stated, "The medication administration record will include the name of the drug." The service was therefore not following their medicines policy. We discussed this with management and they advised that they would ensure that medicines contained in a blister pack would be clearly recorded on the MAR in future. They confirmed that they would take immediate action to improve the safe and proper management of medicines.

We recommend the service reviews their medicines management procedures particularly in relation to recording information on MARs.

Following the inspection, the service sent us evidence that they had devised a new format MAR which included details of medicines included in the blister pack. On 10 January 2018, the registered manager informed us that the service had started to roll out the new format MARs and these would be in place for people.

Management informed us they checked the completion of MARs during their spot checks but we noted these

were not documented.

Risks to people were identified and managed so that people were safe and their freedom supported and protected. Individual risk assessments were completed for people which included an environment and health risk assessment. There was also a "risk control action form" which included information about other potential risks such as diabetes and epilepsy. These included information about potential hazards, risks associated with this and guidance for care workers.

We however noted there was limited information in risk assessments about the safe practice and risks associated with using equipment and appropriate moving and handling techniques required by care workers. For example, one person used a walking frame and another used a wheelchair. However there was limited information how care workers were to provide support to keep the person safe and minimise the risks of sustaining any injury due to inappropriate moving and handling practices when the person needed to be transferred. We discussed this with management and they advised they would review their risk assessments and include further information about equipment and moving and handling techniques.

Safeguarding policies and procedures were in place to help protect people and help minimise the risks of abuse to people. The policy referred to the local authority, police and the CQC. Care workers had received training in safeguarding people and training records confirmed this. Care workers were able to describe the process for identifying and reporting concerns. They told us that if they saw something of concern they would report it to management immediately. The service had a whistleblowing policy and contact numbers to report issues were available. Staff we spoke with were confident about raising concerns about any poor practices witnessed.

The director of the service told us that they were safely able to meet people's needs with the current number of care workers they had. She explained that as the service expanded, they would recruit more care workers and there was flexibility in respect of this.

We spoke with management about staff punctuality and they explained that care workers completed timesheets detailing what time they arrived and left people's homes. The registered manager confirmed that on the whole care workers were punctual for visits and if there was any delay, care workers contacted the office and the office would inform people appropriately. People and relatives we spoke with told us that care workers mostly arrived on time and they raised no concerns about this. Whilst people and relatives we spoke with did not raise concerns about care worker's punctuality, we noted that there was no evidence that demonstrated management carried out regular checks in relation to care worker's attendance and timekeeping. We raised this with the service and they confirmed that they would commence this.

Recruitment processes were in place to ensure required checks had been carried out before care workers started working with people who used the service. We looked at the recruitment records for six members of staff and found background checks for safer recruitment including, enhanced criminal record checks had been undertaken and proof of their identity and right to work in the United Kingdom had also been obtained. Written references had been obtained for care workers.

The service had an infection control policy which included guidance on the management of infectious diseases. Care workers were aware of infection control measures and had access to gloves, aprons and other protective clothing.

Is the service effective?

Our findings

People who used the service told us they were happy with care workers and had confidence in them. One person said, "I am happy with the care. They take good care of me." Another person told us, "I am happy with my carer. I am satisfied with the care for sure." Relatives of people who used the service told us they were satisfied with the care provided. One relative said, "I am happy with the care. [My relative] is happy so I am happy." Another relative told us, "The care is fine. Care staff are brilliant."

During the inspection, we spoke with care workers and looked at staff files to assess how staff were supported to fulfil their role and responsibilities. Training records showed that care workers had completed an induction and received training in areas that helped them when supporting people. Training staff received covered safeguarding adults, moving and handling, basic life support, and medicines administration.

Care workers told us the training they received was adequate and prepared them to do their job effectively. One care worker told us, "The induction was good. There was shadowing and online training. It helped me a lot." Another care worker said, "The training has been good. It has been helpful to my role."

Staff told us that they were well supported by management and spoke positively about the office team. They also said management were approachable and always available. One care worker told us, "The support is good. They are accommodating and flexible. I can always reach them." Another care worker said, "There is an open culture. I feel I can report anything and know management will listen."

The registered manager explained that newly employed care workers were in the process of completing the 'Care Certificate'. The Care Certificate provides an identified set of standards that health and social care workers should adhere to in their work.

The director told us that they valued the hard work care workers did and said it was important to encourage staff through support and also incentives. She explained that the service had an "Employee of the month" award which celebrated individual performance and saw the member of staff receive vouchers.

There was evidence that care workers had received some supervision sessions. However, we noted that supervision sessions did not take place consistently and on a regular basis. It was therefore not evident whether staff were able to regularly discuss their personal development objectives and goals. There was no evidence to indicate that staff had received an annual appraisal about their individual performance and to review their personal development and progress. The registered manager confirmed that staff had not received an appraisal since our inspection in 2016. We raised this with management and they acknowledged this and said that they would ensure that regular supervision sessions and appraisals were carried out.

There was a lack of evidence to confirm that staff were consistently supported to fulfil their roles and responsibilities through supervisions and appraisals. This is a breach of 18(2)(a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed with the registered manager how the service met people's health and nutrition needs. She confirmed that in the majority of instances, care workers did not prepare meals for people. Instead they heated food and prepared breakfast and supported people with their eating where required. Training records confirmed that staff had received food hygiene and diet and nutrition training. The registered manager confirmed that if care workers had concerns about people's weight they were trained to contact the office immediately and inform management about this. Following this, the service would then contact all relevant stakeholders.

Care support plans included information about people's dietary needs and requirements, personal likes and dislikes and allergies. People's cultural needs were respected in respect of foods they liked to eat. One person's care records included information about their favourite national dish from their birth country. Another person was vegetarian and this was clearly documented. We also noted that care support plans included detail about how people liked their food to be presented. We saw evidence that people's nutrition and hydration details were recorded in the daily records so that the service could monitor people's progress.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The majority of care workers had received training in the MCA. Care workers we spoke with were aware of the importance of ensuring people were able to make their own decisions as much as possible. They were aware that when a person lacked the capacity to make a specific decision, people's families, staff and others including health and social care professionals would be involved in making a decision in the person's best interests. They were also aware of the importance of ensuring people were given a choice and an opportunity to make their own decisions where possible.

There were arrangements in place to obtain, and act in accordance with the consent of people using the service. Care plans included information about people's communication and levels of comprehension. Care plans had been signed by people or their representatives to indicate that they had been involved in their care and had agreed to it.

Is the service caring?

Our findings

People and relatives we spoke with told us care workers were caring and spoke positively about the service. One person said, "My carer is kind and caring." Another person told us, "[My carer] listens to me and helps me." Relatives we spoke with confirmed this. One relative told us, "The carers are caring and helpful. They talk to [my relative] and treat her like a human." Another relative said, "Carers are respectful." Another relative said, "The carers are fantastic. They help [my relative] a lot. They talk to him."

The service had a policy on ensuring equality and valuing diversity within the service. Staff we spoke with demonstrated that they understood and ensured they treated people with respect and dignity regardless of people's background and personal circumstances. They had a good understanding of ensuring they were respectful, caring and compassionate towards people when providing care. They were aware of the importance of ensuring people were given a choice and promoting their independence. Care workers were also aware of the importance of respecting people's privacy and maintaining their dignity. One care worker told us, "Before I do anything, I always talk to people. I explain each step and make sure they are comfortable." Another care worker said, "I always listen to people's preferences. I ask them what they would like. It is about choices. For example, I always ask people what they would like to wear when I am helping them. I include them in decisions."

We spoke with the director of the service about the aims of the service. She told us, "The foundation of care is culture. It is important to understand the person and what they want." She explained the service ensured they respected people's individual culture and tailored their care to meet their needs.

The service had a service user guide which was provided to people who used the service. The guide provided important information about the service and highlighted important procedures. It highlighted the aims of the service, one of which was, "We place the rights of service users at the forefront of our philosophy of care."

People's care plans included information about their background, life history, language spoken and their interests. This information was useful in enabling the service to understand people and provide suitable care workers who had similar interests. The registered manager explained that where possible, care workers would be matched to people with the same type of interests and background so that they had things in common to talk about. The registered manager confirmed the service did not provide home visits of less than 30 minutes. This gave care workers an opportunity to spend time talking and interacting with people and doing things at people's own pace ensuring they were not rushed.

People's care was reviewed with the involvement of people and their relatives. This aimed to give people an opportunity to review people's care to ensure people's needs were still being met and to assess and monitor whether there had been any changes.

The registered manager explained to us that continuity of care was an important aspect of the care the service provided. She confirmed that people received care from the same care workers on a regular basis and there was consistency in the level of care they received. This was important as it enabled people to get

to know their care worker, develop a positive relationship where they felt comfortable in their company. People and relatives we spoke with confirmed that this. One person told us, "I have the same carers." One relative said, "I'm really happy there is a continuity of care. We have the same carers. It is important for my [my relative]."

Is the service responsive?

Our findings

People and relatives we spoke with told us they were satisfied with the level of care provided and said they felt listened to by the service. People and relatives told us the service communicated well with them and kept them informed of developments. One person said, "[My carer] asks me what I want. She tries her best." One relative told us, "I have good communication with the office. I have previously complained and they responded. They act."

Care workers we spoke with told us that the service was responsive. They spoke positively about management and said that they were confident that management would respond if they had any concerns or queries. When asked how communication was between the office and care workers, one care worker told us, "Communication is very good." Another care worker said, "Communication is good. The office and management work with us."

The service had procedures for receiving, handling and responding to comments and complaints. People and relatives we spoke with told us they did not have any concerns or complaints about the service but knew what to do if they needed to raise a complaint or concern. They also told us that where they had experienced issues with regards to the service, they had contacted the service to discuss this. They told us that the service had listened and responded appropriately. They told us they had confidence in the service. Records showed that the service had investigated and responded appropriately when complaints were received and resolved matters satisfactorily.

The registered manager confirmed that a satisfaction survey had last been carried out in 2015. She advised that the service had carried out telephone questionnaires and reviews with people in order to continuously obtain feedback from them. She confirmed the service would carry out a satisfaction survey in 2018. She explained that she encouraged people to provide continuous feedback and not wait for questionnaires as it was important to resolve any issues immediately.

People's care support plans included detailed information about people's life history which included information about important people in their life and significant events. Care support plans also included information about people's medical background and needs. The support plan outlined the support people needed with various aspects of their daily life such as personal care, eating and drinking, communication, mobility, religious and cultural needs. Care plans were person-centred and specific to each person and their needs. We saw that care plans detailed people's care preferences, daily routine likes and dislikes and people that were important to them. This information assisted care workers to understand people's individual's needs.

The service monitored people's progress through daily records. These recorded daily visit notes, and meal log. These were completed in detail and were up to date.

Is the service well-led?

Our findings

People and relatives spoke positively about the management at the service. They told us that they thought it was well managed. One relative said, "The office are great. They listen and respond." Another relative said, "The office staff are brilliant. They really do listen. The manager is always there. I am happy with the care."

There was a management structure in place with a team of care workers, the field manager, the care co-ordinator, the registered manager and director. Staff we spoke with told us that morale amongst staff was positive and that staff worked well with one another. Care workers told us that they were always able to reach the office and said that office staff and care workers communicated well with one another. Care workers told us they were kept informed of developments. Care workers told us that they felt confident about approaching management if they had any queries or concerns and said they would not hesitate to do so. One care worker said, "The support has been really good. I can always get hold of the office and they help" Another care worker told us, "I can talk to [the director] and she takes action and keeps me updated."

We spoke with the director about the future aims of the service and she confirmed that the service aimed to grow but in a responsible manner where people continue to receive a high standard of care.

There was a quality assurance policy in place. However, the policy did not clearly detail how the service monitored the quality of care they provided through checks and audits. We found that the service had failed to effectively check various aspects of the care provided and had failed to identify their own failings in various aspects of care. For example, the service had failed to identify issues in respect of the completion of MARs. The service did not have a medicines audit in place to check the management of medicines and procedures in place. We raised this with management and they informed us that they would implement this immediately.

We also found that there was no documented regular audit in place to monitor and check care worker's attendance and timekeeping. We raised this with the service and they confirmed that during telephone reviews they asked people and relatives about this. They also advised that when care workers brought timesheets into the office, staff checked these. However, we noted that this was not documented and therefore it was not evident that these were consistently checked. The service had failed to identify deficiencies in respect of staff supervision and appraisals and did not have necessary checks in place to monitor this.

The service did not have effective systems and processes in place to assess, monitor and improve the quality of the services provided. This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meetings had been held for staff to ensure that they were informed of developments within the service and provided with essential guidance on the care of people. We noted that these were carried out every six months. The registered manager explained that it was difficult to do these more frequently because of staff availability. Instead she confirmed that office staff telephoned care workers regularly to ensure they were

updated with developments. Staff we spoke with confirmed this and told us they felt informed and always had necessary information to carry out their roles.

The service had a system in place for recording accidents and incidents.

The service had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as complaints, infection control, safeguarding and whistleblowing.

People's care records and staff personal records were stored securely in the office which meant people could be assured that their personal information remained confidential.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have adequate scrutiny and quality monitoring of the service. This may put people at risk of harm or of not receiving appropriate care.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider failed to ensure staff received regular and consistent supervision sessions and yearly appraisals.</p>