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Peace of Mind Homecare

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

Overall summary

The inspection was carried out on 4th November 2015. Peace of Mind Homecare is a domiciliary care agency that provides personal care and domestic support to older people who live in their own homes. The organisation offers support to people living in Clacton-on-Sea and local surrounding areas. There are currently 30 people who use the service.

The service has a registered manager however they had just resigned at the time of our inspection. The previous registered manager, who is also one of the providers, is currently in charge of the operation of the service. A new manager is now actively being recruited. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The agency had suitable processes in place to safeguard people from different forms of abuse. There were systems

Summary of findings

in place which provided guidance for staff on how to safeguard the people who used the service from the potential risk of abuse. Staff understood the various types of abuse and knew who to report any concerns to.

There were procedures and processes in place to ensure the safety of the people who used the service. People were safe because staff understood their responsibilities in managing risk. Where people required assistance to take their medicines there were arrangements in place to provide this support safely.

The agency provided sufficient numbers of staff to meet people's needs and provide a flexible service Staff were well supported to meet the needs of the people who used the service. Care workers had good relationships with people who used the service.

Staff received regular training relevant to their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

Where people required assistance with their dietary needs there were systems in place to provide this support safely. People were supported with meal planning, preparation and eating and drinking.

People or their representatives, where appropriate, were involved in making decisions about their care and support. Care plans provided guidance for staff, had been tailored to the individual and contained information about how they communicated and their ability to make decisions.

Where care workers had identified concerns in people's wellbeing there were systems in place to contact health and social care professionals to make sure they received appropriate care and treatment.

Care workers understood their roles and responsibilities in providing safe and good quality care to the people who used the service.

A complaints procedure was in place. People's concerns and complaints were listened to, addressed in a timely manner and used to improve the service.

The agency had processes in place to monitor the delivery of the service. The service had a quality assurance system and shortfalls were addressed. People's views were also obtained through annual surveys. The provider analysed these and checked how well people felt the agency was meeting their needs.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Agency staff were informed about safeguarding adult procedures and took appropriate action to keep people safe.

The agency carried out environmental risk assessments in each person's home and staff knew how to protect people from harm or injury.

Accidents and incidents were monitored to identify any specific risks, and how to minimise these.

Staffing levels were flexible and there were enough staff to provide the support people needed.

People were supported with their medication if required.

Is the service effective?

Good

The service was effective.

Staff received on-going training and supervision, and were supported through individual one to one meetings and appraisals.

People were supported to be able to eat and drink sufficient amounts to meet their needs. People were provided with a choice of suitable food and drink.

The provider was meeting the requirements of the Mental Capacity Act 2005.

Staff were knowledgeable about people's health needs, and contacted other health and social care professionals if they had concerns about people's health.

Is the service caring?

Good

The service was caring.

People were involved in making decisions about their care and the support they received. The agency staff kept people informed of any changes relevant to their support.

Staff protected people's privacy and dignity, and encouraged them to maintain their independence where possible. Staff treated people with dignity and respect.

Staff knew people well and what their preferred routines were. Staff showed compassion towards people.

Is the service responsive?

Good

The service was responsive.

People's care was individually assessed, planned, delivered and reviewed. Changes to their needs and preferences were identified and acted upon.

Visit times were discussed and agreed with people. Care plans contained details of the exact requirements for each visit.

Summary of findings

Appropriate systems were in place to manage complaints. People felt comfortable in raising any concerns or complaints and knew these would be taken seriously. Action was taken to investigate and address any issues.

Is the service well-led?

Good

The service was well led.

There was an open and positive culture which focused on people. The provider and manager sought people and staff's feedback and welcomed their suggestions for improvement.

The provider and manager led the way in encouraging staff to take part in decision making and continual improvements of the agency.

The provider and manager maintained quality assurance and monitoring procedures in order to provide an on-going assessment of how the agency was functioning; and to act on the results to bring about improved services.

Peace of Mind Homecare

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 4th November 2015 and was announced. We told the provider 48 hours before our visit that we would be coming. We did this to ensure the manager was available as they could be out of the office supporting staff or people who used the service.

The inspection was completed by one inspector.

We reviewed the information we held about the service including safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

On the day of the inspection we met the providers one of whom is the acting manager at their office. We also spoke with three members of staff and the administrator. We reviewed five care records, training records, four staff recruitment and support files, audits and minutes of staff meetings. After the inspection visit we undertook phone calls to six people that used the service, two relatives and a further two staff.

Good

Is the service safe?

Our findings

People said they felt safe receiving care from the staff at the agency. Everyone spoken with said that they had no cause for concern regarding the manner in which they were treated by care staff. One relative told us, "I feel my husband is extremely well looked after and safe." Another said, "The service is excellent, very reliable." One person told us, "I live alone but don't feel like that with the girls. I feel very safe and well looked after."

People could be confident that staff had the knowledge to recognise and report any signs or actions of abuse because they understood their roles and responsibilities regarding safeguarding, including the different types of abuse and how to report concerns. This was particularly prominent when a serious concern about one person was reported to the provider on the day of our inspection. We observed that this was dealt with professionally and quickly to ensure the person concerned was kept safe. Staff training in protecting people from potential abuse commenced at induction, and there was on-going refresher training provided for staff. Discussions with the staff and records showed that, where there had been concerns and safeguarding issues raised about the care provided, action was taken to reduce the risks of issues happening again.

Staff knew how to inform the office of any accidents or incidents. They said they contacted the office and an incident form was completed after dealing with the situation. The provider and manager viewed all accident and incident forms, so that they could assess if there was any action that could be taken to prevent further occurrences and to keep people safe. One staff member said, "I would call for the appropriate emergency service if I had concerns and make the office aware." Staff also said they would make family members aware or contact their GP, if they had concerns for a person's health. Staff had reporting procedures to follow which included talking to the manager and recording any concerns in the case notes.

People's care records included risk assessments and guidance for care staff on how these risks were minimised. These included risk assessments associated with moving and handling, medication administration and the safety in people's homes. Before any care package commenced, the provider and manager carried out risk assessments of the environment, and for the care and health needs of the person concerned. Environmental risk assessments included risks inside and outside the person's home. For example, outside if there were any steps to negotiate or there was a key safe to use to enter the property. People were involved in the planning of the risk assessments. The assessments also checked that people had smoke alarms fitted or care alarms if needed. When required the manager had made arrangements for people to have mobility assessments. Reviews of care with people and their representatives, where appropriate, were undertaken to ensure that these risk assessments were up to date and reflected people's needs.

There were also arrangements in place to help protect people from the risk of financial abuse. Staff, on occasions, undertook shopping for people who used the service. This was recorded in people's records and all receipts were kept.

The provider said that staffing levels were determined by the number of people who used the service and their needs. Currently there were enough staff to cover all calls and numbers were planned in accordance with people's needs. Therefore, staffing levels could be adjusted according to the needs of people, and the number of staff supporting a person could be increased if required. Care staff were allocated to support people who lived near to their own locality. This reduced their travelling time, and minimised the chances of staff being late for visit times. Staff said they signed in and out of people's homes and that if they thought that they were going to be late for a call they would let the manager know, who in turn let the person know. Records and people confirmed this.

One person told us that they had used the service for some years and had received care from the same care staff. Every person we spoke with said that staff arrived on time. One person said, "I have the same care workers on regular days. The only time it sometimes differs is at the weekend but that is not a problem. They are all very good." Another person told us, "I have no need to worry they are always on time." Additionally a relative told us, "Even if I am not around they will always be there, regular as clockwork."

The agency had good staff recruitment practices in place, ensuring that staff were suitable to work with people in their own homes. These included checking prospective employees' references, and carrying out Disclosure and Barring Service (DBS) checks before successful recruitment was confirmed. DBS checks identified if prospective staff had a criminal record or were barred from working with children or vulnerable people. Employment procedures

Good

Is the service safe?

were carried out in accordance with equal opportunities. Interview records were maintained and showed the process was thorough. Successful applicants were provided with a copy of key policies, such as maintaining confidentiality, security of people's homes, emergency procedures and safeguarding.

New staff were required to complete an induction programme during their probation period, so that they understood their role and were trained to care for people safely. We reviewed four recruitment records and in one we found that the references were missing for one member of staff who had been with the agency since May 2015. We discussed this with the provider who confirmed that although the references had been verbally sought this was not followed up as it should have been with further written references. Whilst we recognise this only affected one file, written references should be sought appropriately to ensure people are of the right character to undertake the role. The provider acknowledged this was a one off oversight and has now implemented a more robust checking system to ensure this does not happen again. They have also confirmed that appropriate references are now in place for the file that was missing the formal written ones.

Care staff were trained to assist people with their medicines where this was needed. Checks were carried out to ensure that medicines were stored appropriately, and care staff signed medicines administration records for any item when they assisted people. Records had been accurately completed. Care staff were informed about action to take if people refused to take their medicines, or if there were any errors. People who needed support with their medicines told us that they were happy with the arrangements. One person said, "They always help me with my medication at the right times. Even if I forget they remind me." A relative told us, "[Relative's] medication never runs out they make sure of that which is less of a worry for me. The carers are very supportive." People's records provided guidance to staff on the support people required with their medicines. Records showed that, where people required support, they were provided with their medicines when they needed them. The records were also audited to check that they were appropriately completed.

Good

Is the service effective?

Our findings

People said that they thought the staff were well-trained and attentive to their needs. Feedback from people was very positive, and relatives' comments included, "You could not ask for better, [relative] has a really good quality of life because of them." and "excellent team of girls". One person told us, "I am all alone I don't not know what I would do without them. They even look after my little dog." and, "We feel the staff do all they can for us they get bits of shopping, do some laundry, prepare meals and collect medications for us".

People's needs were assessed, recorded and communicated to staff effectively. The staff followed specific instructions to meet individual needs. Staff had appropriate training and experience to support people with their individual needs. Staff completed an induction course that was in line with the nationally recognised 'Skills for Care' common induction standards. These are the standards that people working in adult social care need to meet before they can safely work and provide support for people.

The induction and refresher training included all essential training, such as moving and handling, fire safety, safeguarding, first aid, infection control and applying the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Staff were given other relevant training, such as understanding dementia, principles of person centred care and effective communication. This helped ensure that all staff were working to the expected standards and caring for people effectively, and for staff to understand their roles and responsibilities.

Staff were supported through individual supervision and the provider and manager had commenced yearly appraisals for all staff. Spot checks of care staff were carried out in people's homes. A spot check is an observation of staff performance carried out at random. These were discussed with people receiving support at the commencement of their care package. People expressed their agreement to occasional spot checks being carried while they were receiving care and support. People thought it was good to see that the care staff had regular checks, as this gave them confidence that care staff were doing things properly. We saw the records for a spot check and this included punctuality, personal appearance of staff, politeness and consideration, respect for the person and the member of staffs' knowledge and skills. Spot checks were recorded and discussed, so that care staff could learn from any mistakes, and receive encouragement and feedback about their work.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff were trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff understood the processes to follow if they felt a person's normal freedoms and rights were being significantly restricted. The provider and manager carried out a mental capacity assessment at the first visit, to determine people's ability to understand their care needs and to consent to their support. When people lacked capacity or the ability to sign agreements, a family member or representative signed on their behalf. The provider or the manager met with family members and health and social care professionals to discuss any situations where complex decisions were required for people who lacked capacity, so that a decision could be taken together in their best interests.

Staff sought and obtained people's consent before they helped them. One person told us, "I am asked for permission before they do any tasks. They are polite and never rude." People's refusals were recorded and respected. Staff checked with people whether they had changed their mind and respected their wishes.

Staff were matched to the people they were supporting as far as possible, so that they could relate well to each other. The provider or the manager introduced care staff to people, and explained how many staff were allocated to

Good

Is the service effective?

them. People got to know the same care staff who would be supporting them. This allowed for consistency of staffing, and cover from staff that people knew in the event of staff holidays or sickness.

When staff prepared meals for people, they consulted people's care plans and were aware of people's allergies, preferences and likes and dislikes. People were involved in decisions about what to eat and drink as staff offered options. The people we spoke with confirmed that staff ensured they had sufficient amounts to eat and drink.

People were involved in the regular monitoring of their health. Care staff identified any concerns about people's health to the provider or the manager, who then contacted their GP, community nurse, mental health team or other health professionals. Each person had a record of their medical history in their care plan, and details of their health needs. Records showed that the care staff worked closely with health professionals such as district nurses in regards to people's health needs. This included applying skin creams, recognising breathing difficulties, pain relief, and mental health concerns. Occupational therapists and physiotherapists were contacted if there were concerns about the type of equipment in use, or if people needed a change of equipment due to changes in their mobility.

Staff understood what actions they were required to take when they were concerned about people's wellbeing. Records showed that where concerns in people's wellbeing were identified health professionals were contacted with the consent of people. When treatment or feedback had been received this was reflected in people's care records to ensure that other professionals' guidance and advice was followed to meet people's needs in a consistent manner.

Good

Is the service caring?

Our findings

People told us that the staff always treated them with respect and kindness and were very complimentary of the support they received from staff and how caring the staff were. One person said, “All the staff including the manager are very caring and kind.” and, “I don’t have a bad word to say about them apart from I wish more people were as kind and supportive as they are.” A relative told us, “They take [relative] out three times a week. They sometimes go for a coffee or shopping but they love boot fairs so they take them there too whenever they can.”

The service made sure that people were happy with the staff that delivered their care. All staff were introduced to the person; they then worked alongside the manager or deputy whilst they developed their relationship with the person. Staff told us they valued the people they visited and spent time talking with them while they provided care and support.

The agency had reliable procedures in place to keep people informed of any changes. The provider told us that communication with people and their relatives, staff, health and social care professionals was a key for them in providing good care. People were informed if care staff were delayed and would be late for a call, or if their regular carer was off sick, and which care staff would replace them. The provider and the manager would cover a call, if there was no other staff member available at the time.

Staff understood why it was important to interact with people in a caring manner, and how they respected people’s privacy and dignity. Staff knew about people’s individual needs and preferences and spoke about people in a caring and compassionate way. People’s care records also identified their specific needs and how they were met. The plans provided staff with information about the individual and relevant things they could talk about when providing care. People were actively involved in decisions about their care and treatment and their views were taken into account. This told us that people’s comments were listened to and respected.

Staff had received training in equality and diversity, and treated everyone with respect. They involved people in discussion about what they wanted to do and gave people time to think and make decisions. Staff knew about people’s past histories, their life stories, their preferences and the things they liked and disliked. This enabled them to get to know people and help them more effectively. Staff ensured people’s privacy whilst they supported them with personal care, but ensured they were nearby to maintain the person’s safety, for example if they were at risk of falls. One person said, “I do as much as I can myself and am always treated with dignity.” Staff were respectful of people’s privacy and maintained their dignity. People were always treated with dignity and respect. The service ensured staff were trained properly and knew how to show dignity and respect to people.

Good

Is the service responsive?

Our findings

People received care that was individual to them and this was personalised to their needs. We were told the manager met with people to complete a full assessment of their needs and to see if these could be met by the service. During this meeting the manager gained the information needed to understand people's personal histories, their preferences for care and how they wanted to be supported. People told us, "I can always contact the office or manager at any time." And I have contacted the office before and they have come out to talk to me when I had a problem before. They always deal with things quickly." Additional comments from a relative said, "I would definitely contact them and just say it if I had any problems but I have never needed to."

The provider or the manager carried out people's needs and risk assessments before the care began. They discussed the length and time of visits that people required, and this was recorded in their care plans. Each visit had clear details in place for exactly what care staff should carry out at that visit. This might include care tasks such as washing and dressing, helping people to shower, preparing breakfast or lunch, giving drinks, turning people in bed or assisting with medicines. The visit may also include domestic tasks such as doing the shopping, changing bed linen, putting laundry in the washing machine and cleaning. The staff knew each person well enough to respond appropriately to their needs in a way they preferred and support was consistent with their plan of care. When appropriate, staff supported people to have other professionals involved in their care who could act as advocates, such as social workers.

Staff were made aware of people's likes and dislikes to ensure the support they provided was informed by people's preferences. People told us they were involved in making decisions about their care and staff took account of their individual needs and preferences. For example, the order in which the person liked their morning routine to be carried out. Regular reviews were carried out by the provider or manager and any changes were recorded as appropriate. This was to make sure that the care staff were fully informed to enable them to meet the needs of the person. . Records showed that people and, where appropriate and their relatives had been involved in their care planning and they had signed documents to show that they had agreed with the contents. Reviews were undertaken and where people's needs or preferences had changed these were reflected in their records.

Staff told us that the care plans provided them with the information that they needed to support people in the way that they preferred. They included information on people's diverse needs, such as how they communicated and mobilised. The manager matched staff to people after considering the staff's skills and experience. Care plans detailed if one or two care staff were allocated to the person, and itemised each task in order, with people's exact requirements. This was particularly helpful for care staff assisting new people, or for care staff covering for others while on leave, when they knew the person less well.

The provider or the manager carried out care reviews with people after the first 28 days of receiving care, and then at six-monthly intervals. Any changes were agreed together, and the care plans were updated to reflect the changes. Care staff who provided care for the person were informed immediately of any changes. Care plans were also reviewed and amended if care staff raised concerns about people's care needs, such as changes in their mobility, or in their health needs. The concerns were forwarded to the appropriate health professionals for re-assessment, so that care plans always reflected the care that people required.

People told us that they knew how to make a complaint and that concerns were listened to and addressed. People were given a copy of the agency's complaints procedure. People told us they would have no hesitation in contacting the provider or the manager if they had any concerns, or would speak to their care staff. The provider dealt with any issues as soon as possible, so that people felt secure in knowing they were listened to, and action was taken in response to their concerns. The provider also visited people in their homes to discuss any issues that they could not easily deal with by phone. They said face to face contact with people was really important to obtain the full details of their concerns. The provider told us about a recent concern, when a meeting had been arranged to discuss the concerns the person had. Records showed that people's concerns and complaints were investigated, addressed and responses were sent to the complainants. People told us that they felt that the staff listened to what they said and acted upon their comments. One person said, "I once had a few carers who I was not happy with and

Good

Is the service responsive?

they changed them. They check I have people who come and that know how I need things done." Another person said, "The regular carers I have just know how to do things the right way. I have absolutely no complaints." The outcomes to the complaints investigations were then used to improve the service and reduce the risks of the same or similar incidences happening again.

There was no history of any missed calls over the preceding months, but the provider said that if any calls were missed this would be taken very seriously and treated as a complaint, and there would be a full investigation.

Good

Is the service well-led?

Our findings

People spoke highly of the provider and the manager, and said that staff listened to them. One relative said "I always recommend them to other people, they are such a good service." Our discussions with people, their relatives, the provider, manager and staff showed us that there was an open and positive culture that focused on people. The agency had a culture of fairness and openness, and staff were encouraged to share their ideas. The manager told us, "It's their care, their way."

The service had a registered manager however at the time of this inspection they had recently resigned. The provider, was currently overseeing the operation of the service. The service was actively recruiting a new manager. The provider kept CQC informed of formal notifications and other changes. For example, they had set targets for staff supervisions, spot checks, risk assessments and care reviews as an on going process. They showed a passion to ensure that people were looked after to the best of their ability.

People benefitted from a good staff team that worked well together. Organisational values were discussed with staff, and reviewed to ensure they remained the same. Staff felt that they had input into how the agency was running, and expressed their confidence in the leadership. The provider and manager both worked directly with people receiving support. They said that this enabled them to keep up to date with how people were progressing. Staff said it gave them confidence to see that the management had the skills and knowledge to deliver care and support, and it was helpful to work alongside them from time to time.

People were invited to share their views about the service through quality assurance processes, which included phone calls from the provider or the manager and yearly questionnaires. The provider or manager conducted spot checks and these monitored staff behaviours and ensured they displayed the values of the agency. This had the added benefit of enabling people to get to know the provider and the manager, as well as their usual care staff. The management team ensured the values and behaviours were maintained through these regular spot checks.

Staff told us that they felt valued and were supported in their role. They were committed to providing a good quality service and were aware of the aims of the service. Policies and procedures were available for staff. Staff were aware of procedures to follow and of the standards of work expected of them to provide safe, effective, responsive care and support for people.

The provider had a whistleblowing policy. This included information about how staff should raise concerns and what processes would be followed if they raised an issue about poor practice. The provider told us that staff were encouraged to come forward and discuss any concerns they had.

Staff knew they were accountable to the provider and manager and they said they would report any concerns to them. Staff meetings were held and minutes of staff meetings showed that staff were able to voice opinions. We asked staff if they felt comfortable in doing so and they told us that they were acknowledged and supported. The manager had consistently taken account of people's and staff's views in order to take actions to improve the care people received.

There were quality assurance systems in place which enabled the Provider to identify and address shortfalls. Records showed that checks and audits were undertaken on records, including medication and its administration, people's daily records, complaints and incidents. Where shortfalls were identified action was undertaken to introduce changes to minimise the risks of similar issues recurring. This meant that the service continued to improve.