

Peace of Mind Home Support Limited

Peace of Mind Home Support Limited

Inspection report

Hockley Business Centre
Valley Road
Clacton On Sea
Essex
CO15 4AE

Tel: 01255479411

Date of inspection visit:
12 July 2017
13 July 2017

Date of publication:
22 August 2017

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

The inspection took place on 12 July 2017 and 13 July 2017 and was announced.

Peace of Mind Home Support is a domiciliary care service that provides personal care to people in their own homes. At the time of our inspection there were approximately people using the service.

There was a manager in post at the service who was in the process of becoming registered. 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 manager was supported to manage the service on a day-to-day basis by the two directors.

People were safe because the management team and staff understood their responsibilities to recognise abuse and keep people safe. People received safe care that met their assessed needs and staff followed clear processes to manage risk.

There were sufficient staff who had been recruited safely and who had the correct skills and knowledge to meet people's needs and provide care and support in ways that people preferred.

The provider had systems in place to manage medicines and people were supported to take their prescribed medicines safely.

People were supported effectively with their health needs.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found the provider was following the MCA code of practice.

The management team promoted a strong culture of putting people at the centre of what they do and staff treated people as individuals.

People were treated with kindness and respect by staff who knew them well. Staff respected people's choices and took their preferences into account when providing support.

Staff were attentive to people's needs and respected their privacy and dignity.

The provider had systems in place to check the quality of the service and take the views and concerns of people and their relatives into account to make improvements to the service.

The provider had systems in place so that people could raise concerns and there were opportunities

available for people or their representatives to give their feedback about the service.

The management team were visible and actively involved in supporting people and staff. Staff were enthusiastic and confident their views were valued by the management team..

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

Staff understood how to recognise abuse and keep people safe. There were processes in place to listen to and address people's concerns.

There were sufficient staff who had been recruited safely and who had the skills and knowledge to provide safe care.

There were clear systems to support people with their medicines.

Is the service effective?

Good ●

The service was effective.

Staff received the support and training to provide them with the information to provide care effectively.

The Deprivation of Liberty Safeguards (DoLS) were understood and appropriately implemented.

People's care and support needs were met by staff who understood their individual preferences.

Is the service caring?

Good ●

The service was caring.

Staff treated people well and were kind and caring in the way they provided care and support.

Staff treated people with respect and provided care in a dignified manner.

Staff understood how to relieve distress in a caring manner.

People were encouraged to be as independent as they were able to be.

Is the service responsive?

Good ●

The service was responsive.

People's choices were respected and their preferences were taken into account when staff provided care and support in line with their individual care plans.

There were processes in place to deal with concerns or complaints and to use the information to improve the service.

Is the service well-led?

Good ●

The service was well led.

The service was run by a capable management team who demonstrated a commitment to provide a service that put people at the centre of what they do.

Staff were valued and they received the support they needed to provide people with good care and support.

There were systems in place to monitor the quality of the service, to obtain people's views and to use their feedback to make improvements.

Peace of Mind Home Support Limited

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.

This inspection took place on 12 July 2017 and 13 July 2017. The inspection was announced. The provider was given 48 hours' notice because they provided a domiciliary care service and we needed to be sure that someone would be at the office to provide support with the inspection.

The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses social care services. The Expert by Experience supported the inspection by carrying out the telephone interviews with people who used the service and their relatives.

Before the inspection we reviewed the information we held about the service including information received, any safeguarding concerns and statutory notifications sent to us by the provider. Statutory notifications include information about important events which the provider is required to send us by law. We used this information to plan what areas we were going to focus on during our inspection.

We spoke with six people who used the service and four relatives about their views of the care provided. During the visit to the service's office we spoke with both directors and the manager. We also received feedback from a social care professional.

We reviewed four people's care records, including medicines records and risk assessments. We examined information relating to the management of the service such as health and safety records, four staff files, quality monitoring records and information about complaints.

Is the service safe?

Our findings

Relatives told us that they were confident their family members were cared for safely. People using the service also said they felt safe with the care workers providing care and support. Comments included, "Yes I feel safe with them." and "Oh yes, I feel safe." A relative who lived some distance away from their family member told us the service had proved to be ideal for them because they did not have to worry whether their family member was safe.

A person who required support with mobility needs told us, "Yes I feel safe. My care plan includes the things I can't do in my chair, meals, dishwasher and bed changing."

A social care professional told us they were satisfied the service was safe. They said, "They ensure the safety of their clients at all costs."

Staff had received training in safeguarding and understood what constituted abuse or poor practice and they knew what they should do if they had any concerns about a person's safety. The management team were able to give examples of how they had responded to information from staff when they raised concerns.

The initial needs assessment was carried out before a service started. The information was thorough and identified where there were areas of risk for the person. A risk action plan was developed and incorporated into the care plans. Risk assessments identified what needed to be done to reduce the risk and guidance from staff on how this was to be managed was clearly set out. The management team explained that they considered care plans 'living documents' that developed, changed and were amended in response to people's needs.

There was a clear recruitment process in place and staff records were well organised. Relevant checks were carried out on the suitability of applicants to provide safe care and support. These checks included seeking references and Disclosure and Barring Service (DBS) checks. DBS checks are carried out to confirm applicants are not prohibited to work with vulnerable people. Staff applying to work at the service had a formal interview and were given scenarios and asked to demonstrate how they would deal in situations such as these. There was a record of what was discussed at interview. All the information required by regulation were in place including documents to confirm the person's identity and written references.

There were clear systems in place for supporting people with their medicines and people were satisfied that these worked well. People told us, "I don't need help with medication but the carers ensure that I have the day's supplies of pills." and "I can do my own medication but the carers are willing to help if needed." A relative said, "It works well from everyone's perspective. They remind my [family member] of her medication. I no longer have to worry about it. I can trust them, they ring me if needed." A relative told us, "Any problems with the medication they contact me and the GP."

The management team demonstrated a good knowledge and understanding of people's specific medicines. They followed processes to check that records were being completed appropriately and observations of

staff's competency at providing support were carried out. Any mistakes that were picked up either in recording or administering medicines, the member of staff was identified and excluded from providing medicines support until they had been retrained.

Is the service effective?

Our findings

People confirmed that they felt staff were well trained and knew what they were doing. A person said, "The staff I have at the moment keep up-to-date with training. I have to be hoisted into bed. No-one is allowed to do it unless they have had training. Every few months there seems to be training going on."

A person told us, "New staff shadow and observe experienced staff. They are there for me and have got time for me."

Newly recruited staff went through an induction programme that started with core information such as safeguarding. Over a period of 12 weeks staff were asked to make reflective accounts of visits looking at things like maintaining dignity or what had not gone well and using the experience as a way of learning and improving practice. In addition staff completed modules of the care certificate. The care certificate is a set of standards that social care and health workers follow in their daily working life. It is the set of minimum standards that should be covered as part of induction training for new care workers.

One of the directors of the service, whose background and experience was in training, took the lead in managing and delivering training. We saw that there was a training session taking place on the day of our inspection. Staff were enthusiastic about the training and said that they thought it was good. Records showed that training was well organised and covered a range of areas such as manual handling, equality and diversity, medication and diabetes awareness. Staff also received training in maintaining personal boundaries.

There were clear processes in place for supporting and supervising staff. Staff received formal face-to-face supervisions approximately every three months. In addition one of the management team carried out observations. The provider explained that they worked alongside staff when a person required the support of two members of staff and this enabled them to gain a greater understanding of staff practices. In addition team meetings were held to provide staff with opportunities to discuss care practices. The provider explained that team meeting were also used to enhance training.

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. We saw that MCA assessments were carried out and incorporated into people's care plans.

The management team had a good understanding of their responsibilities under the MCA and training had recently been updated.

People received support with their health and nutritional needs when required. A person told us, "They are very good they help me with my dinner." One relative who lived some distance away from their family member told us they felt reassured by the support provided by the service. They said, "They saved our lives."

The staff are really, really good. They go three times a day and help with food, medication and bedding. They are good company for [our family member] who has poor health and a complex medication regime."

One person who had spent some time in hospital for a specific condition was complimentary about staff skills and knowledge in supporting them with their health. They said, "I find the staff better than in hospital. The carers are excellent, they help me getting up and going to bed and with my exercises."

The management team provided information and examples of how they worked with health professionals to provide care and support based on best practice. For example, they had consulted with community mental health services when supporting someone whose mental health needs were increasing. There was also evidence of how they liaised with community nursing services and sought relevant support for people on end of life care.

Is the service caring?

Our findings

People told us that they felt the service was caring and that they went the extra mile. One person said, "When I was discharged from hospital one of the partners was there checking all was OK." Another said, "The carers are very kind." A person told us, "The carers are lovely and caring; they are so good and so kind." They also said they were treated with dignity and respect at all times. Another person said, "They are very friendly and very good. They always ask me if there is anything else before they leave."

People were complimentary about the culture and attitude of staff. One person said, "I'm quite happy. I like all the [care staff]; they are friendly and very helpful. I can't see properly so they help me with housework and take me to Tesco. They support me with GP appointments and the dentist. I have been with them two and a half years and I am very happy. They are very good to me, perfect for me." Another person said: "They are brilliant. They look after me. They chat and laugh and start the day right. They get my breakfast and make sure I've got enough food in the house."

The spouse of a person using the service told us, "They are steady, you have peace of mind and they have time for you. They are very, very polite. They talk to my [spouse] and cheer [them] up. They always ask, 'Are you happy with this or that?' I can't praise them enough. I am content with them."

A social care professional told us that, for people where social care had been involved, care workers from the service had been caring in all aspects of the care and support provided. They gave an example of how staff did not just support the person receiving the service but also provided support to reassure the anxieties of the family carer. They said, "[They went] above and beyond their required duties."

A person said, "The management have said they are there 24hrs a day and just to ring with any problems or questions or queries. They are there for us. One of the partners has been through things and she is very good. She has a mental health background and has helped us with panicking and breathing. They are an aptly named firm. I feel reassured by them. I need someone steady to rely on."

A person told us that the service showed consideration for their wishes. They said, "I requested female staff and they respected that."

A person told us that the service helped them to remain independent. They said, "The service allows me to stay in my own home otherwise I'd be in a home."

A social care professional gave us an example of how well the service supported a person who required care and support. They said the person had come on, "in leaps and bounds" since receiving support from the service. They told us, "The carers supported [the person] to regain as much independence as possible, which has had the effect that [the person] is now more mobile and more independent."

Is the service responsive?

Our findings

An assessment was carried out before a new package of care was taken on by the service. The provider explained that the management team took a hands-on role and carried out the first care visit for new people. The provider explained that by carrying out the initial care visit, they could identify how the person preferred things to be done and any issues that staff needed to be aware of.

The service provided care and support that responded to people's individual needs, preferences, likes and dislikes.

The information in people's care records gave a staff the information they needed to understand people's likes, dislikes and preferences as well as their needs. There was an "all about me" section that was detailed and person centred. The management team and staff demonstrated knowledge and understanding of the information in people's care plans.

People told us about the care they received. One person said, "My carers come three times a week. They help with laundry and shopping and also sit and chat with me." Another said, "They come once a fortnight and do housework, jobs and bed making. Everything gets done, they are no trouble" Before they leave they always ask if I've got a drink and if I'm alright. They are like friends; they would do anything for me. I enjoy them coming. Things couldn't be better." Her relative said "I couldn't be happier as [my family member] is perfectly happy. The carers are lovely and having regular people is a nice thing. It's nice to know that if there are any problems they will ring me."

A social care professional told us that they found the service provided was good. They said, "They keep themselves small and this allows them to give a much more personalised approach."

People confirmed they had input into their care plans and these were kept in their homes. One person said, "I have a Care Plan. The carers fill in the log book and sign it." They also confirmed that staff listened to them and that care was consistently good. One person said, "They are very good, the girls that come." and "All in all I'm happy. The carers do what I need to how I want it."

Everyone spoken with said carers were punctual and stayed the correct length of time. A person told us, "They read what has been written from the previous day. Sometimes they stay longer and always ask if I need anything else. They are not rush, rush, rush."

The provider had a process in place for responding to complaints, recording actions taken and following up decisions in writing. The management team explained that they had not received any formal complaints but all minor concerns were taken equally seriously. We saw that minor issues were recorded and responded to appropriately.

People knew how to make a complaint. They felt confident that they could raise concerns and these would be dealt with appropriately. One person said, "I have approached management about a carer who [I was

dissatisfied with]. They listened and responded." Another person said, "If I don't agree with something the managers will listen and respond. It is based on their personal experience; they have an empathetic and reassuring approach. I have nothing to complain about." A relative told us, "The carers are very good; I have no complaints at all."

Any concerns raised were minor and were dealt with promptly. A relative said, "As a rule I am really, really happy with the quality of care. They do above and beyond. The [care staff] are lovely, I have met most of them."

Is the service well-led?

Our findings

People were complimentary about how the service was managed and how swiftly they responded to provide support or deal with anything that occurred. They said, "When [our family member] came out of hospital, I rang at 9.30pm to check if the carers knew. They didn't but a carer was round there within 10 minutes."

They also said that the provider continued to make improvements and the management team took an active, hands-on role. A person told us, "The company has improved greatly since it first started. One of the partners is very good. She comes out, reassures, is hands-on and does not just sit in the office." A relative said, "I contact the management regularly and straight away they deal with issues."

People told us that they were happy with how the management team communicated with them. One person told us, "The office contacts me if there is anything like an alteration to the rotas. I would recommend this company." Another said, "The office contacts me occasionally, when necessary." One person told us that communication was a two way process and worked well. They said, "I frequently contact the office. They always say 'don't hesitate.' I would recommend them."

People explained that the service was flexible and responded positively if they wanted to make changes. One person said, "I am reverting to my old time for a morning call. A small privately owned company makes a difference, there is no comparison."

Staff felt well supported. The management team explained that it was important that staff knew they were valued. They had a star of the month incentive where a member of staff received a small prize.

The provider explained that the culture of the service was to provide high quality care and support in a professional manner and "to lead by example". They explained that they expected staff to provide a standard of care that the provider felt was good enough for people that were important to them – the 'mum's test'. They were confident that their staff provided care that they judged was sufficiently good for close family members.

The provider made resources available for the effective running of the service. The service was run from well-equipped offices that included a training room. Staff told us that there was always sufficient personal protective equipment available such as disposable gloves.

There were electronic systems in place to assist with the effective management of the service. Records such as care plans and audits were managed on the system. The management team explained that there was a report section on the system where they could go in and generate a report on any aspect of the service. For example, they could download information about all concerns, complaints or compliments between a given range of dates so they could use the information to develop and improve the service.

Many of the people spoken with commented on the fact that they appreciated that the service was "a small,

local company" and they felt that made the care and support more personal. All the people we spoke with and their relatives confirmed that the service provided a person-centred service that took a "bespoke approach" and there was nothing but praise for the service. A person said, "This is the second [service] I have been with. It's local with a regular team. They keep regular time and contact you if they are running late."

Relatives said that that they would be happy to recommend the service to others. A relative told us that they had done that and received a pleasant response. They told us, "I have recommended them to [my family member's] neighbour. The company responded by taking my [family member] out for a coffee with the neighbour."

A social care professional was complimentary about the management team. They said that both the manager and the provider were, "Extremely supportive and were very proactive and engaging when dealing with social care."

The provider had systems in place for monitoring the quality of the service including audits carried out by the management team. We saw that the directors audited staff files, medicines and other care records.

A range of methods were used to seek people's views and experiences of the service. One of the management team carried out 'care calls' and try to see every person at least once every two weeks. This could be managed by accompanying a member of staff and providing hands on care or by having telephone conversations. This information is logged on the electronic system to enable them to monitor and respond to any themes that emerged. Questionnaires were distributed every six months and any areas where people were not 100% satisfied were followed up. This may have been a visit to the person to discuss and a letter sent in response about what they were doing to address the issue. Any compliments made about care and support were fed back to staff

There were systems in place for managing records and the management team had clear arrangements for monitoring and auditing records. Care plans were reviewed and updated People's care information, staff files and health and safety documents were up to date and well organised. All information relating to people's care, to staff and to the running of the service were kept securely when not in use so that people could be confident that information held by the service about them was confidential.