

# Peace of Mind Home Care Solutions Ltd

## Head Office

### Inspection report

Stanmore Business and Innovation Centre  
Stanmore Place, Howard Road  
Stanmore  
Middlesex  
HA7 1BT

Tel: 08000488686

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

Date of inspection visit:  
06 January 2016

Date of publication:  
07 March 2016

### 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

This inspection took place on 6 January 2016 and was announced. We told the provider one day before our visit that we would be coming. The service provides domiciliary care and support to 17 people living in their own homes in Harrow and surrounding areas.

The service had 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 registered manager was on duty on the day of our inspection and we also met with one of the directors, who was also the owner of the domiciliary care agency.

People told us they felt safe with the support they received from care staff. There were arrangements in place to help safeguard people from the risk of abuse. Care staff understood what constituted abuse and were aware of the steps to take to protect people.

The service ensured there were safe recruitment procedures in place to help protect people from the risks of being cared for by care staff assessed to be unfit or unsuitable.

People had risk assessments and risk management plans to reduce the likelihood of harm. The risk assessments identified the risks and the actions required of staff to minimise the risk.

Care staff told us and we saw from their records that they had received training in relevant areas of their work. This training enabled care staff to support people effectively.

Care staff understood their responsibilities in relation to the Mental Capacity Act 2005. People were involved in making decisions about their care and support and their consent was sought and documented.

People were supported to eat and drink sufficiently to maintain a balanced diet. The registered manager explained care staff checked if people had enough food and let the office and family representatives know if supplies are running low.

People told us they were treated with dignity and respect. Care staff understood the need to protect people's privacy and dignity. People told us care staff knocked on their doors and requested permission before they entered their homes.

The service encouraged people to raise any concerns they had and responded to them in a timely manner.

Care staff gave positive feedback about the management of the service. The registered manager was approachable and fully engaged with providing good quality care for people who used the service.

The provider had systems in place to continually monitor the quality of the service and people were asked for their opinions and action plans were developed where required to address areas for improvements.

## 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.

People were protected from risk of harm. Care staff understood the risks to the health, safety or well-being of people who used the service.

There were safe recruitment procedures to help ensure that people received their support from suitable staff.

Care staff supported people who were unable to manage their own medicines. They had been trained to administer medicines safely.

### Is the service effective?

Good ●

The service was effective.

People received effective care that met their needs and wishes.

Care staff received training and support to ensure they had the necessary skills and knowledge to meet people's needs effectively.

People were supported with their health and dietary needs.

Care staff were aware of the requirements of the Mental Capacity Act 2005.

### Is the service caring?

Good ●

The service was caring.

Care staff were kind and compassionate, they treated people with dignity and respect.

People were involved and their views were respected and acted on.

Equality and diversity were promoted as people were paired with staff who understood their particular needs.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were in place, and they were personalised and staff had a good understanding of the needs of each person they supported.

People knew how to complain and felt that they were able to raise any concerns and they would be listened to.

### Is the service well-led?

Good ●

The service was well-led.

There was a service director and a monitoring officer who worked in the service and a registered manager.

Care staff felt supported by the registered manager whom they described as approachable.

There were systems in place to ensure that the quality of the service people received was assessed and monitored

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## **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 6 January 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and the manager is sometimes out of the office supporting care staff or visiting people who use the service. We needed to be sure that the registered manager of the company would be available to speak with us on the day of our inspection.

The inspection was carried out by one inspector.

During the inspection we went to the provider's head office and spoke with the registered manager, monitoring officer and the director of the company. The registered manager identified the names of people who used the service or their families and a list of staff. We spoke with five people receiving care over the phone.

We also spoke with five care staff. We also contacted the local authority for their view of the service.

We reviewed the care records of seven people who used the service, and looked at the records of staff and other records relating to the management of the service.

# Is the service safe?

## Our findings

People told us they felt safe. One person told us, "I am happy; as I feel well looked after." Relatives said they felt people were safe. One relative told us, "I am comfortable with the care my relative receives."

We saw a policy on safeguarding adults was available so care staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Care staff knew these policies were available to them. They understood the procedures they needed to follow to ensure people receiving care were safe. Care staff described the different ways that people might experience abuse and the correct steps to take if they were concerned that abuse had taken place. They told us they could report allegations of abuse to the local authority safeguarding team and the Commission if management staff had taken no action in response to relevant information.

We looked at files of people receiving care and each contained an individualised risk assessment and management plans. We saw that these plans were signed by people, which suggested the files were completed with people and where appropriate their relatives. The risk assessments identified the risks and the actions required of staff to minimise the risk. The risk assessments covered areas such as finance, medication, environment, moving and handling and infection control. Risks were managed well, and thoughtfully, to take into consideration the least restrictive approaches and interventions. The risk assessments had been evaluated and reviewed to make sure they were current and remained relevant to the individual.

People were protected from the recruitment of unsuitable staff. Recruitment records contained the relevant checks. These checks included a Disclosure and Barring Service (DBS) check, evidence of identity, right to work in the country, and a minimum of two references to ensure that staff were suitable and not barred from working with people who used the service. This helped to ensure people employed were of good character and had been assessed as suitable to work with people.

People were supported by sufficient care staff with the appropriate skills, experience and knowledge to meet their needs. Each person's care records identified the amount of care staff support they needed. Care staff told us they were given enough time to travel to people and spend the agreed amount of time supporting people. A care staff told us, "I am given enough time to travel between 'calls'. The managers give me time to arrive to the next [service user]." The registered manager, monitoring officer and director were also available to cover calls in emergencies. This meant they were available to provide practical help, support and advice to the waking night staff, if necessary. People told us they had enough staff support and visits were never rushed. This showed that sufficient staff were provided to meet people's needs in a safe manner and care staff were deployed safely and appropriately.

Appropriate policies were in place for the safe administration of medicines so staff had access to important information. Where relevant, a medicines risk assessment had been completed to address and minimise any risk. Staff confirmed they had undertaken training on medicines administration. The staff training matrix showed all care workers had been provided with medicines training to make sure they had appropriate skills

and knowledge to keep people safe and maintain their health. Records showed staff completed the required documentation when supporting people with their medicines. One person receiving care told us, "staff support me with my medication as they are well trained."



# Is the service effective?

## Our findings

People who used the service and their relatives told the service was effective at meeting assessed needs. They all thought care staff were competent and well trained. One person told us, "Staff are good at their jobs. They all know what they are doing." In a telephone survey, when people were asked if there were any particular aspects of the service that stood out, one respondent said, 'support from staff'.

People were supported by care staff who had the right skills and knowledge. Care staff were knowledgeable about people's individual needs and preferences and how to meet these. They were provided with core training along with other more specialist training, designed to help them to meet people's individual needs. The records we looked at confirmed care staff had attended training in all core subjects such as manual handling, health and safety, food hygiene, fire safety, dementia and infection control.

The registered manager informed us that care staff induction and training was in line with the new 'Care Certificate' award which replaced the 'Common Induction Standards' in April 2015. The Care Certificate provides an identified set of standards that health and social care workers must adhere to in their daily work. We saw from records that care staff were observed and assessed in practice to ensure they met essential standards of care. The induction lasted three months and included attending training, shadowing experienced staff and reading care plans and policies. New care staff were given feedback on their progress at regular intervals.

Staff told us they felt well supported by the management. The service had a system in place for individual staff supervision. Staff told us and records confirmed they were supported through regular supervision. Appraisals were undertaken annually to assess and monitor staff performance and development needs. This ensured that people were supported by staff who were also supported to carry out their duties.

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 service had written information on the Mental Capacity Act 2005 (MCA) so that care staff had access to important information to uphold people's rights. We checked whether the service was working within the principles of the MCA. Care staff were clear that when people had the mental capacity to make their own decisions this would be respected. They understood their responsibilities in making sure people were supported in accordance with their preferences and wishes. Staff told us and records confirmed they had received training in this subject to help them understand how to protect people's rights.

People were supported to eat and drink sufficient to maintain a balanced diet. The registered manager explained that food preparation was dependent on whether the service user lived with family and if food

and nutrition tasks were part of the support required. Some people required support from other professionals in relation to their dietary needs. Appropriate referrals had been made, for example some people had involvement from a speech and language therapist, as they had swallowing difficulties. Care plans included information in relation to feeding support. Staff confirmed they checked if people had enough food and let the office and family representatives know if supplies were running low. People were supported by staff with their healthcare needs. Staff worked with other healthcare professionals to monitor people's conditions. People receiving care told us staff supported them to make their appointments and if required accompanied them to these appointments.

## Is the service caring?

### Our findings

People who used the service and their relatives told us they were happy with the service and that staff were caring and supportive. One person receiving care told us that, "I am well cared for. Staff are always willing to help me."

Care staff told us how they respected people's privacy. For instance, they ensured doors and curtains were closed when providing personal care. They told us they knocked on people's doors before they could enter their homes. The care plans described how people should be supported so that their privacy and dignity was upheld. People told us care staff respected their privacy and dignity. We read some completed questionnaires and spot check forms where people had responded positively to the quality of care in respect to their privacy and dignity. This showed that care staff had an awareness of the need to respect people's privacy and dignity.

Care plans contained information about people's preferences and identified how they would like their care and support to be delivered. The plans had been recently developed in a person-centred way, so they included people's likes and dislikes; information about individuals' specific needs and records had been reviewed and updated to reflect people's wishes. The registered manager told us the plans were devised through discussions with family members and people using the service. The service supported people to express their views and be actively involved in making decisions about their care and support. The care plans gave a clear picture of people's needs and identified the support that they required. A care staff told us, "We have always followed each person's care plan when providing care." This showed the service was planned and delivered taking into account what people needed and what they wanted.

The service had an up to date policy on equality and diversity. Care staff had received training on equality and diversity, as part of their induction. For example, the assessment form covered people's preferences in terms of language, culture, religion and lifestyle. A section on dietary requirements also indicated a variety of food types, including Afro-Caribbean, and halal. The registered manager told us when required care staff supported people to attend places of worship so that they could practice their faith.

The registered manager said they tried to provide people with the same regular carers so they could get to know their needs and build up trusting relationships. People told us that they had some regular care workers that knew them well. A person receiving care told us, the agency always sent the same staff; but if staff were on sick leave the registered manager told people if a different care staff was coming. Staff confirmed they had a regular schedule, which meant they could get to know the people they supported; their preferences and needs so that these could be met. The registered manager told us this was important to ensure continuity of care. Care staff told us if there was a change of carer for any reason people were notified in advance about that.

## Is the service responsive?

### Our findings

People receiving care told us the support that was provided by the service matched their needs. They felt their individual preferences were known to staff. They told us they were encouraged to make independent decisions in relation to their care. People received visits from members of the management, and they told us during these visits their needs were assessed to inform their support plans. Relatives also confirmed they had been involved in writing support plans and felt their opinions were well considered. A compliment from a person receiving care read, "The carers have been marvellous. Your whole team have been so responsive whenever I have needed you. I am pleased with the service provided by each and every one of you." This was backed by a relative of another person receiving care, who told us; "I can rely on the care provided. I cannot fault anything."

The provider had taken on board recommendations from a Local Authority to ensure they provided person centred care. As a result, rather than relying heavily on the assessments that the commissioning local authority had sent following their acceptance of the care referral, the service had commenced to undertake individual assessments to ensure care was person centred. The care plans contained a range of information that covered all aspects of the support people needed, including the person's interests, hobbies, likes and dislikes so that support could be tailored to these needs. There were details of the actions required of staff to make sure people's needs were met. The care plans had been signed by the person receiving support or their relative to evidence they had been involved and agreed to the plan.

The service sought feedback from people who used the service by conducting surveys. The survey included questions about the care people received, whether care staff were on time, and whether they stayed for the allocated times. We saw that findings from the surveys were always reviewed and used to implement changes within the service to improve the support provided to others.

There was a clear complaints procedure in place and we saw a copy of the written complaints procedure was provided to people in the service user guide. The procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. People using the service and their relatives told us they were aware of the complaints procedure or who to contact in the office if they had concerns. They told us they could raise any concerns and felt confident these would be addressed. One person receiving care told us, "I am aware of the complaints procedure and I can always contact the manager as well. Though, I have never needed to complain." Where complaints had been made we found they were investigated and dealt with appropriately and within the timescales stated in the complaints procedure. This showed that people were provided with important information to promote their rights and choices.

People and their relatives told us that the service was responsive to people's changing needs. For example, we saw a few examples of when the service changed the time for visits in order to accommodate people's specific schedules, including hospital appointments or visits to a place of worship.

# Is the service well-led?

## Our findings

People using the service told us they felt the service was well managed and the management team were open and approachable. Equally, staff also described the management team in complimentary terms, such as 'reliable', 'caring' and 'supportive'. A care staff told us, "My manager is very supportive. I had a challenging situation during a 'call' and I phoned my manager who came to my assistance immediately."

The management team monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. In the completed questionnaires, when asked how they would rate the quality of the service, people rated the service as, 'very good'. The management team also carried out spot checks to observe care staff. Spot checks included observing the standard of care provided and obtaining their feedback from people receiving care.

Where there were concerns about the performance of care workers, this had been addressed using the provider's policies

There was a clear staffing structure including a registered manager who had been in post since the service commenced 2014. The registered manager was supported by a director and a reviewing and monitoring officer. Staff were fully aware of the roles and responsibilities of managers and the lines of accountability. People receiving care knew who to contact at the agency if they needed to. From our meeting with the registered manager it was clear she had a good overview of the service. She worked closely with the director, monitoring officer and care staff to ensure people received the care and support they needed and wished for. The service had a 24 hour on-call system which meant there was always a senior member of staff available to talk to if required.

The service had a clear vision and a set of values that included compassion, dignity, independence, respect, and equality and safety. These were understood and consistently put into practice. The service had a positive culture that was person-centred, open, inclusive and empowering. The registered manager ensured that values were followed in delivering care and support to people. The service undertook 'on-site supervision', where the competence of staff was monitored, whilst they were on duty. Among a list of tasks that the service monitored was how staff embraced the organisation's values.

There were arrangements in place to enable people who used the service and staff to affect the way the service was delivered. Staff told us they were encouraged to consider ways they could provide people with better standards of care and support. The service had regular staff meetings. Staff were able to contribute to the service development and improvement by sharing their ideas. A care staff told us, "I suggested an improvement in the way our timesheets were managed and this was taken on board".

We also noted from supervision records that staff were encouraged to make suggestions or raise any concerns, if they were encountering any difficulties. Questions covered in supervisions included, 'Are there any issues outstanding from previous supervision; 'do you have any other skills that could be relevant to the company that you may want to offer and 'are you happy with the current workload'. In such cases, the registered manager worked with them to find solutions.

Staff had received regular supervision from senior staff which included a 'spot check' where the registered manager observed them providing care to people and assessed areas such as their punctuality, the quality of logs, medicines and how they worked with the person. Where there were concerns about the performance of care workers, this had been addressed using the provider's policies which included supervision and the disciplinary procedure.

Staff recorded incidents and accidents when they occurred. We saw records were kept of accidents and incidents. The registered manager regularly analysed records of incidents which took place to review any patterns of incidents. The registered manager told us they discussed any incident and accidents during staff meetings so that the service could improve practice and implement any lessons learnt from the outcome of any investigations. This meant that effective control measures were in place to reduce risks to people and the likelihood of incidents reoccurring.

The registered manager completed regular audits of the service. These reviews included assessments of care plans, complaints, training, risk assessments and daily notes. The audits were used to address any shortfalls and plan improvements to the service. The local authority also conducted audits to make sure people received care that met their needs. An audit that the Local Authority carried out in October 2015 identified some shortfalls, including lack of consistency of risk assessments, and person centred care. In the follow-up visit by the Local Authority in January 2016, the service had made improvements in all the areas that had been identified. At this inspection we saw that the provider had taken action to address these gaps.