

Peace of Mind Home Support Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Peace of Mind Home Support is a domiciliary care service providing personal care to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection the service was supporting a total of 43 people who received support with personal care.

People's experience of using this service and what we found

People told us they felt safe with all the staff who supported them. They continued to receive care from a consistent staff team. There were enough staff to meet the needs of people.

There were procedures in place to help ensure only suitable staff were employed. However, we found essential pre-employment checks had not always been completed in line with the provider's policy. We recommended the provider thoroughly reviews its recruitment processes to ensure they are compliant with legislation and best practice.

We found where people were at risk of falls guidance had not been provided to guide staff with action they should take to reduce the risk of harm. We recommended the provider implement a system to ensure staff have recorded guidance in how to support people with equipment provided to mobilise people safely.

People told us staff supported them to receive their medicines as prescribed. Not all care plans described the level of support people needed with the administration of their medicines. In response to our feedback the provider assured us a review of care plans would be carried out and this would be rectified immediately.

Staff had completed safeguarding training and understood their responsibilities to report any concerns to protect people from harm and abuse. There was a system for staff to report and record accidents and incidents.

We recommended care planning include an assessment of people's oral healthcare to ensure their health and wellbeing needs are met.

People told us staff were kind and caring and treated them with respect and dignity. People's independence was promoted and encouraged by staff.

People knew how to raise a complaint and felt confident any concerns would be addressed. People were encouraged to express their views on the service they received and to support continuous improvement.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported

this practice.

The provider had systems in place to monitor and provide good care and these were reviewed on a regular basis.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last The last rating for this service was Good (published 22 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Peace of Mind Home Support Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one Inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on the 22 January 2020 and ended on 23 January 2020. We visited the office location on the 22 January 2020 and visited two people in their homes. On the 23 January 2020 we spoke with people and their relatives on the telephone.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

What we did before inspection

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

During the inspection

We spoke with four people who used the service and three relatives about their experience of the care provided. We spoke with seven members of staff including the provider (who was also the nominated individual), a director, the registered manager, duty manager and care staff.

We reviewed a range of records. This included four people's care and medicine records. We looked at three staff files in relation to recruitment and staff supervision. We also reviewed a variety of records relating to the quality and safety management monitoring of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- There were procedures in place to help ensure only suitable staff were employed. However, we found essential pre-employment checks had not always been completed in line with the provider's policy.
- The provider required safety checks such as Disclosure and Barring Service (DBS) checks to be carried out prior to staff starting work at the service. These criminal records checks help employers make safe recruitment decisions. We found two of the three staff recruitment files we reviewed showed these staff had started working providing care to people a few days before the provider had received DBS clearance to evidence staff were safe to work with people alone. Once the clearances had arrived they did evidence that staff were safe to work with vulnerable people.
- Full employment histories were not all available for all staff recruited, which meant the provider may not have been aware of any issues that might have impacted their suitability for employment.

We recommend that the provider thoroughly reviews its recruitment processes to ensure they are sufficiently robust to provide assurance that staff are safe to work with vulnerable adults.

- People told us their care visits were generally on time with some calls running late. Staffing levels were based on people's needs and the number and length of visits required to support them.
- People told us, "The staff stay for as long as I need them. I have had to call the office when they haven't arrived when I expected them but there is the problem with traffic in the area." And, "They have only missed me once and I had to call the office but otherwise they always come. I don't always know who is coming, they have only recently started sending me a list each week, so I can know the names and who to expect." A relative told us, "They have not ever missed a call, sometimes they run late but that's because they have been held up with the last visit where someone may have needed more time."
- Travelling time was built in between each visit to help ensure staff arrived on time. One member of staff told us, "We have enough time in between each visit but we don't get paid for the travel time." Another said, "If we think we don't have enough time to spend with people, we let the office know and they sort it out. People do deteriorate and sometimes need more care than before, but the staff in the office help us with this."

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe receiving the service from all of the staff who supported them. One person told us, "They [care staff] are wonderful, you couldn't get better. We have a laugh and I look forward to

seeing them." Another said, "They [care staff] are very good. I would not be worried for any of them to care for me."

- Staff had received training in safeguarding people from the risk of abuse and poor care. Staff knew how to recognise, report and escalate any concerns to protect people from harm. They were confident the management team would take seriously any concerns they raised.

Assessing risk, safety monitoring and management;

- People's risk assessments contained basic information and guidance to support people and staff to reduce the risk of harm occurring. For example, in relation to infection control and food hygiene. However, we found where people were at risk of falls guidance had not been provided to guide staff with action they should take to reduce the risk of harm.

- Where needed, the service sought advice and guidance from occupational therapists who provided staff with mobilising equipment. Whilst staff were able to tell us how they mobilised people safely with equipment in place there were no risks assessments in place with moving and handling plans to guide staff in how to use the equipment and move people safely.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. We recommend the provider implement a system to ensure staff have recorded guidance in how to support people with equipment to mobilise people safely.

Using medicines safely

- People told us staff supported them to receive their medicines as prescribed.
- Staff were trained in the safe management of medicines and said their competency to administer medicines was regularly assessed.
- Information within some care plans did not always provide guidance as to the level of support people needed with administration of their medicines, the reasons they were prescribed and how they liked to take them. We discussed this with the provider who assured us a review of care plans would be carried out and this would be rectified immediately.

Preventing and controlling infection

- Staff were provided with training in infection control and there were effective processes in place to reduce the spread of infection.
- Staff told us they had access to disposable protective equipment, such as gloves and aprons.

Learning lessons when things go wrong

- We saw there were good communication systems in place to share information and keep management up to date with any accident, incidents or untoward events in people's homes.
- Learning from incidents were discussed at meetings and shared with staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments to ensure people's needs could be met had been carried out prior to the start of care.
- Care had been taken to find out as much as possible about the person, their family and life history. This provided guidance for staff in getting to know the whole person and not just the tasks needed.

Staff support: induction, training, skills and experience

- Staff said they received regular supervision and annual appraisal from the management team including spot checks to assess their performance. Records reviewed confirmed this.
- There was a system to provide staff with induction and shadow shifts before they started working alone.
- Staff said they felt supported by the management team. Comments included, "They are all lovely. I have had some personal problems and they have been very understanding and supportive." And, "They are always available when you need them. Staff have left to go to other agencies but come back because they realise what a good company this is to work for."
- Staff told us they had received a range of training provided by one of the agency directors. This included practical moving and handling, safeguarding and first aid. The director showed us certificated evidence of their accreditation and competency to train others. Other training was provided by watching videos in relation to fire safety and dementia.
- The management team completed spot checks on staff as an opportunity to review their practice and to give them support.

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

- People told us they were happy with the arrangements in place where care support included the preparation of meals.
- Staff confirmed they had received training in food safety and were aware of safe food handling practices.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other agencies, for example they liaised with district nurses, occupational therapist and social workers to ensure people had all the equipment and support they needed to receive care at home.
- There was limited information to evidence people's oral health care had not been assessed, with information provided in care plans to guide staff in meeting people's needs.

We recommend care planning include an assessment of people's oral healthcare to ensure their health and wellbeing needs are met.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- Care plans showed a lack of mental capacity assessments to ascertain whether the person had capacity to make decisions related to their care. We discussed this with the management team who provided us with evidence where this was a work in progress with care plans being reviewed to rectify this.
- People told us consent was sought for all care support. One person said, "They always tell me what they are going to be doing. They ask my permission before they do anything for me and if I need anything else before they leave."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were consistently supported by the same care staff so they got to know them well and developed good relationships with them.
- People continued to receive care from staff who knew them well. One person told us, "They are all very good. I look forward to seeing them, they cheer me up when they visit."
- A relative told us, "We are satisfied with the service they provide. I have no concerns about the staff, they appear to talk nicely to [person's relative] and are all kind."
- Staff did not always have the information within care plans as to any assessment of people's equality and diversity needs, such as religious beliefs if any, and their personal relationships with details of their circle of support. The provider told us this would be attended to immediately.

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

- People told us staff listened to them as to how they wanted their care provided and this was regularly reviewed.
- People were provided with a service user guide including information in how to raise concerns and complaints.
- Where people had limited communication skills, their families or representatives were also involved in decision making and any review of their care.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people's independence to enable them to stay living in their own homes. One person told us, "The staff help me, so I can stay living in my own home, this is where I want to be. They have helped me get my confidence back."
- Everyone we spoke with told us they were treated with dignity and staff were always respectful. One person said, "I would say they are respectful. They [staff] are okay people, never disrespectful."
- The management team told us how they ensured as much as they were able, call times and visits were led by people, when they wanted them and how they wanted their care provided.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they received personalised care from staff who knew them well. One person told us, "The girls are all lovely. They know just what needs doing and how I like them to do it."
- Staff confirmed they were informed about people's care and support needs prior to their first visit. They also said care plans were available to provide staff with the guidance they needed to meet people's needs and keep them safe.
- People told us they had access to their care plans, what was recorded was accurate and they were happy with the content.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People confirmed staff took their time to speak with them and gave them time to respond to their questions, queries or concerns.
- All staff we spoke with demonstrated disability would not be a barrier to people living a good quality of life.
- Care plans contained information about people's communication needs.

Improving care quality in response to complaints or concerns

- People knew how to complain and had confidence they would be listened to. One told us, "If I was unhappy about anything I would ring the office without hesitation." A relative said, "I have complained about one of the staff and said I did not want them back again. The manager made sure they didn't come back."
- Systems were in place to deal with any concerns or complaints. However, the system in place did not always evidence what response there had been to all complaints and the outcome with any actions.

End of life care and support

- At the time of the inspection the service was not supporting anyone with end of life care.
- The provider told us if a person required end of life care they would do this with support from external health professionals, such as specialist nurses.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and staff continued to put people at the centre of the service. They planned care to ensure people's choices were considered and incorporated into care.
- There was an honest and open culture. When things had gone wrong the registered manager had responded appropriately in their response to people and their relatives. There was evident learning from complaints to drive improvement.
- People were complimentary about the management of the service. One person told us, "They pop in and see you every now and then and ask if everything is alright."
- Relatives were also complimentary regarding the management team and the flexibility of the service. They told us the management team were approachable and easy to access. One relative told us, "You can always speak to one of them in the office. Generally, things do get sorted to your satisfaction."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Throughout the inspection, the management team demonstrated an open and transparent approach to their roles.
- The registered manager understood the duty of candour and their duty to be open and honest about any incident which caused or placed people at risk of harm.
- The registered manager understood the need to respond to safeguarding incidents and submit statutory notifications to CQC about people who used the service, or events that affected the operation of the service. A statutory notification is information about important events which the service is required to send us by law.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had oversight of the service, on a day to day basis. This included systems in place to monitor the quality of care and performance of staff.
- Staff were clear about their roles and told us they were well supported by the management team. One member of staff said, "They [management team] are all very good. We are communicated with well and

there is always someone on call if we need them." Staff told us they had regular staff meetings and supervision sessions which they found to be supportive and team building.

- The management team had a number of ways of engaging with people who used the service. There were regular reviews of care packages and surveys to gain feedback on the quality of care people received.

Continuous learning and improving care; Working in partnership with others

- The registered manager provided learning opportunities for staff and supported them to develop their knowledge and skills.

- There were governance systems in place to monitor the effectiveness of the service.

- The management team worked in partnership with other healthcare professionals such as social workers and community nurses in meeting people's needs.