

Peace of Mind Homecare Ltd

Peace of Mind Homecare Services

Inspection report

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Date of inspection visit:
26 October 2016

Date of publication:
10 January 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

This inspection took place on 26 October 2016 and was announced.

Peace of Mind Homecare Services provides a domiciliary care service. It is registered to provide personal care to people living in their own homes. The service provided personal care to 96 people on the day of our inspection.

Two registered managers were in post and were present during our inspection. 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.

People felt safe with the care and support they received from staff. Staff were supported to and understood how to take appropriate action to ensure people were protected from any harm or abuse. Risks to people were assessed and plans were in place which staff followed to make sure people were kept safe within their own homes.

People were supported by staff who had been checked to make sure they were suitable to work in their homes. Employment and criminal records checks were carried out on all staff before they started work at the service. Staffing levels were kept under review and people saw the same staff regularly which helped to make sure they had consistency of care.

Staff had the skills and knowledge to understand and support people's individual needs. These skills were kept up to date through regular training. Staff were supported by their line managers and colleagues and could get help and support if they needed it.

People were happy with the standard of personal care and support they received from the service. People felt staff were caring, kind and considerate towards them. They felt listened to by staff and felt they were involved in what happened with their own care and support.

People's right to privacy and to be treated with dignity was maintained by staff, particularly when receiving personal care. People were supported to do as much as they could and wanted to do for themselves to keep them independent in their own homes.

Staff asked people's permission before they helped them with any care or support. People's right to make their own decisions about their own care and treatment were supported by staff.

Staff regularly discussed people's needs to identify if the level of support they required had changed and their care plans were updated accordingly. People's care was individual to them and their needs and took

into account their preferences and views.

People were encouraged to give their opinions on the care they received. They were confident to raise any concerns or complaints with staff and management and that these would be addressed. The provider responded to complaints in accordance with their own complaints procedures.

The provider and registered managers had created a positive culture which benefitted both people and staff. Staff understood their roles and the values of the service and worked to provide the best care they could to people. Systems were in place which enabled the provider to monitor the quality of service provided. Resources were made available to help drive continuous 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 supported by sufficient numbers of staff who were trained to recognise and protect people from harm and abuse. Where risks to people's safety were identified plans were in place and followed to help reduce these risks.

Is the service effective?

Good ●

The service was effective.

Staff had received training to give them the skills and knowledge to meet people's needs effectively. Staff respected people's right to make their own decisions and supported them to do so. Where required, people were supported to eat and drink enough and access healthcare from other professionals.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect and felt involved in their own care. They had positive relationships with the staff that supported them because they saw them regularly. Staff respected people's privacy and dignity when they supported them.

Is the service responsive?

Good ●

The service was responsive.

People's care was kept under review to ensure it met their individual needs. Staff were responsive to any changes in people's health and wellbeing and took appropriate action when changes were identified. People and relatives were encouraged to give feedback about the care they received.

Is the service well-led?

Good ●

The service was well-led.

A positive culture had been created within the service where staff worked for the benefit of the people they supported. The quality of the service provided was consistently monitored and resources made available to help drive improvement.

Peace of Mind Homecare Services

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 26 October 2016 and was announced. The provider was given notice because the location provides a domiciliary care service and we needed to be sure that someone would be at the office.

The inspection team consisted of one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider had completed a Provider Information Return (PIR) in June 2016. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before our inspection we reviewed information held about the service. We looked at our own system to see if we had received any concerns or compliments about the service. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We contacted representatives from the local authority for their views about the service. We used this information to help us plan our inspection of the service.

During the inspection we spoke with seven people and three relatives. We spoke with 10 staff which included care staff, co-ordinators, registered managers and director. We also spoke with four staff who were completing training prior to commencing work with the service. We viewed three records which related to

consent, people's medicines, assessment of risk and people's needs. We also viewed records which related to the management of the service.

Is the service safe?

Our findings

People and their relatives told us they felt safe with the care staff that came to their house. They felt safe because they had confidence staff would notice if anything was wrong and that they knew what they were doing when they supported people. One person said, "Their [staff] attitude makes me feel safe; you can trust them all. I've never had anybody visit that I can't trust. They always call out when they come in after using the key safe so that I don't get frightened and one always knocks on the door first." People spoke about staff knowing what to do to help them feel safe and understanding their routines. One person spoke about how staff gently tapped their door after they had locked it to let them know it was locked. They told us this gave them reassurance they were safe. Another person told us they felt safe because staff knew how to access their property and how to leave it secure when they left.

Staff we spoke with told us how they kept people safe and protected them from avoidable harm and abuse. They were aware how people could be abused or discriminated against and were clear on the action they needed to take if they suspected this. One staff member said, "Staff could abuse [people] by rough handling, losing patience and just not treating someone right." Staff had been trained to understand and use appropriate safeguarding procedures and knew the importance of sharing any concerns they may have with their line manager. The registered managers had recently notified us of a safeguarding concern which had been reported to them by a staff member. We saw actions had been taken to safeguard the person and the concerns were referred to the local authority for investigation.

People were protected by staff from the risks associated with their care and their environment. Risks to people's safety had been considered and assessed. We saw that where risk was identified there were plans in place which detailed how staff were to help reduce those risks. One staff member spoke about supporting people with their mobility and the equipment they used. The risk assessments identified the risk and the person's care plan informed staff how to move this person safely with the equipment. They also told us that they received training prior to using any equipment in a person's house "to make sure the person feels safe". Another staff member said, "We have to be aware of anything that could be unsafe; security, trip hazards, equipment, people's mobility. The risk assessments tell us how to work with people. We must also check equipment before we use it." Environmental risks had been assessed at each person's home and staff were given information on where to turn off utilities if needed. An evacuation route had also been identified in the event of a fire at the property. The care co-ordinator said, "We look at the environment staff will be working in and make sure it is safe for them as well as clients."

People were supported safely and their needs met by sufficient numbers of staff. People told us the care staff were on time and were only late when they had been held up on previous care calls or by traffic. All agreed that the care staff would generally let them know if there was a slight delay. One person said, "They are generally on time and usually let me know if they are going to be late. They have never not turned up at all." People told us that the office staff would let them know if there was going to be a longer delay. People received a written rota in advance which informed them which care staff would complete their care call. One person told us this helped to reassure them as they always knew who to expect.

Staff worked in local areas so they supported the same people on a regular basis. One of the registered managers told us that along with the care co-ordinator they worked to ensure there were always sufficient staff to meet people's needs. They said, ""We don't take on new clients unless we have the staff."

We spoke with 4 care staff that were attending training and were waiting to commence work at the service. They all told us they were not allowed to start supporting people until their disclosure and barring service (DBS) checks had been completed. A DBS check is a legal requirement and is a criminal records check on a potential employee's background. All confirmed that the provider had checked their previous employment history, their identity and obtained work and character references about them. These checks help to ensure that potential new staff were suitable and safe to work with people in their own homes.

Not everyone we spoke with needed support with their medicines. People that were supported told us they had no problems with the help staff gave them. One person said, "They [staff] give me my tablets from my dosset box and always write down when they have given me them." Only staff who had received training administered medicine. Staff confirmed they had received training and had been assessed as competent to support people with their medicines. The medicines co-ordinator had responsibility for overseeing the safe management of medicine and was supported by the registered managers. Their role included observations of staff practice to ensure staff remained competent and confident to support people safely. They also monitored people's medicine administration records to ensure these had been completed correctly by staff. Where discrepancies were found these were addressed with the staff member concerned and followed up to make sure these did not happen again.

Is the service effective?

Our findings

People told us they felt staff had the skills and knowledge to support their individual needs. They were pleased with the level of support they received and felt care staff understood the support they needed. People spoke about their "regular carers" and feeling they were well matched with the care staff they saw most often. They told us that any new staff were always introduced to them. One person said, "I do think they train the new carers. There was a new carer recently and they came out with one of the more experienced carers to learn what I need."

Staff spoke positively about the level of training they received and felt it equipped them to meet people's needs effectively. They supported people who had mobility problems, mental health issues, dementia and sensory impairment. Some staff supported people with their end of life care. All staff agreed they did not work with anyone before understanding how to support them. One staff member said, "If we're not trained how can we do our job properly?" Staff confirmed they received regular one to one time with their line manager. Staff considered this important and gave them an opportunity to raise concerns, request and discuss training they wanted and get feedback on their practice.

New staff received effective support and training. We spoke with one staff member about the training and support they had received when they first started work at Peace of Mind Homecare Services. They told us they had worked alongside more experienced staff and met some of the people they would be supporting. This had given them confidence and an opportunity to put their training into practice. They told us they felt the training gave them the skills and understanding they needed to support people's care needs. We also spoke with four care staff who were completing training prior to supporting people in their own home. They told us as part of their training they had experienced what it was like to be moved with mobility equipment. They all agreed it was important to experience this to understand how people would feel.

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 told us that staff always asked their permission before supporting them. One person said, "They always check that I'm happy for them to help me before they start. In the book [daily records] they will then write 'verbal consent obtained'." Another person said, "They [staff] always check I feel up to it before helping me." Staff and the registered manager told us that people were able to give their consent and make their own decisions about their day to day care. Staff told us they had received training in the MCA. They understood how to support people to make their own decisions where capacity or communication could be a barrier. Where staff had concerns about people's ability to make their own decisions they told us they would speak with their line manager who would liaise with the person's social worker if this was needed. This would help to ensure that people's rights were upheld.

People we spoke with had varying amounts of support with eating and drinking. Where required they were supported to maintain a balanced diet and to have enough to eat and drink each day. People confirmed

that staff always gave them a choice which was dependent on what food the person had. They also made sure people had drinks before they left. One person said, "They always give me choice. They ask me at breakfast what I want for my meal later or for the next day's meal." One staff member told us, "We always ask them what they like and it's important we make sure they eat regularly."

People were supported to access healthcare services as they needed them. One person said, "They [staff] have been very good. I've been unwell and they have got me an ambulance and I've had to go to hospital." People told us that staff supported them to make healthcare appointments or made them on their behalf. We saw that the service worked with local healthcare professionals such as doctors and district nurses to ensure people received and had access to the required services.

Is the service caring?

Our findings

People spoke positively about the care and support they received. They told us they were supported by staff in a way that was caring, friendly and kind. One person said, "It's not words it's a feeling that they [staff] really care. If I'm having a bad day and don't want to get up they will gently encourage me to just try sitting out in a chair. I know it's the best for me and they always do it with such kindness, gentleness and thinking of me." One relative told us how staff were always polite and always introduced themselves to them and their family member. They told us, "They [staff] always ask how my family member feels before they help them. They wash [person's name] very thoroughly and are so gently with them. They talk really kindly to both of us and they always treat us with respect."

People were cared for by staff they were familiar with and had opportunity to build positive relationships with. People spoke about the care staff as being "friends" and they liked that they were supported by the same staff. One person told us they always had a "chat and a laugh" with the staff that cared for them and felt relaxed enough to share photographs with them. They also praised staff for sometimes "coping with my grandchildren and dog". They said, "I can't praise the staff enough." Relatives spoke about the support and reassurance that staff gave to them. Some relatives we spoke with were the person's main carer. One relative told us their family member had regular care staff. They said, "I really trust the carers looking after my relative. Especially now we have a regular carer who is so good." One staff member told us that because they cared for the same people they felt people gained confidence in them. They said, "We develop routines [with people] because we see them often and we get to know them." All staff told us they always asked people how they wanted things done. One staff member said, "Everyone likes things done differently and we have to respect their views."

People felt involved in their own care and felt that staff listened to their views on how they wanted their care delivered. One person said, "Our carer is great, they really listen to me. They'll reassure me and let me know they are there and will be back tomorrow." Prior to receiving care people were visited to discuss their care needs. We saw that people were encouraged to identify what they wanted to achieve such as remaining independent in their own homes or to be supported to remain comfortable. People told us that staff supported them to achieve what they wanted to. One person remembered the care co-ordinator coming to visit them shortly after their family member came out of hospital. They told us they discussed and created the plan of care which was based on their family member's wishes. The care co-ordinator told us people would have their family present if they wished and they would discuss what support they wanted and how they wanted this done. They said, "We tell them [people] that we are not here to take over, we are here to help them when they need it."

People's privacy and dignity were respected by staff. One person said, "They [staff] always respect my privacy and if someone is visiting me they make sure the door is closed and quietly get on with their job." People and relatives all agreed that if staff supported them with personal care this was done discreetly and staff were considerate to people's privacy. One person told us that staff were always supportive when they wanted to try and do things for themselves. They told us that staff would be present but did not "take over" and this gave them the confidence they needed.

People told us they were happy their confidentiality was respected and that staff kept their information secure. One person said, "They [staff] never talk about other clients when they are with me. I know one or two other people they visit and I might ask how that person is. All they ever say is they are ok, they don't say anything else."

Is the service responsive?

Our findings

People received the care they wanted and that was responsive to their individual needs. Staff supported people in accordance with their preferences which included the choice, with regard to gender, of who provided their personal care. People also spoke about the flexibility of the service with regards to changing the content, timing and number of care calls they wanted. One person said, "They are very good if I want to change the time of a visit because I have another appointment." They told us staff understood their care needs and adapted to what they wanted and needed at each care call. One person spoke about staff "doing more than they need to". They said, "If I want something from the shop they'll run down there for me or if I need something moving in the house they will do that too if they can. They are always very pleasant and never talk down to me, they always involve me." Another person told us that if they wanted something doing that wasn't agreed in their care plan the care staff would ask their line managers to see if it could be added.

Where people's care needs changed we saw that this was identified by staff and appropriate action was taken. We saw staff had been responsive when they had concerns about one person's mobility and wellbeing which was deteriorating. This had an impact on the person's independence within their own home. Due to the care staff's ability to recognise and respond the change in this person's care needs the service was able to work with the local authority to secure the support the person needed. One staff member told us that because they supported the same people they got to know them very well. They said, "This means that when I see them I know if there are any changes."

People told us that staff discussed their care and health needs on a regular basis with them. This was to ensure the service continued to meet their care needs. One person said, "They have done a review and included my wishes as far as possible." One relative told us their family member's care plan was updated regularly and that they always felt included in the care review. The care co-ordinator told us that people's care plans were reviewed yearly as a minimum. However, if people's needs changed then these would be reviewed and updated as needed. Care staff told us they were always kept informed about any changes in people's needs, updates to care plans or any concerns that had been reported by other staff. They felt it was important they had the most up to date information on the people they cared for. This was because it enabled them to monitor and appropriately respond to any changes in people's health and wellbeing.

People told us that the provider was quick to respond to any feedback they gave them about their experiences of the care they received. One person told us about a particular issue that they had experienced with care staff. They were happy with the outcome and felt the provider had listened to them and taken action quickly. Another person told us, "If there have been any issues I phone the office and we can talk through them." People told us they were asked to give feedback about their care through questionnaires. One person said, "They send an annual questionnaire and they do seem to listen to me when I have a difficulty." They also told us they had opportunities to speak with staff regularly face to face and on the telephone. The care co-ordinator told us that people were spoken with by telephone at least six weekly to ensure they were happy with the care they were receiving. They told us this was an opportunity to encourage people to share their experiences whether they were positive or negative.

People and their relatives were aware of how to complain about the service they received if they needed to. People were aware they had a copy of the provider's complaint procedure available to them in their care folder. Everyone we spoke with told us they would feel comfortable to speak with their care staff or telephone the office staff if they had any issues or complaints. Staff told us they would always support people with any concerns they had. One staff member said, "We have to look after them [people] and make sure they have everything they need. We report any issues [to line managers] and put them right before it's a problem." We saw records were kept of all complaints and the outcomes were recorded once they had been investigated. All complaints were responded to as per the provider's complaints policy.

Is the service well-led?

Our findings

People and relatives we spoke with all told us they valued the care and support they received from the service. One person said, "I think this agency is the best in Shropshire and I have heard other people say that too. I think it is a very well organised company." Another person said, "I consider that I am pretty lucky with this agency. I really trust them." Some relatives we spoke with told us they were the person's main carer and they also felt supported by the service. One relative said, "They have said that if I want an hour or two to go out they will arrange for someone to sit with [person's name]."

We saw the registered managers and the provider promoted a positive and an inclusive culture for people and staff. Staff told us the values of the service were instilled at any training they did and also at their induction when they first started working at the service. All staff told us they worked to provide good care and a good service to people.

Staff told us line managers were approachable, always available and they felt supported in their roles. One staff member told us they worked evenings and they felt reassured that they knew they could talk with their line manager when they needed to. Staff told us there was always a manager available if they went to the office. One staff member said, "The [registered] managers are 100% supportive. They always want to know if I'm happy and if I'm ok." Staff knew how to whistleblow and told us they would not hesitate to report any poor practice they saw. They had confidence that managers would take action straight away. One of the registered managers told us the provider invested in staff training and made resources available for continuous improvement within the service. One of the directors told us their biggest investment was staff and they were always keen to invest in staff in order to help the service grow.

Peace of Mind Homecare Services is family owned. The directors of the company are all family members and collectively are referred to as the provider. The provider was actively involved in how the service was run and attended weekly meetings with the registered managers. They also had access to the computer system where they could monitor service activity which included areas such as complaints or accidents and incidents. One of the registered managers said, "They always ask if they can do anything to improve the company. They are involved and want the company to grow." One of the directors told us, "Even after all these years I'm still excited about the company and what we do. Every day is completely different."

The provider had systems in place for assessing and monitoring the quality of service provided. The registered manager and senior staff completed regular quality checks on areas such as care records, the management of medicines and health and safety. Accidents and incidents were monitored and analysed for any emerging trends. One of the registered managers told us these were completed in order to identify actions and improvements that may be needed. Staff practice was monitored and observations completed in people's homes. One of the registered managers told us they had completed one recently as a result of a concern that had been raised. They told us these observations were important because it helped them to maintain oversight of the care provided. The provider also had sight of all feedback from people and relatives. One of the directors said, "Because we jump on the back of concerns quickly we don't tend to get larger concerns. I know my staff do not let problems go on and develop into something bigger." This was

confirmed by the registered managers, one of whom said, "We now have a team who works together to give the best service they can. Any issues are reported straight away"

There were two registered managers in post who shared and understood their regulatory responsibilities. Where required statutory notifications have been sent to us to keep us informed of specific events that have happened at the service. The registered persons are required by law to submit these statutory notifications. These ensure that we are aware of important events and play a key role in our on-going monitoring of services.