

Peace of Mind Home Care Solutions Ltd

Peace of Mind Home Care Solutions

Inspection report

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

Tel: 08000488686

Website: www.peaceofmindhomecaresolutions.co.uk

Date of inspection visit:
06 February 2019

Date of publication:
21 March 2019

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?	Requires Improvement ●

Summary of findings

Overall summary

We undertook an announced inspection of Peace of Mind Home Care Solutions on 6 February 2019. Peace of Mind Home Care Solutions is a domiciliary care agency registered to provide personal care to people in their own homes. The service provides support to people of all ages and different abilities. At the time of inspection, the service provided care to 33 people who received personal care. CQC only inspect the service received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was 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.

Our previous inspection of the service on 5 January 2018 found two breaches of regulation in respect of staff support and quality assurance and we also made a recommendation in respect of medicines management. We previously rated the service as "requires improvement". Following the inspection, the service sent us an action plan detailing the action they would take to make improvements.

During this inspection 6 February 2019, we found the service had made improvements in respect of medicines management, supervision sessions and appraisals. The service had introduced quality checks and audits. However, we found that some of these did not always identify issues for example; Medication Administration Records (MARs).

People and relatives spoke positively about care workers and the service. They told us they were satisfied with the level of care provided and how the service operated. People told us they were treated with respect and dignity. Relatives told us they were confident that people were safe in the presence of care workers and were well looked after.

Our previous inspection found that MARs were not completed fully with details of medicines administered and we made a recommendation in respect of this. During this inspection on 6 February 2019, we found the service had introduced new format MARs which included details of the medicines included in the blister pack. These new format MARs clearly detailed the name of the person, their address, the name and dose of the medicines prescribed and allergies.

Care workers received medicines training and policies and procedures were in place. We looked at a sample of Medication Administration Records (MARs) and found that the majority of these were completed fully to indicate that medicines had been administered as prescribed.

Risk assessments were in place and were personalised and included information specific to each person and their needs.

People and relatives told us there were no issues with regards to care worker's punctuality and attendance. They told us care workers were mostly on time and if they were running late, the office contacted them to inform them of the delay. They also told us people experienced consistency in the level of care they received and received care from regular care workers. At the time of the previous inspection in January 2018, the service did not have an electronic system for monitoring care worker's timekeeping and duration of their visit. During this inspection in February 2019, the service had an electronic system in place which flagged up if a care worker had not logged a call to indicate they had arrived at the person's home or that they were running late.

Systems and processes were in place to help protect people from the risk of harm and care workers demonstrated that they were aware of these. Care workers had received training in safeguarding adults and knew how to recognise and report any concerns or allegations of abuse.

We looked at the recruitment records and found background checks for safer recruitment had been carried out to ensure staff were suitable to care for people.

Our previous inspection found staff were not consistently supported to fulfil their roles and responsibilities through supervisions and appraisals and we found a breach of regulation in respect of this. During this inspection in February 2019, we found the service had taken appropriate action to make improvements to address the breach of regulation. The service had implemented a system to ensure staff received supervisions, spot checks and appraisals and we saw that these were carried out regularly.

People and relatives told us they were confident that care workers had the necessary knowledge and skills they needed to carry out their roles and responsibilities. Care workers spoke positively about their experiences working for the service. They told us that they received continuous support from management and morale amongst staff was good. Spot checks were in place to assess care worker's competency.

Care support plans were person centred and individualised. They addressed areas such as people's personal care, what tasks needed to be done each day, time of visits, people's needs and how these needs were to be met. They also included details of people's preferences and details of their history and interests.

Our previous inspection found the service did not have effective systems and processes in place to assess, monitor and improve the quality of the services provided. We previously found a breach of regulation in respect of this. During this inspection in February 2019, we found the service had taken action and made improvements.

Following our previous inspection, the service had introduced systems to check and monitor various aspects of the service which included staff training, staff supervisions and spot checks. This enabled the service to continuously monitor this to ensure that these were carried out consistently. The service had also introduced a formal quality monitoring system which was carried out at various intervals over a year. This included two telephone calls and two visits annually and enabled the service to continuously obtain feedback from people and their relatives.

The service had also introduced a MAR audit which was carried out monthly. However, we found this audit was not sufficiently comprehensive. The service had also introduced an electronic system to monitor staff punctuality and attendance. This system enabled the service to print off data in order to monitor punctuality and attendance. However, we noted the service did not have a formalised system in place to review these on a regular basis. We discussed this with management who confirmed they would introduce these checks formally and revise the MARs audit.

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 told us they were treated with respect. Relatives told us they were confident people were safe and well cared for.

Arrangements were in place in relation to the management and administration of medicines.

Relevant employment checks were carried out prior to staff providing care to people.

Is the service effective?

Good ●

This service was effective. Staff had completed relevant training to enable them to care for people. Staff were supervised and felt well supported by their peers and management.

People's care needs and choices were assessed and responded to. People's health care needs and medical history were detailed in their care plans.

Arrangements for meeting The Mental Capacity Act were in place.

Is the service caring?

Good ●

The service was caring. People and relatives told us they were satisfied with the care and support provided by the service.

Care workers were able to form positive relationships with people.

Staff were able to give us examples of how they ensured that they were respectful of people's privacy and maintained their dignity.

Is the service responsive?

Good ●

The service was responsive. Care support plans included information about people's individual needs and choices.

The service assessed, reviewed and monitored people's individual needs.

The service had procedures in place for receiving, handling and responding to comments and complaints.

Is the service well-led?

The service was mostly well-led. The service had a system in place to check and monitor various aspects of the service provided. However, we found that the medicines audits were not sufficiently comprehensive.

The service had a clear structure in place with a team of care workers, office staff, the operations manager, the registered manager and director.

Staff were supported by management and told us they felt able to have open and transparent discussions with them.

Requires Improvement ●

Peace of Mind Home Care Solutions

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, and to provide a rating for the service under the Care Act 2014.

The inspection on 6 February 2019 was carried out by one inspector. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection.

At the time of the inspection, the service provided personal care to 33 people.

Before we visited the service we checked the information that we held about the service and the service provider including notifications we had received from the provider about events and incidents affecting the safety and well-being of people. The provider also completed a Provider Information Return (PIR). The PIR 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. The PIR also provides data about the organisation and service.

During our inspection we went to the provider's office. We reviewed six people's care plans, six staff files, training records and records relating to the management of the service such as audits, policies and procedures. Following the inspection, we contacted and spoke with five relatives and three people who received care from the service. We also spoke with the registered manager, director, operations manager and six care workers. We also spoke with one care professional who provided feedback about the service.

Is the service safe?

Our findings

People who used the service told us they felt safe in the presence of care workers and were treated with respect and dignity. When asked if they felt safe around care workers, all people we spoke to said "Yes". Relatives we spoke with confirmed this and told us that they were confident their relative was safe when being care for by care workers. When asked about this, one relative said, "My [relative] is definitely safe. It is very important for me. I don't worry when [care workers] are around." Another relative told us, "Yes [my relative] is safe. I have no issues with that."

During this inspection we checked the arrangements in place in respect of medicines administration. Our previous inspection found that Medication Administration Records (MARs) were not completed with the names of medicines included in blister packs and we made a recommendation in respect of this. During this inspection on 6 February 2019, we found that since the previous inspection the service had devised and introduced a new format MAR which included details of the medicines included in the blister pack. These new format MARs clearly detailed the name of the person, their address, the name and dose of the medicines prescribed and allergies. We checked a sample of eight people's MARs for the month of December 2018 and found that these all included details of the medicines contained in the blister pack.

At the time of the inspection, the service provided medicines support to 29 people. We checked a sample of MARs and found the majority of these were completed with no unexplained gaps. Where we found a gap in MARs, daily notes indicated that medicines were administered in the majority of these. We raised the above findings with the operations manager and director and discussed the importance of ensuring that MARs were always completed with no unexplained gaps. They confirmed that medicines had been administered in the instances where there were gaps but that the MARs had not been completed correctly to indicate this. They advised that there was an ongoing exercise within the service to ensure staff completed MARs consistently. They explained that staff were continuously reminded of the importance of ensuring there were no gaps and said they would continue to reiterate this with staff and carry out further supervisions where necessary.

There was a policy and procedure for the administration of medicines. Records indicated that staff had received training on the administration of medicines. Care workers had their competency to administer medicines assessed prior to them administering medicines and there was documented evidence of this.

Where people needed support by care workers, the appropriate support for that person was outlined in their electronic support plans. This provided information which included the name of the prescribed medicine, the dose, form of medicine, frequency and type of medicine.

During this inspection, we found individual risk assessments were completed for people. These covered risks associated with the environment, health, diabetes, hypertension and use of specific medicines. Risk assessments included details of the potential risk and the level of risk. The director explained that since the previous inspection, the service had reviewed risk assessments to ensure that they were completed fully and included relevant information. We found risk assessments were personalised and included information

specific to each person and their needs. We noted that the service had moving and handling risk assessments in place which provided information about what assistance people required including the use of mobility equipment.

Safeguarding and whistleblowing policies and procedures were in place to help protect people and help minimise the risks of abuse to people. We found that these were clearly displayed in the office so that they were accessible to staff. The service had suitable arrangements in place to ensure that people were safe and protected from abuse. Care workers had received training in safeguarding people. They were aware of what action to take if they had concerns about a person being abused. They said that they would report their concerns immediately to management.

The director confirmed that there were enough staff to meet the needs of people who used the service and explained that the service continuously recruited staff to ensure they had sufficient staff. She explained that people received consistency in the level of care they received and the staff rota mostly remained the same as this ensured this. People told us they received care from the same care workers and raised no concerns in respect of this. This was also confirmed by relatives we spoke with.

We spoke with people and relatives about the punctuality of care workers. Feedback indicated that care workers were mostly on time and there were no concerns about this. One person told us, "They are mostly on time." Another person said, "They are very reliable. They are on time." One relative said, "They are on time and stay for the duration."

Our previous inspection found that the service monitored staff punctuality using timesheets detailing what time staff arrived and left people's homes. During this inspection in February 2019, we found that since the last inspection the service had introduced an electronic monitoring system where staff logged in on an app on their phone to indicate when they arrived at a person's home and when they left. On the day of the inspection, the director showed us how the electronic system worked. If a member of staff failed to log a call, this was then flagged up on the system so that the office were notified. The director then explained the office would contact the member of staff to ascertain what the situation was and in the majority of circumstances, staff would call the office if they were running late. The director confirmed that they were able to print off such data from the system and review it which enabled the service to monitor care worker's punctuality and attendance. We however noted that the service did not have a formal documented system to monitor this. Following the inspection, the director explained that she would ensure that this was clearly documented.

We looked at the recruitment process to see if the required checks had been carried out before staff started working with people. We looked at the recruitment records for six members of staff and found comprehensive background checks for safer recruitment including, enhanced criminal record checks had been undertaken and proof of their identity and right to work in the United Kingdom had also been obtained. Two written references had been obtained for care support staff.

Arrangements were in place to report and manage incidents and accidents and an appropriate policy was in place. The service had a system for recording these. For each incident or accident, the service completed a form which provided details of the incident/accident, details of the action taken and details of lessons learnt to reduce the risk of similar incidents and accidents occurring in the future.

Care workers confirmed to us that they were provided with protective clothing, such as aprons and gloves by the service. The director told us they delivered supplies of gloves and aprons to people's homes for care workers or care workers could collect them from the office. People and relatives we spoke with confirmed this and that staff regularly used them. This helped to promote good hygiene and prevent any cross-

contamination and infection.

Is the service effective?

Our findings

People told us they were satisfied with the care they received. One person said, "I am happy [with the care]" Another person told us, "Carers are helpful." Relatives told us that care workers were competent and helpful and they had confidence in their ability. One relative said, "Staff know what they are doing. They don't need me." Another relative told us, "Care staff are excellent. Their attitude is great. They are very patient with [my relative]." We obtained feedback from one care professional. They confirmed that the service was operating well and people and relatives were satisfied with the level of care provided.

Our previous inspection found there was a lack of evidence to confirm that staff were consistently supported to fulfil their roles and responsibilities through supervisions and appraisals. This was a breach of regulation 18(2)(a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection in February 2019, we found the service had taken appropriate action to make improvements to address the breach of regulation. Since the last inspection the service had implemented a system to ensure staff received supervisions, spot checks and appraisals. The service ensured that these were carried out and monitored these electronically using a matrix which detailed when these occurred and when they were due.

During the inspection, we spoke with care workers and looked at staff files to assess how staff were supported to fulfil their role and responsibilities. Care workers were provided with appropriate training and the training matrix detailed this. Training provided was in accordance with the 'Care Certificate'. The Care Certificate provides an identified set of standards that health and social care workers should adhere to in their work. Topics included equality and diversity, moving and handling, personal care, mental capacity, dementia, health and safety, administration of medicines, safeguarding adult and basic life support. Care workers confirmed that they had received the appropriate training for their role and spoke positively about the training they received. One member of staff told us, "The training was very helpful. It helped prepare me. It was thorough. Covered a lot." Another member of staff said, "We do refreshers yearly."

Care workers undertook an induction when they started working for the service. Care workers we spoke with told us that the induction was adequate and prepared them to do their job effectively. Before newly recruited care workers started providing care to people, they shadowed other members of staff so that they were provided with hands on training and were able to fully understand the needs of people they would be supporting. Care workers we spoke with confirmed this.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff had received training in the MCA. Care workers were aware of the importance of ensuring people were able to make their own decisions as much as possible. They told us that they always ensured people were

given a choice and were aware that when a person lacked the capacity to make a specific decision, people's families, staff and others including health and social care professionals would be involved in making a decision in the person's best interests.

There were arrangements in place to obtain, and act in accordance with the consent of people using the service. Care plans included information about people's preferred communication. We noted that care support plans had been signed by people or their representatives to indicate that they had been involved in their care and had agreed to it. We however noted that where care support plans were reviewed, the updated reviewed care plan was not always signed by people or their representatives. We raised this with the director and she explained that the service would ensure that the reviewed and updated care plans were signed accordingly.

People's healthcare needs were monitored by care workers. Care records contained important information regarding people's medical conditions and healthcare needs.

Some people were supported with their nutritional and hydration needs where their care plans detailed this. Where necessary, care support plans included information about people's dietary needs and requirements, personal likes and dislikes and allergies. Staff completed fluid and nutrition training. The director confirmed that if care workers had concerns about people's weight they were trained to contact the office immediately and inform management about this. The director confirmed that where they had concerns about people's weight and appetite, they completed nutrition and hydration records to ensure they consistently monitored this and we saw documented evidence of this for one person the service had concerns about. The service confirmed that they had reported their concerns to the appropriate bodies.

We discussed with the director how the service met people's health and nutrition needs. She confirmed that in the majority of instances, care workers did not prepare meals for people. Instead they heated food and prepared breakfast and supported people with their eating where required. Training records confirmed that staff had received food hygiene training.

Care support plans included information about people's dietary needs and requirements, personal likes and dislikes and allergies. People's cultural needs were respected in respect of foods they liked to eat. People's care records included information about their favourite "National dish" from their country of birth.

Is the service caring?

Our findings

People and relatives we spoke with told us care workers were caring and spoke positively about the service. One person said, "They Are very pleasant, reliable and I would recommend without hesitation. Any help needed, they help." Another person told us, "The carers are nice." One relative said, "They are very good. They have a good relationship with [my relative]. They always make time to talk to [my relative]." Another relative said, "Staff are very talkative kind and keen to always help. They make time to have a conversation with [my relative]. They ask how she is."

People's care plans included detailed information about their background, life history and their interests. Care support plans were personalised and specific to the individual. They included information about what was important to them and outcomes they wish to achieve. This information was useful in enabling the service to understand people and provide suitable care workers who had similar interest. The director explained that where possible, care workers were matched to people with the same type of interest and background so that they can get on well. For example, the service tried to ensure that care workers were able to speak the same language as people so that they could have meaningful conversations.

People's care was reviewed with the involvement of people and their relatives. This aimed to give people an opportunity to review people's care to ensure people's needs were still being met and to assess and monitor whether there had been any changes.

The director told us that respecting equality and diversity was at the forefront of the service and that the aim was to be a "culturally appropriate care provider." Care plans included information that showed people had been consulted about their individual needs including their spiritual and cultural needs. Care support plans included information about cultural and spiritual values. We noted that care plans included information about people's migration history where appropriate, languages spoken, their "National dish", favourite cultural food and their religion.

The service had a policy on ensuring equality and valuing diversity. Staff we spoke with demonstrated that they ensured they treated people with respect and dignity regardless of people's background and personal circumstances. They had a good understanding of ensuring they were caring and respectful towards people using the service. They were aware of importance of promoting people's independence and ensuring people were given choices. Care workers were also aware of the importance of respecting people's privacy and maintaining their dignity. One care worker told us, "I always speak to people and explain things step by step I respect each person's individual needs." Another care worker said, "I always make sure they are comfortable. I go the extra mile. I ask what they want and always greet them." Another care worker told us, "Dignity, wishes and preferences must always be respected. Privacy is very important. I ask them what they want. I always talk to people. It is important to laugh and have a conversation."

The service had a comprehensive service user guide which was provided to people who used the service and they confirmed this. The guide provided useful and important information regarding the service and highlighted important procedures and contact numbers. This detailed that the service specialises in

providing "high quality home care" and aimed to provide a service that is "reliable and responsive" to people's needs and preferences.

Is the service responsive?

Our findings

People and relatives we spoke with told us they were satisfied with the level of care provided and said they felt listened to by the service. People and relatives told us the service communicated well with them and kept them informed of developments. One person said, "So far, no concerns. I have not had to complain." One relative said, "They have been responsive. They have done everything they can do. I appreciate Peace of Mind." Another relative told us, "I can always raise issues with no hesitation. There is always someone at the other end of the line to help." Another relative told us, "They are good at emailing me, texting me, calling me. They are proactive."

People's care plans included information about people's life history and medical background. There was a plan outlining the support people needed with various aspects of their daily life such as personal care, continence, eating and drinking, mobility, medicines, religious and cultural needs. Care support plans were person-centred and specific to each person and their individual needs. We saw that care plans detailed people's care preferences, daily routine, likes and dislikes and things that were important to them. They contained information about people's past, previous interests and occupations. This information assisted care workers to understand people's individual's needs so that they could provide the appropriate care and have relevant conversations with them.

People and relatives we spoke with told us they did not have any concerns or complaints about the service but knew what to do if they needed to raise a complaint or concern. They also told us that where they had experienced issues or had queries with regards to the service, they had contacted the office directly to discuss this. They told us that the service had listened and responded appropriately and said they had confidence in the service. The service had procedures for receiving, handling and responding to comments and complaints. The director informed us that the service had not received any formal complaints since the last inspection.

The director confirmed that the service had not carried out a formal satisfaction survey since the last inspection. Instead, the service had introduced a formal quality monitoring system in order to monitor whether people and relatives were satisfied with the service. This was carried out at various intervals over a year which included two telephone calls and two visits annually. The service had a matrix in place which detailed when these were due so that the service could ensure these took place consistently over a period of time. This system enabled the service to continuously obtain feedback from people and their relatives. The director explained that she encouraged people to provide continuous feedback and sought to resolve any issues immediately.

The service monitored people's progress through daily records. These recorded daily visit notes, medication and meal log. These were completed in detail and were up to date.

Arrangements were in place for people's needs to be regularly assessed, reviewed and monitored. Records showed reviews of people's care plans and care provided had been conducted. The registered manager confirmed that they reviewed these yearly. Records showed when the person's needs had changed, the

person's care plan had been updated accordingly and measures put in place if additional support was required.

Is the service well-led?

Our findings

People and relatives we spoke with told us that the service operated well and spoke positively about management. One person said, "It is a very well-run agency. I am happy with the care. One relative told us, "I am very confident in the service. I need them. I am happy with them." Another relative told us, "Everything is running fine. I have not noticed any problems." Another relative told us, "Communication is excellent." One care professional we spoke with told us they had no concerns about the service.

Our previous inspection found that the service did not have effective systems and processes in place to assess, monitor and improve the quality of the services provided. This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection, we found the service had made some improvements to address the breach of regulation. The service had introduced systems to check and monitor various aspects of the service which included staff training, staff supervisions and spot checks. This enabled the service to continuously monitor this to ensure that these were carried out consistently.

Since the previous inspection, the service had also introduced a MAR audit which was carried out monthly. However, we found this audit was not sufficiently comprehensive and there were occasions where it had failed to identify some gaps found in MARs we looked at. We discussed this with the operations manager and the director and they confirmed that they would modify the audit so that it included further checks to ensure they identified all potential issues associated with the completion of MARs.

Since the previous inspection, the service had introduced an electronic system to monitor staff punctuality and attendance. This system enabled the service to print off data in order to monitor punctuality and attendance. We looked at the data from 26 January to 8 February 2019 and found that staff were on time and this was confirmed by people and relatives we spoke with. We however noted that the service did not have a formalised system in place to review these on a regular basis. We discussed this with the operations manager and director who confirmed that in future they would record this information consistently.

The service had a clear management structure in place with the director, operations manager, registered manager, team of care workers and office staff. Staff we spoke with were positive about working at the service and said they were supported by management. They also told us that communication was good amongst their colleagues and with management and that morale was positive. One care worker told us, "I get good support. Management are very approachable." Another care worker said, "They are really, really supportive. They encourage us to talk to them and are understanding. It is a nice workforce."

Staff spoke positively about communication within the service. They told us that they were kept informed of developments and were always provided with necessary information to carry out their roles. The service carried out formal all staff meetings every six months. The director explained that it was difficult to carry out formal all staff meetings more frequently because of staff availability. She confirmed that staff were provided with ongoing information and updates and office staff telephoned care workers regularly to ensure they

were updated with developments and to check how they were progressing. Care workers we spoke with confirmed this and spoke positively about communication within the service. They told us they had regular telephone calls with management, received texts and could visit the office at any time.

The service had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as complaints, infection control, safeguarding, infection control and whistleblowing.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.

The CQC rating of the previous inspection was displayed in the office and on their website as required in line with legislation. This is so that people, visitors and those seeking information about the service can be informed of our judgments.