

Homepeace Ltd

# Homepeace Ltd

## Inspection report

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28 April 2022

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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

### About the service

Homepeace Ltd is a domiciliary care service, providing nursing and personal care to people living in their own homes in the community. At the time of our inspection there were eight people using the service. 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.

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

Risk assessment records did not include detailed guidance and information around the risks people faced and measures to reduce these. Risks were mitigated as people were cared for by staff who knew them well and understood how to keep them safe and protect them from avoidable harm. There were enough staff available to meet people's needs. People were supported to take their medicines safely. There was a process in place to report and investigate incidents and accidents. Staff followed safe procedures to manage the risk of infections for people.

People's needs were assessed, and care plans were in place, These required further development to ensure records reflected the personalised care people received. People were cared for by staff who had been trained to carry out their roles and who were knowledgeable about the care people needed. People were enabled to maintain their health and well being. 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.

People and their relatives told us they were cared for by kind, compassionate and respectful staff. Staff understood the need to respect people's privacy and dignity and supported people to maintain their independence.

Staff were knowledgeable about people's needs, preferences and wishes as to how they wanted their care to be provided. People's communication needs were met. There was a complaints procedure in place and people were encouraged and supported to share any concerns about their care.

People, relatives and staff were very positive about the registered manager. They described a service with strong values that placed people at the core of their care and an open culture that encouraged shared learning.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 27 May 2020 and this is the first inspection.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 finding 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 

# Homepeace Ltd

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was announced. We gave the provider 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 28 April 2022 and ended on 3 May 2022. We visited the location's office on 28 April 2022.

#### What we did before inspection

We reviewed information we had received about the service since registration with the Care Quality Commission. The provider was not asked to complete a Provider Information Return (PIR) prior to this

inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We gave the provider the opportunity to share this information during this inspection.

During the inspection

We contacted one person and six relatives to gain their feedback on the care and support provided. We also spoke with four members of staff including the registered manager, care staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records and a sample of medicine records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and staff call schedules.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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.

### Assessing risk, safety monitoring and management

- Risk assessments and care plans did not contain detailed guidance for staff to follow to keep people safe, or outline measures to help reduce the likelihood of people being harmed.
- For example, one person was described as 'requiring equipment to transfer'. Their risk assessment did not contain information around how staff should support this transfer and specific risks relating to the person's health condition.
- Risks were mitigated as staff knew people well and demonstrated a good understanding of how to manage risks. However, this information would not be available to staff who were new to the service, and did not have this in-depth knowledge to enable them to protect people from risks.
- The registered manager told us they would develop risk assessments to include the detailed information needed to keep people safe.

### Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to ensure people were safeguarded from the risk of abuse.
- Staff had received training in safeguarding people and felt confident in identifying poor care and reporting concerns. One staff member told us, "We have created an open culture where people are not scared to raise issues and we are not scared to raise concerns for them. It is important we can raise issues and people and staff know they have been heard and the channels are open, not just to the manager but to all staff."
- Relatives felt their family members were very safe using the service. One relative told us, "If staff notice anything not quite right, they have always told me so I know what to do about it."

### Staffing and recruitment

- There were enough staff to ensure people's needs were met safely. People were supported by a small team of staff who they knew well.
- People and relatives confirmed that staff were punctual and stayed the full duration of the care visit.
- The provider carried out pre-employment checks with staff before they started to work at the service. This included Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Using medicines safely

- People and relatives told us staff supported them to take their medicines safely and as prescribed. One relative told us, "[Name] has a dosett box, I put them in and staff make sure [Name] has them. I trust them

100% to do that."

- Staff completed medicine administration records (MARs) to record people had taken their medicines.
- People's care plans included details of their medicines and how they liked to be supported to take medicines.
- The registered manager undertook spot checks of staff working practices to ensure they followed safe practice in administering medicines.

#### Preventing and controlling infection

- People and relatives confirmed staff followed safe procedures to protect people from the risk of infections, including COVID-19. One relative told us, "Staff always wear personal protective equipment (PPE). The PPE is always kept here so they are fresh every time they come in. They wear face masks, aprons and gloves."
- Staff received training in infection prevention and control and COVID-19.
- The provider's infection prevention and control policy was up to date. The provider had completed a contingency plan for COVID-19 which provided information, guidance and emergency plans for staff to follow.

#### Learning lessons when things go wrong

- The registered manager said no incidents or accidents had occurred since the service had started operating. They confirmed that any accident or incident would be reviewed and monitored for lessons learnt.



# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- People's needs were assessed, and these formed the basis of care plans. The registered manager ensured staff were able to meet people's needs and expectations before agreeing a package of care.
- People and relatives told us they were supported to say how they wanted their care to be provided. One person told us, "I tell staff what to do and they do it." A relative told us, "We had a long meeting with [registered manager] and they explained what they would do and what we would want. It was a two-way conversation. They want everybody to be happy."
- The registered manager ensured only staff who were clinically qualified met people's clinical needs and oversaw complex packages of care.

Staff support: induction, training, skills and experience

- Records showed staff were provided with a wide range of training and had regular updates. One staff member said, "I already have complex care training and [registered manager] sent me more on-line training. I am always open to training as something new comes along and things change so quickly in care."
- People and relatives felt staff were well trained to meet people's needs. One relative described staff's clinical competency and how 'they always left all equipment spotless'. A second relative told us, "Staff seem very well trained and very professional."
- Staff told us they felt supported in their roles. One staff member told us, "We are supported by [registered manager] and have guidance whenever we need it."
- New staff were supported to complete induction training which included time working alongside experienced staff to get to know people. The registered manager was supporting staff to complete the care certificate, a set of nationally recognised induction standards, based on best practice.

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

- Where required, people were supported to eat and drink well. People's meals, drinks and snacks were prepared in line with their choices or known preferences. Staff understood people's needs and choices.
- When people had specific dietary needs, these were documented in their care plans. For example, staff ensured one person had breakfast before community nurse visits as part of their health monitoring.

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

- Staff worked in partnership with people, their relatives and other health professionals to support people's well-being.
- Relatives described how staff were responsive to people's health needs, such as calling a GP or emergency

medical help, and liaising with pharmacies to ensure people received their medicines. One relative told us, "Staff have contacted the physiotherapist to come out and support them with using new equipment with [Name]. They have done that themselves."

#### 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 MCA 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.

- People's mental capacity had been considered and assessed, if needed, to support them to make choices and decisions. People had signed to agree consent to their care and support.
- Staff understood people's rights in consenting and declining care. One staff member told us, "I allow people to direct us and never attend a visit with a preconceived mind. I always let people take the lead as although I know what I am doing, it is important they take the lead and have control of their care."

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 and relatives told us staff were kind, caring and respectful. Comments included, "Staff have a lovely way with [Name]. Their calmness, their little chats, their encouragement and their communication with relatives. They are really good; we are always part of the loop and we feel valued. It takes the stress off the family knowing staff are really caring for [Name]" and "The staff are kind, they never raise their voice to me."
- Staff respected people's diversity, lifestyle choices and family relationships. For example, staff recognised people's right to make unwise choices by providing appropriate guidance and support.
- Staff told us they enjoyed working at Homepeace, describing a 'service with values, placing people at the heart of everything,' and 'a service with a family feel.'

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

- People and their relatives were fully involved in their care. One relative told us, "We are fully involved and consulted about care. Staff make suggestions to make things better. It may be about things they have come across before."
- People and relatives confirmed they were able to make changes to their care and support easily through the registered manager and staff.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their independence and recognised people's individual abilities. People's care plans described what they could do and where they needed support.
- Staff spoke about people in a respectful manner, referring to people by their preferred name and showed respect when entering and working in people's homes.
- Relatives described how staff protected people's dignity, such as keeping them covered whilst providing personal care and ensuring people were not rushed during care visits.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- Staff provided people with personalised care that met their needs and took account of their wishes. However, people's care plans did not fully reflect the person-centred care they received.
- People's care plans did not always provide detailed information for staff on people's preferences and choices about how they wanted to be supported. For example, staff and the registered manager were able to describe very personalised care in detail to inspectors that was not yet apparent in people's care plans.
- Risks were mitigated as people and relatives described personalised, responsive care provided by a small team of staff who knew them very well.
- The registered manager told us they would review and develop care plans following our inspection visit to ensure this detailed information was fully recorded.
- People and relatives confirmed the registered manager regularly reviewed people's care and support to ensure it continued to meet their needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff understood how to meet people's communication needs. For example, staff were able to use a communication book or computer programme to support a person to communicate when they struggled with verbal communication. Staff used visual prompts to support a second person to make choices.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships. Staff supported one person to go out into their local community each week which helped them retain community links and their independence.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place and an open culture that encouraged and supported people to raise any concerns or complaints.
- The provider had received some minor concerns over the last 12 months which had been quickly resolved by the registered manager to each complainants satisfaction.
- People's relatives said they knew how to complain but had not needed to raise formal complaints since

receiving care from the service.

#### End of life care and support

- At the time of our inspection, there was no-one who needed end of life support. Staff had experience of supporting people at end of life. They worked along side other end of life service providers such as hospice teams and district 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems were in place to monitor, review and improve the quality of the service.
- The registered manager carried out spot checks on staff working practices. These included a review of records and medicines and speaking with people to gather their feedback. One relative told us, "[Registered manager] has actually visited the house. On that occasion they accompanied a new member of staff and assisted with the training."
- Staff confirmed they received support and guidance to enable them to understand their roles and responsibilities. One staff member told us, "I think the service is well managed because [registered manager] makes an appointment every 3-6 months to meet with clients and relatives and completes audits and spot checks."
- The provider had implemented systems to develop the service, such as electronic rota planning which helped them to make sure care visits were on time and staff stayed for the full duration of the visit.
- The registered manager was in the process of implementing electronic care planning which would improve the overall quality of documentation and ensure care plans included the detailed information which was lacking in the current format. They told us this work would be completed as a priority following our inspection visit.
- The registered manager had established links with other agencies and provider forums to share best practice and information about homecare.

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

- The service had a positive ethos and an open culture. The provider was enthusiastic about good quality care based on people's individual needs and was committed to providing good care to the people they were supporting. The registered manager told us, "We aim to provide a service that delivers quality care, with people's voice at the core of their care."
- People and relatives were very positive about the care provided. Comments included, "It's the time staff give; it never feels that my [family member] is being rushed. There is no sense of clocking on and clocking off," "If someone wanted carers I would recommend them and I have done," and "Staff are very polite and friendly, they seem to enjoy coming. [Family member] laughs and sings away and if [family member] didn't like them, they wouldn't do anything like that. We are very happy with them."

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

- The registered manager was open and honest throughout the inspection and was keen to address any issues raised.
- The provider understood their responsibility to be open and honest when things went wrong. They ensured they made appropriate notifications to the Care Quality Commission (CQC) and other agencies, when required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were able to share their views through formal and informal feedback. For example, face to face with staff and the registered manager, or through quality surveys. One relative told us, "I have expressed my views to [registered manager], how happy we are and how good the care has been. Also when we have expressed our views about something, for example the washing, staff accommodate it."
- Every person, relative and staff told us they were easily able to contact the registered manager who always responsive.
- Feedback showed people and relatives were happy with their care and any minor concerns were used to improve the service. For example, when a relative expressed a minor concern, the registered manager took action to ensure staff were consistent in their working practices and improved the package of care for the person.
- Staff felt able to share their views and told us they felt consulted and informed about the service. One staff member told us, "When I have given feedback to [registered manager] it has been taken well. I feel we are listened to and as a result, there are improvements made."

Working in partnership with others

- Staff worked in partnership with relatives, other agencies and health professionals to support people to maintain their health and well being.
- For example, staff had been proactive in making referrals to occupational health therapy and to district nurses for end of life care to make sure people received the support and care they needed.