

Peak Care Limited

# Peak Care Homecare

## Inspection report

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13 March 2019

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## 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

About the service: Peak care Home Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats within the village of Ashover. The service also provides a service within an extra care facility managed by the provider. At the time of the inspection 21 people were receiving a service; 16 people were receiving support with personal care.

People's experience of using this service:

Improvements were needed to ensure all information about people's care was available within the office. Where people started to receive support, care plans needed to be developed in a timely manner. Quality monitoring systems needed to be developed further to review the care people received when living in their own homes in the community.

The staff understood how to protect people from harm and were confident that any concerns would be reported and investigated by the registered manager. Some people received assistance to take medicines and records were kept to ensure that this was done safely. There were safe recruitment procedures in place to ensure new staff were suitable to work with people.

Staff were supported and trained to ensure that they had the skills to support people effectively. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People could make decisions about how they wanted to receive support to ensure their health needs were met. When people required assistance to eat and drink, the provider ensured that this was planned to meet their preferences and assessed need.

People had a small team of staff who provided their support and had caring relationships with them. Care was planned and reviewed with people and the provider ensured that people's choices were followed. People's privacy and dignity were respected and upheld by the staff who supported them.

People's care was reviewed to reflect any changing needs. There was a complaints procedure in place and any concerns received were investigated and responded to in line with this policy.

People were asked for their feedback on the quality of the service and their contribution supported the development of the service. The registered manager promoted an open culture which put people at the heart of the service.

Rating at last inspection: Our last inspection report was published in June 2016 and the service was rated as Good.

Why we inspected: This was a planned inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as

per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

## 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 safe

Details are in our Safe findings below.

Good ●

### 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 not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

# Peak Care Homecare

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection team included 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 including supporting older people.

**Service and service type:** Peak Care Home Care is a domiciliary care agency; it provides personal care to people living in their own houses and with bungalows or apartments on the site of the office. Twenty one people were using the service; some of these people were receiving a service which was not regulated by us, for example for a welfare check. This meant there were 16 people who were receiving personal care at the time of our inspection.

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

**Notice of inspection:** Inspection activity started on 5 March 2019 and ended on 13 March 2019. We spoke with people who used the service on the telephone on 5 and 6 March 2019 to gain their views about the quality of the care provided. We visited the office location on 13 March 2019 to meet the registered manager and office staff; and to review care records and policies and procedures. We gave the service three days' notice of the inspection site visit to ensure people consented to receiving a telephone call from us.

**What we did:** We reviewed information that we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We reviewed the Provider Information return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well

and improvements they plan to make.

During the inspection we spoke with six people and nine relatives on the telephone. We also spoke with three care staff members and the registered manager. We looked at care plans relating to four people and reviewed records relating to the management of the service.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

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

- People felt safe when receiving care and support. One person said, "I do feel safe. As far as I'm concerned, they are all lovely people." A relative told us, "There is nobody they have felt unsafe or uncomfortable with. The staff are all gentle."
- The provider had effective systems to help protect people from the risk of harm or abuse. The staff understood how to identify the signs of abuse and could explain the process for reporting concerns.
- Staff received training and were confident about how they could report any concerns to the registered manager and to the local safeguarding authorities.

Assessing risk, safety monitoring and management:

- Risks to people's health, safety and well-being were assessed, and measures were developed to remove or reduce the risks.
- Where people had fallen, information was recorded to help prevent further falls and keep people safe.
- The provider helped ensure people received support in the event of an emergency. People who lived in extra care accommodation on the site of the office had an emergency call pendant which they could use. People receiving care in their home in the local area could contact the service in the event of an emergency and felt confident the staff would assist them.

Learning lessons when things go wrong:

- The registered manager was confident that lessons were learned when things went wrong. They explained that following a missed call to one person, they had reviewed how staff rotas were recorded to ensure no further missed calls occurred.
- Since this review, they reported there had been no further calls that had been missed.

Staffing and recruitment:

- People felt there were enough staff and there were a small staff team who people knew well. People told us they knew all the staff and were happy to receive care from any member of the team.
- Safe and effective recruitment practices were followed to help ensure staff were of good character and fit for the roles they performed. These included satisfactory references and carrying out police checks.

Using medicines safely:

- Where people needed support with medicines, records were maintained of the prescribed medicines and how these needed to be administered.
- There was a record of when medicines were administered and whether people needed reminding to take these or whether family had supported with the administration as agreed.

- People felt their medicines were managed safely and staff knew when they needed these. One person told us, "The staff are always very gentle, and they apply the cream all over as they need to." One relative told us, "They prompt with medication in the evening; they have never missed a dose and if they have any extra medication temporarily, they will do extra calls to supervise this."

Preventing and controlling infection:

- People felt staff had good infection control practices and wore personal protective equipment such as gloves and aprons when needed. One person told us, "They seem clean and careful. One of the staff makes sure we have different size gloves for the different staff. They also put covers on their feet."
- People saw staff wash their hands and clean away any articles of food preparation equipment after use to ensure their home remained clean and well maintained.



# 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

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.

- A small team of staff provided all the care and people felt they knew staff well and they provided their care how they requested.
- When people started to receive a service, the senior care staff provided their support and developed a short plan. The plan was discussed with the staff team to ensure they understood how people wanted to be supported.
- We saw where new people started to receive a service, a more detailed plan was not always developed in a timely way to record people's preferences. This would ensure that care was always organised and planned so staff could provide suitable safe care in line with current best practice guidelines and legislation.
- However, in discussion with staff, it was clear that they understood how to provide people's support.

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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People felt that staff respected their decisions and they were asked about how they wanted to be supported.
- When people started to receive a service, staff informed us that capacity was considered and the plan was developed in their best interests.
- Where people had authorised others to make decisions on their behalf, the registered manager reviewed this information to ensure they had the authority to make decisions on others behalf.
- The registered manager understood that where there were changes to people's capacity, assessments would need to be completed to ensure decisions were made in their best interests.
- Staff had received training for MCA and understood what this meant. People were asked if they wanted information shared with other people and family members. We saw where people wanted information to be kept private and not shared, this was respected.
- People who used the service were not subject to any restrictions of their liberty.

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

- People felt they received the support they needed from staff with their meals. One person told us, "I get my own breakfast. I go down for lunch to the main dining room and they help get me sandwiches and soup in the evening and always make sure I have a drink."
- Another person told us, "We pay for a lunch here and then the staff put food in the fridge and they come and get what I want for tea and leave me with drinks." A relative told us, "[Name] has made requests for things to eat such as softer and sweeter things and they are very responsive and have tried to accommodate this."
- Where there were concerns about people's weight, this was monitored, and referrals made to health professionals where this was needed.
- People's care plans included information about what support people needed when preparing meals or support with eating them.

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

- The staff considered they knew people well and could identify when people's needs changed and sought professional advice.
- We saw where people were unwell, or their needs had changed, the staff liaised with community health professionals to provide additional support or equipment in their home to keep them safe. For example, to be assessed for slide sheets to help them move or to have bed rails fitted.
- People's daily health and wellbeing was recorded by staff in people's daily records.

Staff support: induction, training, skills and experience

- People felt the staff were trained and skilled to safely provide their care and support.
- Staff completed an induction programme at the start of their employment before shadowing experienced staff until they were confident to work alone. One member of staff told us, "When new staff start working here, we make sure they are introduced to everyone, so people are comfortable having support from them. We help them to understand what care needs to be done."
- There was a programme of staff supervision. Staff felt the registered manager recognised how they could develop new skills and supported their personal development.
- Senior care staff worked alongside staff to provide support and monitor their performance. One member of staff told us, "If there was anything wrong, they would tell us straight away, so we didn't keep making any mistakes."
- The staff explained they also received support as and when needed and could approach the management team for additional support if they needed this.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People valued the relationship with their staff team who they knew well. One person told us, "The staff are all lovely. I look forward to them all coming. There isn't one that I don't like. They are very kind. I can't speak highly enough of them."
- People felt that staff had time to provide their care and one person told us, "They are always polite and can have a laugh and a joke with me." One relative told us, "I have peace of mind, the staff who look after [Name] are very good."
- People felt the staff were kind and caring when they supported them in their daily care. One person told us, "Their approach is so kind and thoughtful. I feel there is a good balance of youth and energy and then people who are older and more experienced; they seem to all talk to each other. They pay real attention to being kind."
- People's diverse needs were discussed with them when they first started to use this service. This included whether they had any specific cultural or religious needs. Where people had specific needs, these were considered when agreeing their support. We saw the staff supported one person to have visits from a local minister and people told us they felt able to share their views without discrimination.

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

- People received individual care and when they started to receive a service, they could speak with staff and explain how they wanted to be supported. One person told us, "They gave us plenty of information as it was all new to us. We talked about everything and all their interests and past life."
- People knew about their care plan and could decide what care and support they needed.
- People could express their views to staff and they felt staff listened to what they had to say and what was important to them.

Respecting and promoting people's privacy, dignity and independence

- People received care from staff they knew well and who understood how they wanted to be supported.
- People were supported to remain independent and one person told us, "They don't dominate. They may give us advice or suggestions, but they don't tell us what to do." One relative told us, "[Name] is happy in their own house and this helps them to stay there. They never rush but they do keep them going. They always make a cup of tea and they love that."
- Staff were clear about maintaining people's privacy and dignity, such as knocking on doors and announcing themselves before entering and giving people time to perform personal care where they could. One person told us, "They are always respectful and introduce themselves."
- Staff took their time to support people in the way that people wanted, treating them as individuals. One relative told us, "When they help them wash and dress they are respectful and cover up. When they need to

use the bathroom, they give them some private time."

- Staff showed a good awareness and understanding of maintaining individual rights and preferences. This meant people's rights were respected and people had choice and control in their day to day lives.
- Records were securely stored in the office to ensure these were confidential.

## Is the service responsive?

### Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Where people's care changed, their care plan was discussed with them and reviewed. One relative told us, "[Name] was in hospital last week and staff came out and reviewed the care plan because of some changes from the hospital. They record everything."
- The registered manager understood the Accessible Information Standard (AIS). The AIS is a law that requires that provisions be made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way, that they can understand. Care plans were written in large print and people felt they had the information in a suitable standard. Adherence to this standard is important to ensure that people are empowered, treated fairly and without discrimination.
- Staff supported people to find information and had access to reading material in an accessible format. We saw staff arranged for a librarian to visit people and bring large print books that they were interested in.
- For people living in the supporting living environment they were provided with opportunities to engage with activities that interested them and share meals with people in a shared dining room.
- Some people were helped with their cleaning or staff accompanied people when out; for example, when shopping. During these support visits, personal care was not provided and therefore this support is not regulated by us.

Improving care quality in response to complaints or concerns

- People were happy with the care they received and felt confident that concerns would be addressed.
- Where people raised formal complaints, the registered manager responded to these concerns carried out an investigation; they informed people of the outcome of the investigation.

End of life care and support

- End of life care was not currently being provided within the service. However, staff informed us that where people wanted to stay in their home and receive a service, they worked closely with health care professionals to ensure they received a dignified service from staff who knew them well.

# 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

The service was not always consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Care plans for people who received a service in the local area was not stored in the registered office. During our inspection, the registered manager started to make arrangements for all records to be available as required.
- Quality monitoring systems were in place to review how the service was managed although these systems were not always used to review people's care who lived within the local area. However, people had good relationships with all the staff who knew them well and were confident they received the care and support they wanted. The registered manager agreed to record where audits were completed.
- One person had started to receive care two months prior to our inspection and a care plan recording how they should be supported had not been fully developed. The small team of staff understood how they needed to receive their support and agreed this should be recorded.
- Where there were changes to people's care, messages were sent by text on personal phones. Staff confirmed that no personal information was recorded, and this was to remind staff to check information recorded in the office. The registered manager agreed to keep this under review to ensure information was secure and was always confidential.
- Where significant events had occurred, the registered manager knew information needed to be reported to us, so we could monitor how the service was managed. We had received notifications as required.
- It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We saw the rating from the previous inspection was displayed at the provider's office address and their rating was on their website.

Continuous learning and improving care

- The staff understood their role and how people needed to be supported.
- Any updates to care was made available for staff before they started their shift. This ensured they were aware of any important changes to people's support needs.
- Staff felt there was good team work and communication and were able to attend team meetings to discuss the service and any developments.
- Staff felt listened to by their manager and had one to one support for their job roles.
- Staff were supported to develop and gain new skills to help them to support people safely.

- Accidents and incidents were used as an opportunity for learning and improving. For example, the monitoring falls and accidents for patterns and trends to identify and reduce risks.

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

- People were given the opportunity to give their feedback about how the service could develop and improve. People had been sent a survey prior to our inspection and the staff explained that the results would be analysed, and feedback would be given to people.
- Where people lived in the extra care accommodation service, monthly meetings were held, and people had the opportunity to discuss any concerns or to comment on what had gone well. People told us they felt able to openly discuss issues that were important to them.
- Staff felt the registered manager was approachable, and they felt supported. They attended staff meetings and could speak about what was important to them. One member of staff told us, "We can talk about anything that is bothering us and can ask about people's support. It's useful to get together and talk about things."
- The staff were familiar with the service's whistleblowing procedure. Whistle blowing is a term used to describe the reporting of concerns about the care being provided by a person who works at the service. The staff felt confident these would be dealt with.
- The provider had a system in place to monitor staff performance through supervision, appraisals and spot checks.

Working in partnership with others

- This is a small service that provides a service for a small number of people. Opportunities to work alongside other agencies was limited. Where staff identified changes, they liaised with health and social care professionals to ensure they received additional support to remain well and maintain their independence.
- The staff worked alongside health professionals to ensure they understood why care was needed and reported any changes to them and within daily communication records.