Peakvalue Care Services Limited

Operations Office

Inspection report

Unit 70
Imperial Trading Estate, Lambs Lane North
Rainham
RM13 9XL

Date of inspection visit:
22 August 2022

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27 September 2022

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
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
Operations Office is a domiciliary care agency and is based in the London Borough of Havering. The service provides personal care to people in their own homes. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

At the time of the inspection, the service was supporting three people with personal care.

People's experience of using this service
Not all staff had received effective training to support people safely. People were not supported to have maximum choice and control of their lives. The policies and systems in the service did not support this practice.

Robust quality assurance systems were not in place to ensure shortfalls were identified. Quality monitoring systems were not in place to obtain feedback from people to make improvements.

Risks were identified and were assessed to ensure people received safe care. People told us they felt safe when receiving support from staff. Staff were aware of how to safeguard people from abuse. Systems were in place to ensure staff attended calls on time. Systems were in place to prevent and minimise the spread of infections when supporting people. Pre-employment checks had been carried out to ensure staff were suitable to work with vulnerable people.

People received care from staff who were caring and had a good relationship with them. Staff respected people's privacy and dignity. People were encouraged to be independent and to carry out tasks without support.

Care plans were person centred. Care plans had been reviewed regularly to ensure they were accurate. Systems were in place to manage complaints and people's communication needs were met.

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

Rating at last inspection
This service was registered with us on 27 July 2021 and this was the first inspection.

Why we inspected
This was a planned inspection based on when the service registered with us.

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

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 not always effective. Details are in our effective findings below.	**Requires Improvement**
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**

Operations Office

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.

Inspection team
The inspection was carried out by one inspector.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own 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
We gave the service notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection
We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We also reviewed the information we already held about the service. This included their registration report and notifications. A notification is information about important events, which the provider is required to tell us about by law. We used all of this information to plan our inspection.

During the inspection.
During the inspection, we spoke with the registered manager. We reviewed documents and records that related to people's care and the management of the service.

We reviewed three staff files, which included pre-employment checks and three care plans, which included peoples support needs. We looked at other documents such as and training records.

We also spoke to one relative of people that received personal care and one staff member. We were unable to speak to people as they were not able to talk to us over the telephone.

Good

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 for this service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management
- Sufficient risk assessments were in place to ensure people received safe care.
- Risk assessments had been completed in relation to people's circumstances and health conditions. The assessments included the nature of the risk and control measures to minimise the risk. There were risk assessments in place for specific health conditions such as on people's daily routines and behaviours that may challenge.

Using medicines safely
- Medicines were being managed safely.
- Medicine Administration Chart (MAR) showed that medicines were being administered as prescribed.
- Staff had been trained on medicines to ensure they were competent to manage medicines safely.

Medicine support plans were in place, which included if people required support with medicines and the type of medicines they were on.

Staffing and recruitment
- Pre-employment checks had been carried out to ensure staff were suitable to work with vulnerable people. Checks had been made such as criminal record checks, references and obtaining proof of staff identity and right to work in the UK.
- Systems were in place to ensure staff supported people as scheduled. Staff were sent rotas in advance and bank staff were available in case of emergencies. A relative commented, "[Person] gets support on time."

Learning lessons when things go wrong
- There was a system in place to learn from lessons following incidents.
- We were told there had been no incidents or accidents since the service registered with the CQC. An incident and accident policy was in place and we saw the template that would be used if there were accidents or incidents. The registered manager told us if there were accidents or incidents, they would ensure they were analysed to learn from lessons.

Systems and processes to safeguard people from the risk of abuse
- People were protected from the risk of abuse. A relative told us, "[Person] feels safe, definitely. [Person] feels comfortable around them, smiles a lot so I can tell [person] is happy with them.
- There were processes in place to minimise the risk of abuse. Staff had been trained in safeguarding and understood how to protect people from harm and who to report to when required. A safeguarding and whistleblowing policy was in place.

Preventing and controlling infection

● Systems were in place to reduce the risk and spread of infection. Staff had received training on infection control.

● Staff confirmed they had access to PPE such as gloves and aprons and used this when supporting people with personal care. A relative commented, "Definitely they wear PPE when they provide support."

Requires Improvement

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 of this registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Systems were not in place to obtain consent from people to provide care and support.
- Consent had not been sought from people for the service to provide care and support to them.
- There were limited details on people's capacity, which included if people had capacity. For people that did not have capacity, assessments had not been carried out using the MCA principles to determine if people did not have capacity and if a best interest decision was needed. The registered manager was aware of the principles of the MCA and told us this would be completed as soon as possible.
- Staff were trained in MCA and knew the principles of MCA. Staff told us they always requested consent from people prior to supporting them. A staff member told us, "Very important, to let them know what you are doing first. I seek their permission and their consent always." A relative told us, "They do ask consent, I have been there when they support [person]."

Staff support: induction, training, skills and experience
- Not all staff had been trained to perform their role effectively.
- Although staff had received essential training, records showed that the registered manager who also supported people with personal care, most of their training had expired in 2020 and refresher training had not been undertaken, which meant the registered manager would not be up to date with any changes in important areas to ensure people received effective care. The registered manager told us she would ensure

training was booked as soon as possible.
● Staff felt supported. A supervision policy was in place, which included the frequency of supervisions and how staff would be supported. Supervision was being carried out with staff members, which included support and development needs. A staff member told us, "I am very much supported."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● Systems were in place to assess people's needs and choices.
● Pre-assessments had been carried out in detail to ensure the service was able to provide person-centred support to people.
● Reviews had been carried out with people to ensure people received support in accordance with their current circumstances.

Supporting people to eat and drink enough to maintain a balanced diet
● The service did not support people with food and drink. The registered manager was aware that support plans would need to be in place should they support people with food and drink along with their preferences. Staff had also been trained on food hygiene.

Supporting people to live healthier lives, access healthcare services and support
● People had access to health services to ensure they were in the best of health.
● Care records included the contact details of people's GP, so staff could contact them if they had concerns about a person's health. Staff knew when people were not well and what action to take.

Good

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 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; equality and diversity

- People were treated with kindness and respect. A relative commented, "[Staff] are very friendly and caring."
- People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual orientation and all people were treated equally.

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

- People or their relatives were involved in decisions about their care.
- Staff told us they always encouraged people to make decisions for themselves while being supported, such as with personal care. A staff member told us, "Absolutely, I always encourage [person] to make decisions such as with showers or dressing." A relative commented, "They did ask me questions when making the care plan. I was involved."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- Staff told us that when providing support with personal care, it was done in private. A relative told us, "Definitely they respect privacy and dignity so when [person] wants to have a shower, they respect dignity."
- Staff gave us examples of how they maintained people's dignity and privacy, not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity.
- Staff encouraged people to be independent. Care plans included information on how people can be supported to be independent such as supporting people with personal care or mobilising. A relative told us, "Definitely because [person] is non-verbal, they prompt a lot to encourage independence. [person] is able to do a lot by themselves. I am very impressed."

Good

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 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

- People received personalised support, which was in accordance with their preferences and choices.
- Care plans were person-centred and included information on how to support people in number of areas such as personal care and oral healthcare. A relative told us. "The care plan is very accurate."
- Care plans included people's preferences with support when being supported with personal care to ensure there was not any changes to their daily routines.
- Staff told us they found the care plans helpful. One staff told us, "The care plans are very helpful, it helps you to know who the person is."

Meeting people's communication needs

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

- People's ability to communicate was recorded in their communication care plan, to help ensure their communication needs were met. The plan included information on how to communicate with people effectively. A relative commented, "[Staff] engage with [person] a lot, they communicate well."

Improving care quality in response to complaints or concerns

- The service had a complaints procedure. We were told by the registered manager that no complaints had been received since the service registered with the CQC.
- The registered manager told us people were made aware of the complaints process and were aware of how to make complaints. Staff were able to tell us how to manage complaints.

End of Life care and support

- At the time of inspection the service did not support people with end of life care.

Requires Improvement

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 registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Robust audit systems were not in place to ensure people received safe effective personalised care.
- Audits had not been completed on medicines, which would make it difficult to identify potential shortfalls or errors with medicines. Spot checks had not been completed to ensure staff were competent to deliver good care. The registered manager told us that audits would be introduced.
- We saw staff did had access to detailed person-centred care plans to facilitate them providing care to people the way they preferred.
- Staff were clear about their roles and were positive about the management of the service. One staff member told us, "Yes, I do like working for them. [Registered manager] is a good manager, she is very fantastic."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People's beliefs and background were recorded and staff were aware of how to support people considering their equality characteristics.
- There was not system in place for quality monitoring to ensure people, relative's or staff feedback could be sought and used to make improvement to the service. The registered manager told us she would ensure this was in place.

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 aware that it was their legal responsibility to notify the Care Quality Commission of any allegations of abuse, serious injuries or any serious events that may stop the running of the service and be open and transparent to people should something go wrong.

Working in partnership with others:

- The service worked in partnership with professionals when needed to ensure people were in good health.
- The registered manager told us they would work in partnership with other agencies such as health professionals and local authorities if people were not well, to ensure people were in the best possible health.