

Peepal Care Limited

Peepal Care

Inspection report

1 Olympic Way
Wembley
Middlesex
HA9 0NP

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16 January 2017

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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?

Good ●

Summary of findings

Overall summary

We undertook an announced inspection on 16 January 2017 of Peepal Care. Peepal Care is a small domiciliary care agency registered to provide personal care to people in their own homes. The service mainly caters for the Gujarati community and some of the care workers are live in carers as well.

At the time of the inspection, the service was providing care and supporting nine people. There were eight care workers employed by the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection on 21 December 2015, the service did not meet Regulations 9, 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found risks to people's needs were not assessed appropriately, care workers performance had not been assessed effectively, care records were not person centred and auditing processes were not robust enough to monitor and improve the quality of the service. This meant the quality rating we awarded was requires improvement.

Following our December 2015 inspection we received an action plan from the service telling us what action they would take. At this inspection the registered manager was able to demonstrate that measures had been put in place since the last inspection to respond to the issues identified and meet regulations. Positive feedback was also received by people using the service and relatives.

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. Risks to people were assessed and identified according to people's specific needs.

People and relatives told us that they were confident that most 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. Spot checks were in place to assess care worker's competency.

Staff were informed of changes occurring within the service through regular staff meetings. Staff told us that they received up to date information and had an opportunity to share good practice and any concerns they had at these meetings.

People received care that was responsive to their needs. People's daily routines were reflected in their care plans and the service encouraged and prompted people's independence. Care plans included information about people's preferences.

There was consistency in the level of care people received. People using the service and relatives told us their care workers turned up on time and they received the same care worker on a regular basis. The service had a system in place to monitor care workers punctuality.

Care workers had a good understanding of the importance of treating people with respect and dignity. Feedback from relatives indicated that positive relationships had developed between people using the service and their care worker and people were treated with dignity and respect.

Arrangements were in place in respect of medicines. Care workers had received medicines training and policies and procedures were in place.

Systems were in place to monitor and improve the quality of the service. We found the service had obtained feedback about the quality of the service people received through review meetings, telephone monitoring and satisfaction surveys. Records showed positive feedback had been provided about the service. The service also undertook audits of the quality of the service and took action to improve the service as a result.

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 and relatives we spoke with told us people were safe. There were processes in place to help ensure people were protected from the risk of abuse.

Appropriate arrangements were in place to ensure there were sufficient and competent staff deployed to meet people's needs.

Risks to people were identified and managed so that people were safe and their freedom supported and protected.

Appropriate employment checks were carried out before staff started working at the service.

Is the service effective?

Good ●

The service was effective. Staff had completed relevant training to enable them to care for people effectively.

Staff were supervised and felt supported by their peers and the registered manager.

There were arrangements in place to obtain, and act in accordance with the consent of people using the service.

People's health care needs and medical history were detailed in their care plans.

Is the service caring?

Good ●

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

People were treated with dignity and respect.

Review of care meetings had been conducted with people in which aspects of their care was discussed.

Is the service responsive?

Good ●

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

There were arrangements in place for people's needs to be regularly assessed, reviewed and monitored.

The service had a complaints policy in place and there were clear procedures for receiving, handling and responding to comments and complaints.

Is the service well-led?

The service was well led. People using the service and relatives spoke positively about the management of the service.

Staff were supported by management and told us they were approachable if they had any concerns.

The quality of the service was monitored. Regular checks were carried out and there were systems in place to make necessary improvements.

Good ●

Peepal Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and provide a rating for the service under the Care Act 2014.

This inspection was carried out by one inspector and was supported by 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. The provider was given 48 hours' notice because the location provides a domiciliary care service. We wanted to make sure they would be available for our inspection.

Before we visited the service we checked the information that we held about the service and the provider including notifications and incidents affecting the safety and well-being of people. Some of the people being cared for were elderly people who were living with dementia or had a specific medical condition and could not always communicate with us and tell us what they thought about the service. Because of this we spoke to family members and asked for their views about the service and how they thought their relatives were being cared for.

We spoke with three people using the service, four relatives, four care workers, an external trainer and the registered manager. We reviewed nine people's care plans, three staff files, training records and records relating to the management of the service such as audits, policies and procedures.

Is the service safe?

Our findings

People using the service and their relatives told us they felt safe with their care worker. They told us "Yes I feel safe, I wouldn't be able to do things for myself, they help me", "Yes I feel safe. [Care worker] takes me out in the wheelchair, makes sure my belt is fastened and I feel safe" and "I feel safe, they watch that I don't fall in the shower, my hands are arthritic".

At our inspection on 21 December 2015, the assessment of risks to the health and safety of people using the service was not being carried out appropriately. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

An action plan was received from the registered manager to show what actions would be taken to meet this regulation. At this inspection, we found the service had taken action to meet the regulation.

During this inspection, we reviewed nine risk assessments. We found the risk assessments had been updated and provided detailed information so that people were safe and their freedom supported and protected. Risks to people were assessed and identified according to people's specific needs. Individual risk assessments were completed for each person using the service in relation to mobility, moving and handling, medicines, falls and skin integrity. These included preventative actions that needed to be taken to minimise risks as well as clear and detailed measures for care workers on how to support people safely. Risk assessments had also been carried out of people's home environment to ensure care staff were working and caring for the person in a safe environment.

For example when a person needed support with their mobility, guidance had been put in place to minimise the risk of the person falling. The guidance included "The carer is to remind [person] to use the handrails on the stairs at all times and to supervise them in case [person] loses their balance." The risk assessment also included a comprehensive falls risk assessment tool that took in account whether the person had a history of falls, pain, medicines and any visual or cognitive impairments which affected their mobility.

Another risk assessment for a person who was at risk of developing pressure ulcers included the guidance "Assist and encourage [person] to make regular and frequent changes to their position in bed or on a chair" and "Check the [person's] skin on a daily basis for any signs of pressure ulcers, such as discoloured areas of skin. If this is noticed, the carer should contact the office, who will then report to the [person's] next of kin and GP."

Risk assessments also included when people received personal care in the bathroom and any use of equipment. included the risk of potential scalding and for water temperatures to be checked. When speaking with care workers, they were aware of risks to people and how to keep them safe. One care worker told us "You must feel the water and ensure it is at the right temperature for them [people using the service]."

Accidents and incidents were recorded in an incident report book and incident forms were completed. Since

the last inspection, we found new incident forms had been adopted which showed detailed measures put in place to minimise the risk of another reoccurrence and ensure the person was safe from further incidents. For example, an incident form showed staff had received refresher manual handling training and risk assessments had been reviewed. Records also showed, a section entitled 'How the findings have been communicated with the workforce' which included through supervision sessions to ensure staff were made aware of potential risks to prevent reoccurrence of such incidents so people were kept safe.

When speaking with people using the service and their relatives they told us they received regular care workers and consistency in the level of care they received. People told us "I have the same carer every day, and she is very good", "I have 3-4 different carers which take different shifts. I am familiar with them all, I don't have a problem with timekeeping" and "I have the same carer and she is wonderful, I have no complaints." The service had systems in place to manage staffing levels. Staff received their rotas weekly. The registered manager told us care workers were allocated regular clients to ensure consistency in the care people received from the service. This was confirmed by staff when we spoke to them.

At this last inspection, we found there was no effective system in place to monitor care worker's timekeeping. During this inspection, we found the registered manager had addressed this and care workers timekeeping were being monitored by the registered manager to ensure people received the care they needed at the appropriate times. There was a lateness and missed call schedule in place which showed care workers timekeeping/timesheets were reviewed by the registered manager and any discrepancies in timekeeping were followed up and accounted for.

There were safeguarding and whistleblowing policies in place and records showed care workers had received training in how to safeguard adults and were aware of actions to take in response to suspected abuse.

There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by people who were unsuitable. Appropriate background checks had been completed.

At our last inspection, we found there was a lack of clarity in the roles of care workers when providing people support with their medicines. During this inspection, we found the registered manager had addressed this issue and none of the care workers administered medicines. Most people using the service could either self administer or were supported with their medicines by their families. Care workers also confirmed that they did not administer medicines. Care workers did support people with the application of creams and eye drops. Records showed that care workers had received appropriate training from an external pharmacy to ensure they had the knowledge and skills to apply these safely.

People's care plans provided supporting information for care workers so they were aware of what medicines were being taken by people using the service and why they were being taken. Care workers were also aware if there were any issues or concerns in general about people's medicines they needed to report it to the registered manager and inform the relatives accordingly.

Is the service effective?

Our findings

At our inspection on the 12 December 2015, we found care workers performance had not been assessed effectively to ensure staff were suitably competent and experienced enough to provide the level of care and support to meet people's needs effectively. This meant the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the provider sent us an action plan setting out the actions they would take to meet the regulation. During this inspection we found the registered manager had taken appropriate action to meet the regulation. Records showed care workers competency was being assessed by spot checks and task observation. This involved care workers being observed by the care supervisor assessing how care workers carried out their duties. Records showed that if there were any areas of improvement, this was noted and followed up by the service.

At our last inspection, we found there were no staff meetings in place and effective processes from management to communicate to staff about any issues, concerns and best practice in relation to the service. During this inspection, records and care workers confirmed staff meetings were taking place. Areas discussed as part of these meetings included safeguarding, MCA/DoLS, emergencies, moving and handling, pressure sores and diabetes. When speaking to care workers, they spoke very positively about team meetings. They told us "Yes we have meetings with other care workers. Anything that needs to be discussed, we can talk about it, "In our staff meetings, any problems we can discuss, ask any questions, it really does help", "When we [care workers] get together like that it really helps to share ideas and raise any concerns" and "It's good to see other care workers and share experiences with each other. You learn so much."

Records showed that staff had received regular supervision sessions and this was confirmed by staff we spoke with. Supervision sessions enabled staff to discuss their personal development objectives and goals. We also saw evidence that staff had received an annual appraisal about their individual performance and had an opportunity to review their personal development and progress.

When speaking with care workers they felt supported by their colleagues and management. They felt positive about working for the service. They told us "I really enjoy it here", "Manager is very good, very helpful", "Yes I like it here very much", "They look after me very well. They are very nice people", " They treat me very well. I am very happy" and "She [registered manager] is always there for me."

At our last inspection, we found most of the training care workers received was on-line and care workers were not receiving effective practical sessions which covered moving and handling and the use of hoists. During this inspection, we found the service were working with an external training company which provided face to face training which included practical training sessions for moving and handling and the use of hoists. Records also showed training included the risk of falls and pressure ulcers. We were shown a copy of additional guidance provided to care workers explaining the different types and grades of pressure sores to raise their awareness and what they needed to do to prevent people from developing pressure sores.

Training records showed that staff had completed training in areas that helped them to meet people's needs. Topics included moving and handling, safeguarding, food hygiene and nutrition, infection control, in The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and health and safety. There was a training matrix in place which showed training staff had completed and when the next refresher training was due. Staff spoke positively about the training they received. They told us "[Registered manager] will always organise the training we need and ensure we get the training. It helps a lot", "Anything we don't understand we can learn", "If I am not sure about anything, they are good at explaining things", "I get regular training", "We had a moving and handling hoist session. It was very helpful" and "I don't need to use a hoist at the moment but it was good to have the refresher training anyway."

The Mental Capacity Act (MCA) 2005 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.

At our last inspection, we found care plans contained contradictory information about people and relatives involvement with their care. During this inspection, we found the registered manager had addressed this and care plans had been updated. We found care plans contained information about the person's mental state and cognition which outlined where people were able to make their choices and decisions about their care. Areas in which the person was unable to give consent due to the lack of capacity, records clearly showed the person's next of kin and healthcare professionals were involved to ensure decisions were being made in the person's best interest. When speaking with care workers, they had knowledge of the MCA and training records confirmed that they had received training in this area.

People using the service were able to eat and drink independently or received support from relatives with their nutritional and hydration needs. Areas in which people needed support, were highlighted in their care plans. At the last inspection, we found the information about people's likes and dislikes and dietary requirements was limited. During this inspection, we found the care plans has been updated and had a specific section entitled 'What would I choose to eat?' which included information such as 'I like to eat Italian food like pasta. Having fresh food throughout the day is very important to me and I don't like food that has been brought in ready prepared' and 'I like to eat Gujarati and vegetarian food. I like have snacks of fruit at around mid morning and love Gujarati cooking. I have a small appetite but like to be reminded about meal times as I may forget otherwise.'

When speaking with care workers, they were aware of how to support people and their preferences. One care worker told us "I cut up the food in small pieces, make sure [person] has the right cutlery and make sure it is presented in the right way."

Is the service caring?

Our findings

People using the service and relatives spoke positively about the way they were supported. They told us "They are very caring, they chat to me", "Yes very polite, [care worker] takes me to hospital appointments and takes me out shopping in my wheelchair. [Care worker] listens to me", "She [Care worker] looks after [person] like a member of the family" and "They help [person] with dressing, they feel safe with [care worker] because she speaks Gujarati and understands [person] very well."

People using the service and relatives told us their privacy and dignity was maintained and respected. They told us "They [care workers] help [person] to have a bath and change their clothes, [person] seems happy", "[Care worker] takes care of [person] and showers them every day", "[Care worker] takes care of [person], very much so" and "They help to have a bath [person] and change their clothes, they go over and beyond to help."

Care workers were able to tell us how they maintained people's privacy and dignity. They told us "You talk to them [person] as you are doing it to ensure they are comfortable and uncover as much as you need to and no more so their dignity is maintained", "If I am working on the top half, I make sure their bottom half is covered so person is not completely exposed. We keep talking with them", and "I wash them how they want me to wash them. First let them do what they can and talk to them so they don't feel embarrassed."

Feedback from people using the service and family relatives indicated positive caring relationships had developed between people and care workers. People told us "My care worker is absolutely wonderful, she perfectly understands my needs, she is absolutely exceptional. She has the right attitude, takes the initiative and is very, very good" and "They do everything I want them to do."

Relatives told us "[Care worker] is definitely polite and considerate, they get on well they go out of their way to help. [Care worker] chats to [person] and puts their mind at peace. [Care worker] is very friendly. [Person] is fond of her. [Person] is happy, "[Care worker] does more than is expected" and "The care worker is very polite, and gentle which is wonderful. She makes an effort, they have built up a relationship and know how [person] needs to be cleaned and how things need to be put back and then always tidy up. They wear aprons, gloves and plastic shoes."

At our inspection on the 21 December 2015, we found there was a lack of formal arrangements in place to enable and support people and relatives to make decisions relating to the person's care. We made a recommendation that the service review their arrangements for people and relatives to effectively express their views.

During this inspection, we found the registered manager had addressed this issue and records showed review of care meetings had been conducted with people in which aspects of their care were discussed. The registered manager told us that every three months, a visit or call was conducted and every six months a face to face care review meeting was arranged with involvement from people and relatives where appropriate. When speaking to people using the service, they confirmed this and told us "Yes, the office

always listens and help me. The [registered manger] visits from time to time, she is very nice" and "I can call the office, [the registered manager] comes every 3 months. Relatives also told us "[Registered manager] comes to visit every couple of months to see if everything is okay. She notes everything down" and "We have the office details, they are easy to get hold off. I have someone who visits every few months and phone calls in between."

Is the service responsive?

Our findings

People using the service and relatives spoke positively about the care they received. They told us "They [care workers] do everything I need, change the bedding and sometimes they will do the shopping too" and "Excellent timekeeping, they look after me so that I don't fall in the shower, they look after the little things for me."

Relatives also told us "They [care workers] attend to all [person's] needs and take care of them" and "Yes they do everything and meet [person's] needs."

At our inspection on the 12 December 2015, we found care plans were not person centred and complete, records had not been kept about people's care and support they needed. This meant the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the provider sent us an action plan setting out the actions they would take. During this inspection we found the registered manager had taken action to address our concerns to meet the regulation.

We found care plans had been updated and a new format had been implemented. Information in care plans were person centred and detailed which ensured people received personalised care according to their specific needs. The care plans provided information about people's medical background, details of medical diagnoses and social history. The care plans outlined what support people wanted and how they wanted the service to provide the support for them with various aspects of their daily life such as personal care, continence, medicines, nutrition and hydration and mobility.

Care plans then clearly detailed what tasks needed to be done each day, time of visits, people's needs and how these needs were to be met. People's individual preferences, likes and dislikes were listed and background information about the person and what was important to them was documented.

Care plans were reviewed six monthly by the registered manager and were also updated when people's needs changed. Daily communication records were in place which recorded information such as visit notes, meal log and medication support provided.

When speaking with care workers they told us they would interact with the person in response to their needs and read the care plans. They told us "We read the care plan, speak to the person and get to know them", "I met the family and shadowed the previous carer for that person" and "The manager went through things with me, I shadowed another care worker, spoke to the person and read their care plan. This helped me to get to know who the person was and what they wanted."

Feedback from care workers also indicated their understanding of choice and maintaining people's independence in areas they were able to. They told us "[Person] will do as much as they can. [Person] will try first and then I will help if they need me to", "[Person] does most of it. I just make sure they are okay and they

will tell me if they need anything" and "What they [people] want, we have to give it them."

There were procedures for receiving, handling and responding to comments and complaints. We saw the policy also made reference to contacting the Local Government Ombudsman and the CQC if people felt their complaints had not been handled appropriately by the service. The service had a system for recording complaints and we observed that complaints had been dealt with appropriately in accordance with their policy. Records showed that the registered manager investigated and responded appropriately when complaints were received and resolved matters satisfactorily. People using the service and relatives told us they had no complaints about the service. They told us "No complaints, they are looking after me", "No complaints really, once the care worker came out late, there was communication failure but it never happened again" and "We've been using them for last 2 years now and we have no complaints at all."

Is the service well-led?

Our findings

People using the service and their relatives spoke positively about the service. They told us "I wouldn't be able to do everyday things without them. It makes me feel good. The care is very good, I would recommend them", "I'm extremely lucky, 100% satisfied.", "They are always looking at ways to improve themselves. Their standards are high", "I can't think of any improvements really. They are doing what [person] needs."

At our inspection on the 21 December 2015, we found systems in place were not robust enough to assess, monitor and improve the quality and safety of the services being provided to people. This meant the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the provider sent us an action plan setting out the actions they would take to meet the regulation. During this inspection we found action had been taken to address issues highlighted at the last inspection and met the regulation.

In response to the issues raised about risk assessments, we found the service had updated assessments and provided more detailed information on how to keep people safe. Risks to people were assessed and identified according to people's specific needs

In response to the assessment of care workers performance we found spot checks were being conducted to assess care workers competency. Care workers received appropriate training which enable them to carry out their roles effectively.

Care plans were now more person centred and detailed which ensured people received personalised care according to their specific needs and preferences.

The registered manager told us the service had downsized considerably to ensure they had the appropriate systems in place to enable them to deliver quality person centred care to the people using the service. At the last inspection, we found the registered manager was responsible for the majority of work that needed to be done. During this inspection, there was a care supervisor and care assessor and trainer appointed to help with the management of the service.

Since the last inspection, we found the registered manager had updated their quality assurance systems which could evaluate the quality of service they were providing and contribute towards continuous improvement of the service.

To assess the quality of service provided, records showed questionnaires and telephone reviews had been conducted. We reviewed the questionnaires and found positive feedback had been received. Some of the comments received "Very happy with the care provided. [Person] feels lucky to have [care worker]" and "My care worker is an exceptional mature woman who fully understands my needs and responds to them with unlimited kindness."

To evaluate the quality and performance of the service, the registered manager told us they had started to produce quarterly reports which showed what people thought about the service and any actions they took in response to feedback or ways of improving the service. For example, the reports showed that action had been taken to review all risk assessments including falls and pressure sore management. During this inspection, records showed this had been completed.

The quarterly reports were also being used as a tool to share information with staff of any issues and developments with the service to ensure they were routinely informed of matters concerning the service. Information was also sent to people using the service and relatives to raise awareness of what the service was doing and any issues concerning people's care and welfare. For example an email was sent to people and relatives informing them of getting a free home fire safety visit. This check was done free for people with disabilities and the elderly. Information was also sent out on available flu jabs, preventing pressure sore and risks of falling. The registered manager told us they felt it was important that people and their next of kin are also aware of these issues to help reduce the risks.

Care workers spoke positively about working for the service and the management. They told us "I have never had any issues", "I am happy with the way they manage things", "I am so happy with them I wouldn't want to change", "They are real genuine people" and "We just have to ring and they are there for us."

Care documentation was up to date and comprehensive. 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 infection control, safeguarding and health and safety. Staff were aware of these policies and procedures and followed them. People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.