

Peak Care Limited







Peak Care Homecare

Inspection report

The Beeches
Moor Road
Ashover
Chesterfield
S45 0AQ
Tel: 01246 592092
Website: admin@peakcare.co.uk

Date of inspection visit: 04 & 14 November 2015
Date of publication: 15/06/2016

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	

Overall summary

Peak Homecare provides personal care to people who live in their own homes around the village of Ashover. This is a small service providing care to around 20 people. The inspection took place between the 04 and the 14 November 2015 and was announced.

At our last inspection carried out in December 2013 we found that the provider was not keeping people safe because the care plans did not contain sufficient information on how to care for people. We also found that the provider had not ensured systems for monitoring

quality were fully effective in assessing and managing risks relating to the health, welfare and safety of people at the service. At this inspection we found that these concerns had been addressed.

The service did not have a registered manager in post. The home 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. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time our inspection the acting manager at the service had applied for registration with the Care Quality Commission.

People were safe and the provider had effective systems in place to safeguard people. Their medicines were administered safely and they were supported to contact their GP should they need to. The provider had a complaints policy in place.

There were sufficient, skilled staff to support people at all times and there was thorough recruitment processes in

place. Staff were trained to care for people and they used their training effectively to support people. They were caring and respected people's privacy, independence and dignity.

The staff were aware of the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards. The provider had policies in place to ensure people who did not have the ability to consent to their care were protected from the risks of inappropriate care.

Staff were encouraged to contribute to the development of the service and understood the provider's visions and values.

There was an effective quality assurance system in place.

Summary of findings

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.

There were enough staff to meet people's needs. People's medicines were being safely managed and administered. People felt safe and they were protected from harm and abuse. Staff recruitment arrangements were thorough.

There were plans in place to keep people safe in the event of an emergency.

Good



Is the service effective?

The service was effective.

Staff were trained to deliver care in a way that met people's needs and wishes while ensuring they always had the person's consent to care beforehand.

Staff ensured people had access to food and drink throughout the day. People had access to health and social care professionals as required.

Good



Is the service caring?

The service was caring.

Staff interaction with people was caring and people's privacy and dignity was protected.

People's consent was sought before staff started to care for them. This care was given in a manner that promoted their independence.

Good



Is the service responsive?

The service was responsive.

People or their representatives were involved in identifying their support needs and staff respected their choices.

The service had a complaints procedure.

Good



Is the service well-led?

The service was well led.

The provider had an effective system for monitoring the quality of the service they provided.

There were regular staff meetings. Staff were aware of the provider's whistleblowing policy.

Staff said they were supported by the acting manager.

Good



Peak Care Homecare

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

The inspection took place between the 04 and the 14 November 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service, we needed to be sure that someone would be in the office. The inspection team consisted of one inspector.

We reviewed information we held about the service and this included a review of the previous report for this service and a review of the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We also spoke with four people who used the service, three care staff, the registered manager and the provider.

We looked at the care records for seven people who used the service and reviewed the provider's recruitment processes. We also looked at the training information for all the staff employed by the service, and information on how the service was managed.

Is the service safe?

Our findings

We saw that risks to people were identified and where possible reduced or eliminated. Risk assessments were personalised and were reviewed six monthly or when there was a change in a person's needs. We saw these included identifying risks in the home such as rugs, that may cause a trip hazard, assisting people to move safely, the risk of developing pressure areas and ensuring people had good nutrition. We were told that the, "The [staff members] regularly check my skin and if it's pink or red they take care of it." The staff we spoke with were aware of their responsibility to keep risk assessments up to date and to report any changes straight away. This meant that staff knew what the risks to people were and had the up to date information they needed to do to keep people safe.

People told us that they felt safe with their carers, and felt that the agency provided a safe service. One person said, "It's good here. I can have my own place, yet feel safe as houses." Another said, "I'm safe as houses here. The [staff members] are so nice they make sure the doors are locked before they go."

People told us repeatedly that they had complete confidence in the carers who visited them. They also told us that if issues or concerns arose with their care they were encouraged to discuss it. The staff members we spoke with demonstrated that they were able to identify concerns and were clear that they were responsible for people's safety. All the staff we spoke with understood the signs of abuse to look out for. They were able to give us examples of when they had acted on concerns. This resulted in visits from social workers to ensure they had professional advice on how to deal with the situation. One staff member said, "The people here love being independent we are able to promote this while keeping them safe."

The agency had enough staff to provide care to people at their chosen time. All the people we spoke with were happy with the timing of their care and said that it suited their needs and wishes.

Staffing levels had been calculated on the hours of care provided by the service, however the service had started to

expand and staff were concerned that they were being overstretched. The provider was aware of the situation and had made temporary arrangements for their sister service Grove House (on the same site) to cover emergencies. People who used the service and staff confirmed this. A review of staffing rotas showed that staff had sufficient time allocated to care for people. This meant staff had enough time to care for people in an unhurried manner.

There was an effective recruitment process in place to ensure that staff who worked in the service were of good character and were suitable to work with people who needed to be protected from harm or abuse. A review of records showed that checks had been made to ensure staff were suitable to support people in their own homes.

We found thorough recruitment procedures in place. These ensured the staff had the right skills and attitude, and were suitable to support people who lived at the home. The provider checked whether the Disclosure and Barring Service (DBS) had any information which might mean a person was not suitable to work in the home; and checked staff references. The DBS is a national agency that keeps records of criminal convictions. We saw from staff records that they did not commence employment until all the necessary checks were completed.

Some people were assisted by staff members to take their medication. People told us staff helped them as they no longer wanted the 'bother' of managing their own medication. One person said, "I take so much it's nice to hand over the responsibility to the girls." Another said, "I was given the choice, but I am happy for the girls to do it for me. It takes away the worry."

The provider had policies and procedures in place to ensure people were supported with their medicines as prescribed. Staff followed these and we saw records were kept of medicines taken and if a person was refusing to take their medicines this was discussed with them to ensure they knew the impact of not taking it and to check if it could be taken in another form. If the person did not understand the impact the GP or family were informed. This meant that people were supported with their medication as prescribed in a timely manner.

Is the service effective?

Our findings

People told us that they were well cared for. This included people who were in pain. One person said that moving was painful for them, they told us, “[The staff] are always aware that they could hurt me and are as gentle as possible.”

People told us that staff were skilled in caring for people.

Another person said, “[My relative] needs very gentle care, but the [staff members] are so good.” Another said, “While I do not need a lot of care, it’s good to know they are around.” They also said staff ensured their independence was supported and they were encouraged to make choices on how they wanted their care delivered.

Staff were trained in all aspects of care delivery. This included assisting people to move safely, promoting food hygiene and ensuring staff understood the importance of infection control.

Staff had the necessary skills and knowledge to effectively support people. Staff we spoke with confirmed they had regular supervision and support to carry out their duties. A staff member told us, “I like working here, they are strict which is important”. They also demonstrated a thorough and detailed knowledge of people’s individual needs, preferences and choices. This ensured people got the care they needed.

Staff we spoke with told us they had access to information and training to understand the needs of people using the service. One staff member described the access to training as good and said they had received training in dementia. Training records we saw showed most staff were up to date with health and safety training and that they also undertook training in areas relevant to people using the service, such as dementia and pressure area care. Staff therefore were able to provide effective care based on the support and training they received.

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.

At the time of the inspection visit all people using the service had full mental capacity. However the provider had policies in place should anyone using the service be unable to consent to care. These included information on when a person using the service, who no longer had the capacity to make decisions in their best interest, should be referred to the Court of Protection. This was to ensure their right were protected.

The provider supplied meals to people in their own home. This service was subjected to complaints as the food frequently arrived cold. The provider had started to make improvements in the delivery of the meals so that people could have their food served at an appropriate temperature. This included using heated serving dishes. This improvement had just been introduced and we are not able to comment on the effectiveness of it.

Staff left people with drinks and snacks of their liking within reach so that they had access to them during the day and between visits. Staff were aware of the need to monitor peoples’ weights. Although staff did not physically weigh people they told us that if a person had visibly lost weight they would report it to their manager who would then visit and re-assess the person and if necessary make referrals to dieticians through their GP. This was to ensure that people received the appropriate support from relevant health professionals.

People were supported to maintain good health. They told us that if staff thought the GP needed to be called they would discuss it with the person and then make appropriate arrangements. The agency had systems in place to support people should they become suddenly ill. For example, if they needed to go to hospital suddenly, staff would always offer to go with them. People told us that when their health deteriorated and they needed more care this was done with immediate effect. Staff were aware of the health care support in the community, this included the support available to people at the end of life such as McMillan nurses. This meant that people could choose to stay in their own homes at the end of life.

Is the service caring?

Our findings

One person told us that, “The words I would use to describe them [the staff] is kind and soft in the middle.” Another said, “They take care of me like a family member, I have known some of them for years and they have become my family.” Another person told us that, “They are wonderful, we have our particular favourites who brighten our day. But they are all good, I haven’t got a bad word to say about any of them.”

All of the people we spoke with told us that they were well cared for and that staff were very kind and compassionate. People confirmed that staff were very careful to ensure their care was delivered in a manner that promoted their dignity and privacy. People felt that they mattered as individuals and that the staff were there to care for them in the manner that they wanted to be cared for. We were told that staff greeted people and checked that they are well before they started to deliver care.

Staff worked with the people to ensure they were delivering their care in the manner they wanted. People felt respected and their dignity was promoted and we saw people’s privacy and dignity was promoted. For example people were assisted with their personal care in private. Conversations were hushed to protect people’s confidentiality. Staff had a good understanding of how they

were able to respect people’s privacy and dignity through their day to day work. One person told us, “It is difficult to have someone to wash me, however given that I can no longer do this for myself they are the next best thing.” Another person said, “They [the staff] never speak down to me.” This showed that staff did their best to ensure people were respected and cared for in dignified manner.

Staff told us they were careful not to undermine the independence of people. We saw that where possible people were supported to be in control of their lives. Care plans were drawn up with people or their relative involved to ensure the service understood their needs and how they wanted their care to be delivered. People’s wishes and views were respected. For example the timing of the visit. Also staff were directed to take their time and allow the person the time and space to complete tasks they were able to, but needed time. Staff were aware of when to assist or when to encourage people to use their skills to complete their own personal care. This meant that the person’s independence was not compromised.

This was a small service with a well established staff group who knew people they cared for well. People told us staff were aware of their needs. One person said the, “The girls know what I need but they always ask in case I have changed my mind or want something different. I like that.”

Is the service responsive?

Our findings

At our last inspection carried out in December 2013 we found that the provider was not keeping people safe because the care plans did not contain sufficient information on how to care for people. People's changing needs were not recorded so that staff had up to date information on how to care for people. At this inspection we found that this had been addressed.

All of the people who used the service had a care plan in place which they had contributed to. These were up to date and were reviewed on a regular basis. Care planning was carried out by staff who had met the person and were aware of their needs and wishes in relation to the staff who cared for them. The people we spoke with confirmed this and told us if there was a problem or a personality clash it was sorted out.

There were systems in place for staff to report their concerns to senior staff who responded by visiting to reassess people's needs and ensure the service fully understood and responded to their needs. People told us that the service was flexible and responded to a need to change the time of the care delivery. For example, if a person needed to attend a hospital, GP appointment or an important social occasion.

People told us that their preferences, wishes and choices had been taken into account in the planning of their care

and treatment, and the care plans we looked at confirmed this. The care plans were easy to read and contained detailed information so that the care staff knew people's individual needs and wishes. People confirmed they were involved in care planning. One person said, "Of course I was – however would the girls know what to do if I wasn't."

People spoken with knew how to make a complaint and said that they would have no problem talking to the senior staff should they need to. A review of complaints showed that the service had a complaints policy in place and we saw that they were responded to in a timely manner. At the time of the inspection there were no complaints outstanding and we saw that the service had received many compliments about the quality of the service and the caring approach of the staff. This showed that people's concerns were taken seriously and investigated appropriately.

Care had been taken to ensure staff understood the importance of individualised care and to respond to changing needs. One person said, "I need a bit more care, now they do it in a way that makes it easy to accept help." Another person said that they only need a little care but know they just have to ask should they be feeling a bit low. They said that they appreciated the flexibility of the service, and recognised that this was enabling them to be more independent, which also helped their emotional wellbeing. This approach to delivering care promoted the independence and recovery of people.

Is the service well-led?

Our findings

At our last inspection in Dec 2013 the provider had not ensured systems for monitoring quality were fully effective in assessing and managing risks relating to the health, welfare and safety of people at the service. This had been addressed at this inspection.

The service has not had a registered manager since September 2013. However, there was an application with CQC for registration and the application was being processed. Current information shows the application was processed and the service now has a registered manager in place.

People and staff we spoke with told us that the acting manager was approachable and easy to talk to. A relative told us that they are, "So easy to talk to you could talk about anything with them."

One staff member said that the managers, "Are keen to have a good service." The acting manager said that they try to put the care and welfare of people at the centre of all they do. Staff and people supported this. Staff said that any ideas they have were listened to and if they are good they were considered. Staff we spoke with all told us that they enjoyed work with the service were very proud of the care they give. They said the acting manager knows how to get the best out of them.

Staff and people told us that the service was managed in an open manner where the opinions of the people and staff were sought and where possible put in place. For example on the suggestion of staff the acting manager installed emergency lights for one person who was left without lights

during a thunder storm. The person told us that this was a huge relief for them. This created a positive culture in the service and allowed people and staff to freely give their opinions thus allowing them to be part of how the home was run and developed.

Staff felt the manager was easy to talk to and they were confident in raising any issues or concerns they had. One staff member said, "Yes [acting manager] is easy to talk to, she knows all the people really well and is great for advice and guidance."

Staff were able to demonstrate a good knowledge of the provider's whistleblowing policy which they would use if they were concerned about issues of poor or inappropriate care or support. They were confident that any concerns raised would be dealt with in accordance with the policy and they would be informed of the outcome of any investigation. This meant that poor practice was addressed before it had an adverse effect on people.

There were regular staff meetings and staff were encouraged to share their views and opinions to help improve the quality of service provided. Staff told us that the culture at the service was very open and person-centred. This meant that the care of people was central to how the service was managed.

A range of quality audits had been completed, including infection control, people's finances and health and safety. Where actions had arisen from these audits we saw that these were monitored until the acting manager was sure solutions were in place. This included providing more training if necessary.