

Peak Home Assist Ltd

Peak Home Assist

Inspection report

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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

About the service

Peak Home Assist is a domiciliary service providing personal care and support to up to people in their own homes. At the time of our inspection there were 16 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The care people received at the service was safe. There were protocols in place for reporting and dealing with any concerns relating to people's safety and wellbeing. Medicines were managed safely, and people received the support they required with their medicines. They were enough staff to meet people's need in a timely and person-centred manner.

Staff were skilled to meet the requirements of their role. The provider had an enhanced training programme within the service. Staff had the knowledge and experience to support people with managing their health needs and supported them to access health care service when needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were kind and compassionate. They treated people like they mattered. They promoted people's privacy and supported them with dignity and respect. Staff took steps to involve people in decisions about their care.

The care people received was tailored to their individual needs. People's care plans contained detailed information on their needs, preferences and choice. Staff had easy access to care plan and their practice reflected the information in care plans.

The service was led by an experienced registered manager. The culture within the service promoted inclusion and person-centred care. There were systems in place to monitor that people received a good quality of care. People, their relatives and staff had good experience of the service and could contribute to further improvement within the service.

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 11 November 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was 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 well-led.

Details are in our well-Led findings below.

Good ●

Peak Home Assist

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

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

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

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 48 hours' 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.

Inspection activity started on 23 May 2022 and ended on 14 June 2022. We visited the location's office on 23 May 2022.

What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the

local authority and professionals who work with the service. We used all this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with six people who used the service and eight relatives about their experience of the care provided. We spoke with five members of staff including the provider and registered manager. This included face to face and telephone conversations.

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

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People received safe care at Peak Home Assist. People and their relatives told us they felt safe with the care and support staff provided. One person said, "I am alone, so I really rely on the staff to keep me safe and they do it well". A relative told us, "This is the best care provider [relative] has had. We know [pronoun] is safe in their care."
- The service had systems in place to protect people from the risk of abuse and avoidable harm. Staff were confident in the use of safeguarding and whistleblowing protocols.
- The managers dealt with concerns staff raised and made referrals to relevant agencies such as the local safeguarding authority and the Care Quality Commission (CQC).

Assessing risk, safety monitoring and management

- Risk associated with the care people received was assessed and staff had information and guidance in people's records to guide them on how to mitigate those risk when they provided support to people.
- Where people needed aids and equipment to support with their needs such as mobilising, we saw staff were trained on how to use such equipment safely.

Staffing and recruitment

- The service employed and effectively deployed enough staff to meet people's needs in a timely manner. Staff had enough time to travel to people's homes. They supported people for the agreed duration and time. One person said, "They [staff] are dependable and turn up on time. If I have a problem, I know they are coming and will sort it for me."
- The provider followed safe recruitment practices. They completed the relevant pre-employment checks before they employed staff. This assured them staff were suitable to work with people who used services. This included identity, reference and DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines as prescribed by their doctor. Where people needed staff support with administering their medicines, staff followed safe practices.
- The service had systems in place for the safe administration of medicines and recording what support people had received. The records staff completed were monitored to ensure the support was safe. This meant there was a reduced risk of medicines error occurring.
- Only staff who had received training in medicines management supported people with their medicines.

Their competency was regularly monitored.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- There were systems in place to use concerns raised and incidents that occurred at the service to improve people's experience of care and support.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they began to use the service. This was so the provider could ensure the service would be able to meet their needs. Assessments included people's needs relating to any protected characteristics as described by the Equality Act. This included age, gender, disability, sexual orientation etc. The service people received was non-discriminatory.

Staff support: induction, training, skills and experience

- Staff had the right skills to support people who used the service. The provider had a robust training schedule which equipped staff to provide safe and effective care. Staff training included the care certificate and an enhanced in-house training programme.
- The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Each person's care record stated the skills required to care for them. This meant only staff who had been trained to meet their specific needs supported them.
- New staff were supported through a robust induction process. The provider was also part of an apprenticeship training programme for the future social care workforce.

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

- People's nutritional needs were met. People who needed staff support to prepare their meals and drinks received this support. Staff were trained to ensure this support was delivered effectively. A relative told us, "The staff will always check on my [relative]'s food and fluids, just to make sure [pronoun] is eating and drinking enough."

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked collaboratively with other professionals to provide consistent care to people. They made prompt referrals to health and social care professionals when they observed changes in people's health and well-being. This included GPs, occupational therapists etc.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to stay well. They spoke highly of staff support with their health needs. Staff were proactive with people's health and well-being and provided support to help them maintain their health conditions.
- One person told us, "The staff are very aware of my health. They are very observant and always check on

me. If they are concerned they would get the doctor." A relative said, "[Person] has definitely improved in [pronoun] health and wellbeing since Peak have been coming. They are just the best we have had. Another said, "The staff would help with advice on medical issues if they arose - when to contact the doctor or may be a check on medications. They are very knowledgeable. The staff that I have met appear to know their job."

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- At the time of our inspection, none of the people who used the service was deprived of their liberty.
- People consented to the care they received. Any advance decisions they had made regarding their care was clearly documented and known to staff.
- People were not subjected to restrictive practices such as restraint.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were kind and compassionate. All the people we spoke with praised the staff. Their comments included, "The staff who care for me are the nicest people you could wish to meet." "I couldn't be better cared for. The staff are lovely." "This is the happiest my parents have ever been, since having care."
- Staff had good knowledge of people's personal histories, preferences and other significant people who mattered to the person receiving care and support. They used this information to care for people as they chose. A relative told us, "[Staff] also care for me. They always ask how I am and if I need anything. It's great."
- People were treated like they mattered. The service demonstrated an individualised approach to each person's care, putting people at the centre of the care they delivered.

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

- People were involved in decisions about their care. Their care records reflected their wishes, beliefs and life goals.
- There were systems within the service to refer people to independent advocacy support if needed. Advocacy services support people to promote their rights and wishes. Where people had made advance decisions or appointed a representative to support them with decision making, this was clearly recorded in advance care plans and included in care planning and delivery.
- Staff spent sufficient time with people. This meant staff had time to listen to, involve and communicate with them effectively. One person said, "The staff understand how vital my chats with them are. They always make time."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. The practice within the service promoted people's rights to dignified care and privacy. One person said, "I am always shown kindness and asked what I want done. They treat me with respect." A relative said, "These are the best care staff we have had for [relative]. They treat [pronoun] so well, with kindness and dignity."
- The managers reviewed how staff promoted people's dignity through regular dignity audits.
- People were supported to be as independent as possible. Staff supported them to remain independent with tasks they chose and to maintain skills they had where possible. A relative told us, "Because of the staff from Peak, my [relative] has gained in confidence, which has added to [pronoun] quality of life."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were robust and holistic. They reflected the individual needs of each person. Staff had easy access to the information contained within care plans. This meant the care delivered was person-centred.
- Staff involved people's relatives and other significant people in care planning where relevant. This ensured the care people received suited their needs. A relative said, "My family members are not always easy to deal with, but the staff have a wonderful approach with them. When a new member of staff is coming the manager comes and introduces them to make sure my family are happy."

Meeting people's communication needs

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

- At the time of our inspection, none of the people who used the service required information in an accessible format. However, the service had systems in place to provide information that complied with the Accessible Information Standard if required.
- People's communication assessment and care plan included information about their abilities, preferences, wishes and needs for effective communication.

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

- People were not at risk of social isolation. Staff supported people to follow their interest. Care records showed how staff ensured a person had the support required to engage in activities of interest.

Improving care quality in response to complaints or concerns

- The provider had systems in place to deal with and respond to concerns and complaints people raised about their care. At the time of our inspection, one complaint had been received by the service which had been resolved.
- People told us they usually raised any concerns informally and staff dealt with these promptly and satisfactorily. One person said, "No issue is too big." A relative told us, "If I have any problems the girls [staff] deal with them. No matter what the problem this care provider will try and assist." Another said, "I know that the management will always solve problems if I had any."

End of life care and support

- The provider had systems in place to support people at the end of their life. This included training and working collaboratively with other professionals to ensure people would be comfortable and receive dignified care that meet their needs and wishes. At the time of our inspection, none of the people who used the service received end of life care.
- Staff had received relevant training to provide end of life care and support.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- There was an inclusive and person-centred ethos within the service. People were at the centre of how care was delivered.
- The service had a very positive and open culture. People and their relatives spoke very highly of the support they received from care staff and managers. One person told us, "With the care and company I get from Peak I am a lot happier and healthier. They got me back on my feet." A relative said, "I would recommend this service to anyone who needs care. We are very satisfied with our care."
- Managers were easily accessible to staff, people and relatives for support when needed. A relative told us, "This is a very well-run company. It is organised and always available for a chat if necessary."

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

- We saw that the provider understood and acted within the requirements of the duty of candour. This included how concerns raised were dealt with and how lessons were learnt from feedback or incidents at the service. Duty of candour is a requirement for providers to be open and honest with people when things may/could have gone wrong with the care they received.

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

- The service had a registered manager in post. The registered manager was experienced, competent and had clear understanding of their responsibilities. They were supported by the provider to meet the requirements of the role and their visions for the service.
- There was a clear staff structure and tiers of accountability. This meant staff were clear about their roles and responsibilities and knew how to request any further support and guidance needed.
- The registered manager had reported relevant incidents that occurred at the service to the CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There was open communication within the service. People, their relatives and staff could contribute to shaping the culture within the service. The provider acted on people's feedback.
- Staff worked collaboratively with health and social care professionals to ensure people received good quality of care which suited their needs.

Continuous learning and improving care

- The registered manager completed a range of quality assurance checks and audit which they used to monitor the quality of care people received. Their checks and audits identified where improvements were required and they put plans in place to implement them.