

The Peaches Health Care Limited

# The Peaches Healthcare Limited

## Inspection report

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Date of inspection visit:  
16 July 2019

Date of publication:  
25 July 2019

### 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

The Peaches Healthcare Limited is a domiciliary care service providing personal care and support to people in their own homes in Surrey and the London Borough of Ealing. At the time of our inspection nine people over the age of 55 years were using the service. Some people were living with the experience of dementia.

This was the only location for the provider.

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

People using the service and their relatives were happy with the service they received. Their needs were met in a personalised way and they had been involved in planning and reviewing their care. People said that the staff were kind, caring and they had developed good relationships with them.

The provider worked closely with other professionals to make sure people had access to health care services. People received medicines safely and as prescribed. Where people were supported to eat and drink, this had been planned for and people were able to make choices about this.

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.

People's needs were assessed before they started using the service and care plans were developed to show what support the staff should provide. The care plans were regularly reviewed involving people and those who were important to them. Risks to their safety and wellbeing were appropriately assessed.

The staff working at the agency were happy and felt well supported. They enjoyed their work and spoke positively about the people they cared for. They received the training, support and information they needed to provide effective care. The agency's procedures for recruiting and inducting staff made sure only suitable staff were employed.

The agency was a private limited company managed by two directors who were involved in the day to day running. One of them was the registered manager. They had regular contact with people using the service, staff and other stakeholders. There were systems for monitoring the quality of the service, gathering feedback from others and making continuous improvements.

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

### Rating at last inspection

This was the first inspection of the service since it was registered on 23 February 2018.

### Why we inspected

This was a planned inspection based on the date the service started operating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# The Peaches Healthcare Limited

## **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 Care Act 2014.

#### Inspection team

The inspection visit was carried out by one inspector. As part of the inspection we contacted people who used the service, staff and other stakeholders by telephone. Some of these telephone calls were made 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.

#### Service and service type

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

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

#### Notice of inspection

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.

#### What we did before the inspection

We looked at all the information we held about the provider. This included information they had shared with us during their registration, notifications of significant events and information from the Provider Information Return (PIR). This is information providers are required to send us with key information about their service,

what they do well, and improvements they plan to make. This information helps support our inspections. We looked at publicly available information, such as the provider's own website.

We used all of this information to plan our inspection.

During the inspection

We met the registered manager, field care supervisor and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at records used by the provider to manage the service. These included care records for four people, staff recruitment records for four members of staff, records of staff training, supervision and support, records of complaints, accidents and incidents and quality monitoring information.

We spoke with one person who used the service and the relatives of three other people. We received feedback from three care workers about their experiences.

# Is the service safe?

## Our findings

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

This was the first inspection of the service. We rated this key question Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems designed to safeguard people from abuse. The staff received training about these and were provided with information about recognising abuse and how to report this.
- The registered manager explained about a situation where they had raised an alert with the local authority regarding a specific concern. They told us about the action they had taken to minimise the risk of harm to the person and to prevent reoccurrence. They said the local authority had been satisfied with the way they had responded.

Assessing risk, safety monitoring and management

- The risks to individual people's safety and wellbeing had been assessed and planned for. People using the service, and their representatives, had been able to contribute their views for these assessments. Each care file included a number of individual assessments relating to specific needs, such as health, skin integrity, nutrition, equipment and risks of falls.
- The assessments included interventions for staff to reduce the impact of the risks. They also included tasks the staff could undertake to prevent the risks. For example, following procedures for cleaning medical devices, ensuring there were no hazards when people moved around the home and checking their footwear to make sure they could safely walk. The assessments were colour coded to indicate the level of risk. They had been regularly reviewed and updated when changes had taken place.
- The assessments referred to good practice guidance and information from other professionals where relevant.

Staffing and recruitment

- There were enough staff to keep people safe and meet their needs. People told us the staff arrived on time and they had the same regular staff caring for them. The provider offered services in specific postcode areas where the staff were based so they could minimise travel time between people using the service. They used an electronic call monitoring system which alerted the management team if a care worker was late or did not arrive for a visit.
- People using the service and the staff received information about which staff were assigned to visits in advance. The staff told us they had enough time to travel between visits and to carry out their work. The management team were also involved in providing care to people. They told us they covered leave and emergencies when the care workers could not attend a visit.

- The provider had appropriate procedures for recruiting staff. These included formal interviews and carrying out checks on their suitability and identity. Following successful recruitment, the staff underwent training and were assessed as part of an induction, before they were able to work independently.

#### Using medicines safely

- People received their medicines safely and as prescribed. There were procedures for the safe handling of medicines. All staff had received training in these and the management team assessed their skills and competencies to manage medicines in a safe way at least twice a year.
- Care plans included information about people's prescribed medicines. There were medicines administration records which the staff completed. The management team collected and checked these each month to make sure there had not been any errors. There were assessments of risk regarding medicines, including those for people who managed their own medicines, to make sure they could do this safely.
- The registered manager had recorded how they had talked with one person about all their different medicines, describing what these were for and making sure the person understood and was aware of this.

#### Preventing and controlling infection

- The provider had suitable procedures for preventing and controlling infection. All staff had received training in this and good practice was discussed at team meetings. The management team monitored staff knowledge and whether they followed procedures during monthly 'spot check' assessments of the staff. The staff were supplied with gloves, aprons and equipment they needed. The supplies of these were regularly checked and restocked as required.

#### Learning lessons when things go wrong

- The provider learnt from things that went wrong and made improvements as a result of these. For example, the provider had received a complaint which included concerns about staff wearing perfumes. As a result, the provider had updated the person's care plan and risk assessment to show that the staff should not do this. They also spoke with all the staff about not wearing strong perfumes when caring for people and always checking with the person about whether they had any concerns.
- The provider had responded appropriately to accidents and incidents. They kept a record of these and this showed they had requested medical interventions when needed and contacted social workers to update them about accidents and incidents. The records showed how they had responded to each event so that all the staff could learn from these. This included sharing information and guidance with staff about how they should respond to similar events or how to do things differently in the future.



# 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 was the first inspection of the service. We rated this key question 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

- The management team met with people and their representatives before they started using the service to assess their needs. They discussed these with them and made sure they understood their wishes and preferences. Assessments of need were appropriately detailed and included information about people's choices and how they should be cared for. These were used to develop care plans and risk assessments, which had been regularly reviewed and updated.

Staff support: induction, training, skills and experience

- People were cared for by staff who were well trained and supported. The staff told us they felt supported by the managers and had the information they needed to do their jobs. New members of staff shadowed experienced workers and were assessed to make sure they were competent and confident. The staff were able to express any concerns or additional learning needs they had, and the provider responded to these.
- The registered manager and nominated individual were qualified trainers. They had developed a training package for staff which included workbooks covering the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives new staff to care an introduction to their roles and responsibilities. The provider organised a training package for new staff and training updates for all staff. The agency had a training room which was suitably equipped. Some additional training had been provided by external professionals regarding people's specific needs.
- The staff regularly met with their line manager for team and individual meetings. Team meetings included discussions about a range of different topics and were used for shared learning and reflecting on things that had gone wrong. The registered manager helped the staff set their own personal objectives during individual meetings. These were recorded and the staff worked towards the objectives, reviewing whether they had achieved these at their next meeting.

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

- Some people were supported with meal preparation and to eat and drink. There were care plans in respect of this. The staff recorded when they had supported people, what they had eaten and drunk.
- Where there was an identified risk for people, their care plans included good practice guides and information about how to encourage people to drink and signs of dehydration they should be aware of.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People's healthcare needs were recorded in their care plans and risk assessments, along with additional guidance and information about specific conditions and interventions. The care plans included information about the healthcare professionals who were important to them and how they could be contacted if needed. We saw how the staff had used this information to make sure people received the right support. For example, the staff had noticed that one person had reduced appetite and was not drinking properly. The provider arranged for the person to see their GP.
- There was evidence the provider had liaised with other professionals to make sure people were assessed for, and obtained, the right equipment to meet their needs.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

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

- People who had the mental capacity to understand their care plans had been involved in developing these and had consented. The provider regularly met and contacted them to ask for their views and if anything had changed.
- There were mental capacity assessments in the care plans for people who lacked the mental capacity to make specific decisions. These described the different aspects of their care and whether the person could consent to these. There was information for staff about what people could do for themselves, who to involve in decisions and how to provide information in ways that enhanced the person's ability to consent. These assessments had been regularly reviewed to make sure information was still relevant.

# Is the service caring?

## Our findings

### Our findings

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

This was the first inspection of the service. We have rated this key question 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

- People using the service and their relatives told us they were well treated. They said that they had good relationships with the staff who were caring. Some of their comments included, "They are very kind and caring", "They look after [person] and treat [them] with respect", "They are very good" and "I feel they are very kind."
- The staff and management team spoke positively about the people who they were caring for and supporting. They showed an understanding of equality and how they could meet individual needs. Care plans and records of care provided showed that people's individual needs had been respected. The provider's own feedback from people using the service confirmed this.
- The staff spoke a range of different languages and this meant they could communicate with some people in their first language. The registered manager told us that one person had given feedback that they had appreciated having a member of staff from the same cultural background caring for them. The member of staff was able to understand the person's religious and cultural needs as well as speaking to them in their first language.

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

- People using the service and their relatives told us they were involved in making decisions and planning care. Their comments included, "They always ask my opinion", "We can talk about what we need" and "I feel very involved."
- The care plans included information about people's preferences and choices. They had been involved in making decisions. The provider contacted people at least once a month to ask for their feedback and to make sure they were happy with their care or wanted anything to change. We saw they had responded to the comments people had made.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy was respected. They said that staff addressed them politely and made sure they provided care behind closed doors and curtains.
- People told us they were supported to do things for themselves and be independent where they wanted. For example, one person said, "They help me to live independently." One relative told us, "They support

[person] to walk independently and make sure [they] are safe." The registered manager described how the staff enabled one person to shop independently. Whilst they escorted the person and made sure they were safe, they allowed the person to be in control and make choices about where they went and what they did.

- The provider's aim which was recorded on all care plans stated, "Our goal is to promote reablement and maximise independent living at home as long as it is safe to do so."

# Is the service responsive?

## Our findings

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

This was the first inspection of this service and we have rated this key question 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; 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 cared for and supported in a way which met their needs and choices. They told us they were happy with the care they received, and this was flexible and appropriate for them.
- The managers had created care plans for each person. These included information about the tasks the care workers needed to complete, and about people's skills and abilities. Where people could do something for themselves or they wanted care in a specific way this was recorded so the staff would understand. The care plans included additional information about people's interests, so the staff knew how they liked to spend their time and what was important to them. The plans were clear and easy to follow and understand.
- The registered manager had recorded actions they had taken following reviews of people's care. These showed that they were responsive to individual needs. For example, they had noticed a deterioration in one person's mobility. So they had arranged a meeting with the person and their next of kin to discuss the options about different equipment, and had made a referral to a relevant healthcare professional.
- The staff supported some people to access the community for shopping and leisure activities. The registered manager told us that they had also supported one person to worship during their care visits. The review of one person's care had identified they needed more stimulation. As a result, the agency contacted the wheelchair services company to arrange for the person to obtain a wheelchair so they could be taken out for walks in the community.
- The staff completed communication logs which described the care they had provided. These showed that they arrived on time and provided care which reflected the care plans.

### 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.

- The provider made sure people were supported to understand the information they shared with them and had opportunities to communicate their needs. Some people using the service had sensory impairments. The provider had contacted national organisations for people with these needs to obtain guidance about

how best they could support people. The care plans and risk assessments reflected these needs and the support staff should give them.

- Some people did not speak English as a first language. The provider encouraged the staff to use translating applications on their phones, so they could communicate with people and make sure they understood each other.

#### Improving care quality in response to complaints or concerns

- People using the service and their relatives knew how to make a complaint. They knew who the registered manager was and told us they felt happy speaking with them. They said that they felt confident concerns would be addressed. The provider's own quality monitoring included feedback about their response to complaints. This was positive with one person stating, "I raised a concern with the manager and he dealt with it professionally."
- The provider had a record of complaints and the action taken to address these. They had addressed the concerns, met with the complainant and developed a plan to show how they had learnt from these. The provider had introduced different ways of working with one person following a complaint. These included providing the person with more choice and involvement, so they could feel empowered in decisions about their care.

#### End of life care and support

- No one was being cared for at the end of their lives at the time of the inspection. However, the provider had accessed training about end of life care for the staff and discussed any specific wishes and needs people had which they would need to be aware of if someone should pass away unexpectedly.

# 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 was the first inspection of the service. We have rated this key question as 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

- People using the service and their relatives felt that it was a good service. They told us they were able to make choices about their care and felt the agency listened to them and provided a personalised service. Some of their comments included, "I would recommend them", "They come on time, do a good job and do extra things for me", "I wouldn't change a thing about the agency" and "They help me to make things work and help me to have a good life."
- The staff told us they enjoyed working for the agency and felt they provided a good service to people as well as caring for the staff. One member of staff told us, "They consider what the employee wants and work with us flexibly to make sure we have a good work life balance." Another member of staff commented, "They really take employee's circumstances into consideration and help out when the need arises." The staff spoke about the "passion" they felt for the work and how they felt the agency did its best to provide personalised care for people.

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 management team understood their responsibility to respond to complaints and when things went wrong. Following a recent complaint, they had arranged a meeting with the person and their representative and had developed a plan for improvements. They had also involved the person in monitoring the success for the plan. The registered manager had apologised to people when things had gone wrong, such as a late care visit. They had discussed ways to resolve and learn from this with the person. They also kept others, such as social workers informed of all adverse events, and this had been documented.

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

- The registered manager was one of the company directors. They, and the other director, were both qualified physiotherapists, had worked in the care industry for many years and had management in care qualifications. They understood their roles and responsibilities, and both were involved in the day to day operations, providing care to people when needed and meeting with people using the service, staff and other stakeholders regularly.
- The management team included a field care supervisor and administrator. The team had a good

knowledge of the relevant legislation and kept themselves updated with changes in legislation and guidance.

- People using the service, relatives and staff spoke positively about the managers. They said they knew who they were and spoke with them regularly. They felt they could discuss their needs and were listened to. One member of staff told us, "Management is very supportive and they endeavour to provide good quality and person centred care."

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

- The provider engaged with people using the service and other stakeholders. The registered manager and nominated individual regularly visited people to ask about their experience and carried out monthly reviews. They had received positive feedback from people stating that they felt the service was "excellent." Some of the comments they had received included, "Very pleased with the service and by both carers who visit", "Very happy with the services and care workers", "Peaches are fantastic and professional, the manager is very friendly and highly knowledgeable" and "The care worker is excellent in the job."

- The provider had regular team and individual meetings. These included asking staff for their feedback. They also asked the staff to complete satisfaction surveys about their experiences. The results of these were positive and showed that the staff felt supported.

Continuous learning and improving care

- The registered manager had systems for auditing the quality of the service. These included audits of care plans, regular reviews of people's care, asking people and other stakeholders for feedback and carrying out observations and assessments of the staff. Where the provider had identified areas for improvement they had created action plans to show how these improvements would be made.

- The registered manager explained that they were in the process of improving the way information was recorded and stored. They aimed to incorporate care plans and medicines administration records into their computerised system, so that the staff could record the care they had given straight onto this, allowing for better monitoring and oversight.

Working in partnership with others

- The agency worked in partnership with others through a number of forums and networks. The registered manager told us they attended local authority run forums and regularly communicated with the local authority representatives and other care providers. They also accessed information regarding best practice, changes in legalisation and training organisations to make sure they were providing appropriate care and support.