

High Peak Carers Ltd

# High Peak Carers

## 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

High Peak Carers is a domiciliary care service providing care and support to people in their own homes. The service is managed from an office in Buxton, Derbyshire and covers the surrounding district.

We carried out this inspection on 30 August 2016. It was an announced inspection, which meant the provider knew we would be visiting. This was because we wanted to make sure that the registered manager, or someone who could act on their behalf, would be available to talk with us.

At our last inspection on 21 October 2013, we found that the service was meeting all standards assessed. It was compliant with the regulations and no concerns were identified.

A registered manager was 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.

Staff were appropriately recruited, trained and supported. They had undergone a comprehensive induction programme and, where necessary, had received additional training specific to the needs of the people they were supporting. Communication was effective and regular meetings were held to discuss issues and share best practice. Staff understood their roles and responsibilities and spoke enthusiastically about the work they did and the people they cared for.

The provider had detailed policies and procedures relating to medicine management. Staff understanding and competency regarding the management of medicines was subject to regular monitoring checks and medicine training was updated appropriately.

Staff knew the people they were supporting and provided a personalised service and used effective systems for gaining consent. Individual care plans, based on a full assessment of need, were in place detailing how people wished to be supported. This helped ensure that personal care was provided in a structured and consistent manner. Risk assessments were also in place to effectively identify and manage potential risks.

Where people lacked the mental capacity to make decisions staff were guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person's best interests.

Systems were in place to effectively monitor the safety and quality of the service and to gather the views and experiences of people and their relatives. The service was flexible and responded positively to people's changing needs and any issues or concerns raised. People and their relatives told us they were confident that any concerns they might have would be listened to, taken seriously and acted upon.

## 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.

Risks relating to people's care and support were assessed and appropriately managed. People were protected by safe recruitment procedures which helped ensure they received care and support from suitable and appropriate staff. Medicines were managed appropriately by staff who had received the necessary training to help ensure safe practice.

### Is the service effective?

Good ●

The service was effective.

Staff knew individuals well and understood how they wanted their personal care to be given. People who use the service and their relatives were happy with the care and support provided. People who were unable to make decisions about their care were protected as staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA). People and their relatives were involved in the planning and reviewing of their personalised care.

### Is the service caring?

Good ●

The service was caring.

Staff were kind, patient and compassionate and treated people with dignity and respect. People were involved in making decisions about their care. As far as practicable they were consulted about their choices and preferences and these were reflected in the personalised care and support they received.

### Is the service responsive?

Good ●

The service was responsive.

Individual care and support needs were regularly assessed and monitored, to ensure that any changes were accurately reflected in the care and treatment people received. Personalised care plans detailed how people wished to be supported and their care reflected their individual needs, preferences and choices. A

complaints procedure was in place and people were able to raise any issues or concerns.

**Is the service well-led?**

The service was well led.

There was an open and inclusive culture. Staff felt valued and supported by the management. They were aware of their responsibilities and competent and confident in their individual roles. The management regularly checked and audited the quality of care and support provided, to help drive service improvement and ensure people's needs were met.

**Good** ●

# High Peak Carers

## **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 on 30 August 2016 and was announced. We gave the service 48 hours' notice of the inspection because the registered manager is often out of the office supporting staff or providing care and we wanted to ensure they would be present. The inspection team consisted of one 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 service.

We checked the information that we held about the service and the service provider. We looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. We asked the provider to send us a Provider Information Return (PIR) and this was submitted. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with 15 people who use services, two relatives, three care workers, one team leader, a care co-ordinator, the general manager and the registered manager. We also looked at documentation, which included four people's care plans, incorporating comprehensive risk assessments, as well as three staff training files and records relating to the management of the service.

## Is the service safe?

### Our findings

People who used the service spoke very positively about the care and support they received and they and their relatives had no concerns regarding their safety and welfare. People said they were well cared for and felt safe and confident with the staff who provided their personal care and support. One person said, "I definitely feel safe with the carers I have. They are wonderful girls and I have absolutely no complaints." Another person told us, "I feel perfectly safe and would trust them (care staff) with my life. In fact I don't know what I would do without them." A relative spoke about the support their family member received. They told us, "I have no concerns whatsoever about [family member's] safety. The carers are excellent; I have nothing but praise for them and really don't know how we would manage without them."

Safeguarding policies and procedures were in place. Staff had received relevant training and had a good understanding of what constituted abuse and their responsibilities in relation to reporting such concerns. They told us that because of their training they were aware of the different forms of abuse and were able to describe them to us. They also told us they would not hesitate to report poor or unsafe care practice and were confident any such concerns would be taken seriously and acted upon.

Potential risks to people were appropriately assessed and reviewed. Care records contained up to date risk assessments and staff told us individual care plans helped to ensure consistency and continuity of care. One member of staff told us, "We all work closely as a team, the communication is good and so we all know how to support people safely." Another member of staff told us, "Communication is such a massive thing. If they [people using the service] don't feel safe and comfortable with you, you're not doing your job right."

People were protected because care staff were aware of and followed policies and procedures relating to the safe handling of medicines. People we spoke with managed and administered their own medicine, whilst others needed support from the care staff. One person told us, "I sometimes need help with taking my medicines but my carers see to that and I'm happy with the way it's done." Staff told us they had received training in managing medicines, which was updated regularly. This was supported by training records we saw.

People were also protected by staff following safe infection control procedures. People spoke about carers using protective clothing, such as gloves and aprons, when they were being supported with their personal care. Staff told us they were aware of the relevant procedures and understood the importance of effective infection control.

The registered manager told us any accidents and incidents were reviewed and monitored, to identify potential trends and to prevent reoccurrences. They also said that care plans and risk assessments were regularly reviewed to reflect changing needs and help ensure people were kept safe. We saw documentation to support this, including examples of support being increased to reflect changes to an individual's condition.

People were protected by a safe and robust recruitment process. We saw people were cared for by suitably

qualified and experienced staff because the provider had undertaken all necessary checks before the individual had started work. We saw that all staff had completed an application form and provided proof of identity. Each staff file also contained two satisfactory references and evidence that Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

## Is the service effective?

### Our findings

People received consistent care and support from staff who had the knowledge and relevant skills to carry out their roles and responsibilities effectively. People and their relatives spoke positively about the care and support provided. One person told us, "My carers are just wonderful; they know what they're doing and they know what I need. What more could I ask for?" Another person told us, "I'm nearly blind and it's so important that I can trust my carers – and I do. They're all completely trustworthy, I have every confidence in them and I trust them all." This view was echoed by another person, again clearly very satisfied with the service they received, who told us, "I think they are top rate and I certainly wouldn't dream of using anyone else."

Relatives we spoke with felt confident that care staff had the necessary knowledge and skills to carry out their roles. They said they felt "Reassured" that staff had received appropriate training and were "Confident" in their competence and ability to effectively meet the needs of their family members. One relative told us, "They (care staff) are well trained in what they do; they all know how to use the hoist and they do a good job." Another relative told us, "We have the peace of mind knowing that [family member] is so comfortable with their carers. When anyone new starts, we get introduced to them and they work with a regular carer before they comes on their own." This was confirmed by the general manager who assured us, "New staff would never go into someone's house without first being introduced."

The registered manager told us, "Continuity is so important and that's why we always try and ensure people have the same regular carers, whenever possible." They went on to say, "All the staff have a full induction programme and training to ensure they are confident and competent to meet people's needs." This was confirmed through our discussions with staff and in training records we saw.

Staff told us they received an induction and completed training when they started working at the service. They confirmed they received support and the necessary training to undertake their roles and responsibilities. One member of staff told us, "There's always plenty of training here." They also described how they 'shadowed' more experienced colleagues, when they first started work, until they felt confident and had been assessed as competent to work independently.

Staff received regular supervision, spot checks and appraisals. Formal supervision provides each employee with the opportunity to meet, on a one to one basis, with their line manager to discuss any work related issues, monitor their progress and identify any additional support or training needs. Records showed staff also had access to development opportunities. Staff told us they found the supervision meetings useful and supportive. The registered manager confirmed that regular supervision sessions and annual appraisals were carried out for all staff and we saw appropriate schedules were in place to support this.

People's individual health care needs were effectively met and the service worked closely with other healthcare professionals including GPs, occupational therapists dieticians and district nurses. We saw appropriate records were in place regarding referrals to healthcare professionals, as well as details of subsequent visits and appointments. Staff told us that if they had any concerns about a person's health they would liaise with the office for advice, or in an emergency situation they would contact the GP or the

emergency services directly.

We looked at how people were supported to eat and drink. Where appropriate staff provided support for people to prepare their own meals and drinks, which met their nutritional needs and preferences. People told us staff knew the food they liked, how and where they liked to eat their meals, and were aware of any specific dietary needs.

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 make 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. The application procedures for this must be made through the Court of Protection for people living in the community.

The service worked within the principles of the MCA. We found that the registered manager and staff had an understanding of the MCA and Deprivation of Liberty Safeguards (DoLS). The MCA protects people who might not be able to make informed decisions on their own about their care or treatment. Where it is judged that a person lacks capacity, a person making a decision on their behalf must do this in their best interests. Staff had attended training in this area and understood how the principles of the legislation related to their work and how it applied to the people they supported. Staff we spoke with also understood the importance of consent and explained how they gained people's consent to their care on a day-to-day basis.

We saw people who used the service and, where appropriate, their relatives were directly involved in planning the care provided. Everyone we spoke with said that care staff asked what support they wanted and respected the decisions they made about their care. People told us the care staff always respected their right to make their own choices. Care plans we looked at included a signed contract and service agreement that identified which services were to be provided and confirmed people's awareness and consent to their personalised support. This demonstrated that people understood and had consented to the care and support they received.

## Is the service caring?

### Our findings

People said they were supported by kind and caring staff. One person told us, "I have the best care one could have. They (care staff) are all lovely and kind and take great care of me. I really don't know what I'd do without them." Another person told us, "I have the best care one could have. They take great care of me and I've got absolutely no complaints at all. My carers are all very kind and helpful and they always check I am all right before they leave."

Relatives we spoke with were also very positive about the level of care and support provided. One relative told us, "Oh yes, they (staff) all seem very kind and caring. I'm very satisfied with them and knowing they are here is a great relief to me." Another relative told us, "We are really grateful to the carers who come in. They're all so kind; they meet all [family member's] needs and could not do anything better. They are perfect."

Staff we spoke with were knowledgeable and showed awareness and a sound understanding of the individual preferences and care needs of people they supported. One member of staff told us, "We soon get to know people's routine, which is so important to them." Another member of staff described how they and their colleagues followed the person's individual care plan, which helped ensure all support was provided consistently, in accordance with the person's needs and preferences.

Communication among the care staff was effective, and regular formal and informal meetings took place to enable staff to discuss issues, including people's ongoing support. People – and where appropriate, family members – were involved in making decisions about the care, treatment and support provided. Staff emphasised the importance of developing close working relationships with individuals and being aware of any subtle changes in their mood or condition. One member of staff told us, "We know the people we work with, so even if someone can't speak, you can tell how they are by their facial expressions or their behaviour." Consequently staff were able to respond appropriately to how individuals were feeling and any changes in their condition. This meant people were supported in a consistent manner by staff who understood their ongoing care needs.

Staff recognised the importance of treating people as individuals, with dignity and respect. People and their relatives we spoke with said staff provided personal care and support in a respectful and professional manner. They described how carers routinely closed doors and curtains, if necessary, and explained clearly what they were going to do before carrying out personal care. We saw that the language and terminology used in care plans and support documents was respectful and appropriate. This demonstrated people received care and support in a way that helped ensure their privacy and dignity was maintained.

People felt 'in control' of their care and support and confirmed, where practicable, they had been consulted and actively involved in the writing and reviewing of their care plan. This was supported by plans that we saw, which clearly demonstrated that people's preferences, likes and dislikes had been taken into consideration. People's relatives told us, where appropriate, they had been involved in developing their family member's care plan. They said they were also consulted regarding any changes to the care plan and

had taken part in reviews. People and their relatives told us they felt confident their views were listened to, valued and acted upon where appropriate. This helped ensure people were actively involved in their individual care planning and the support they received met their identified needs.

## Is the service responsive?

### Our findings

People told us they felt listened to and said care staff responded to their needs and wishes. They said staff knew them well and were aware of and sensitive to their preferences and how they liked things to be done. One person told us, "I couldn't ask for more. They [staff] always ask if I need anything else and will do whatever needs doing. It doesn't get any better than that." People and their relatives also described the thorough assessment process which they had been involved with, to identify and discuss what care was needed. People told us they each had a plan of care which had been signed either by themselves or their relative, to confirm how they wished their care and support to be provided. They said they had a file in which staff wrote during each visit, to record what they had done.

We spoke with people about the consistency and punctuality of the carers and whether they were informed if staff were running late. One person told us, "They're good girls and are always here on time. If, for whatever reason, they are running late, they'll ring in advance to let me know – and when they get here they never rush what they have to do." Another person told us, "I am very fortunate with my carers, I know them and they know me and know what I like." Relatives we spoke with were also satisfied with how responsive and flexible the service was.

The general manager explained that before anyone received a service, a comprehensive initial assessment of their personal circumstances was carried out, with the full and active involvement of the individual. The assessment established what specific care and support needs the person had and incorporated personal and environmental risk assessments. This was supported by completed assessments we saw and confirmed through discussions with people and their relatives.

From this initial assessment a personalised care plan was developed, again with the active involvement and full agreement of the individual. The plan specified what care and support the person required and detailed just how they wished that support to be provided, in accordance with their identified preferences. We saw samples of completed plans and spoke with people regarding their personal experience of the care planning process. People said they were fully involved in drawing up their personal care plan and confirmed that the plan accurately reflected their individual support needs. Relatives confirmed that the support provided was personalised and met their family member's needs.

Everyone we spoke with was aware that care plans were regularly reviewed. One person described how a review had been held after their condition had changed and they were considered to be at a higher risk of falling. They said following the review, the care plan was changed to provide additional support. The care co-ordinator described a recent situation where a person's individual care package had been changed following a review of their care plan and risk assessments.

There was a complaints procedure in place to be followed should a concern be raised. The registered manager confirmed that any concerns or complaints were always taken seriously and acted upon. People and their relatives we spoke with were confident they could make a complaint or raise an issue if they needed and said they had contact numbers for the service. They were happy with the service provided and

were aware of how to make a complaint, if necessary. One person told us, "I certainly know how to make a complaint. There's a section on 'How to complain' in the care plan. We would use this guide if we needed to – but we've never need to." Another person told us, "I know there's literature in my folder about making complaints, but I'd get my daughter to do this for me. Everything works really well so I can't even really think of anything I might complain about even." This demonstrated that people knew how to make a complaint and were confident that any concern would be listened to and acted upon.

## Is the service well-led?

### Our findings

People who used the service and their relatives told us they knew who the registered manager was; they said they thought the service was well-led. One person told us, "[The registered manager] and [general manager] are great and very approachable. One of them is always available and they will sort out anything I need, which is so reassuring to know." A relative we spoke with told us, "I speak to [the registered manager] quite often and know I can say anything to her about [family member] and she will listen."

Care staff we spoke with were open and helpful and shared the provider's vision and values for the service. These included choice, involvement, dignity, respect, equality and independence for people. We found a positive culture which was centred on the needs of people who used the service. Staff spoke positively about the registered manager and general manager, describing them as, "Approachable and very supportive." They also spoke positively about the open and inclusive environment, the "Team spirit" and the effective communication throughout the service.

The registered manager supported staff with regular one to one meetings and appraisals. These gave staff opportunities to ask advice and to plan how they would further develop their skills. All staff commented very positively about the support that management provided. One member of staff said "I've had some difficult personal issues to deal with recently but [the managers] could not have been more supportive. I have really appreciated their support." Another member of staff told us, "You only have to ring [general manager] with a problem and she says 'Don't worry we'll sort it' – and they do!"

We saw organisational policies and procedures which set out what was expected of staff when supporting people. Staff had access to these and had discussed many of them as part of their induction. The provider's whistleblowing policy supported staff to question practice and assured protection for individual members of staff should they need to raise concerns regarding the practice of others. Staff confirmed if they had any concerns they would report them and felt confident the registered manager would take appropriate action. This again demonstrated the open and inclusive culture within the service.

The registered manager involved people in the development of the service. Service satisfaction surveys were sent to relatives and health professionals. We reviewed the results of the most recent surveys and found they indicated high levels of satisfaction with the service.

Services that provide health and social care to people are required by law to notify the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager had notified the CQC of all significant events which had occurred, in line with their legal responsibilities.

There were effective and robust systems in place to monitor and improve the quality of the service provided. Regular service audits were completed, such as care records, medication records and reviews of the individual support people received. We also saw that audits had been carried out to seek feedback from people who used the service, their relatives and other stakeholders. This included sending out surveys and telephoning people who used the service and their relatives. We saw examples where changes had been

made and 'lessons learned' as a result of feedback received, including care staff being replaced if not considered suitable. This demonstrated the service was committed to improving standards and quality of service provision.