

High Peak Carers Ltd

High Peak Carers

Inspection report

29 Byron Street
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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:

High Peak Carers is a domiciliary care agency providing care and support to people in their own homes in the community. The service provides support to prominently older people, including people living with dementia.

On the day of our inspection 76 people were using the service.

People's experience of using this service:

People told us they were safe. The providers processes and practices protected people from abuse. There were enough staff to ensure people's needs were met. Recruitment procedures followed safe practices. Staff told us they were given time to provide care and support that was unrushed. People's medicines were managed safely, the provider was changing the systems at the time of our inspection to improve the documentation to ensure consistency. Risks assessments were in place and risks were managed in a way that did not restrict people's freedom. These were being improved at the time of our visit. People were protected by the prevention and control of infection.

Staff supported people to make their own decisions and choices. Staff we spoke with were knowledgeable and understood the principles of The Mental Capacity Act.

Peoples nutritional needs were met. People who required support with their diet had their needs met by staff that understood their dietary requirements. Staff received effective training to fulfil their roles and responsibilities and told us they were well supported and supervised by the management.

People spoke very positively about the care and support they received. Care staff were described as exceptional, being very well trained, professional in their attitude and very caring towards people. Everyone had a small number of regular care staff who they really valued. People told us staff were kind, caring and considerate. People also confirmed staff maintained their dignity and respected them. People and their relatives we spoke with said staff were dedicated and passionate about providing good standards of care and support.

People received personalised care that was responsive to their needs. Care plans were being improved at the time of our inspection and were to be more detailed and person-centred. They were being developed with the people who used the service to ensure their wishes and choices were captured and followed. People were supported at the end of their lives.

There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or support they received. The registered manager kept detailed records of concerns that evidenced any issues were actioned promptly and satisfactorily.

People told us they were listened to and had opportunity to raise concerns if required. People we spoke with said they had no concerns. They said the service was excellent. One person had raised a concern and told us it was dealt with immediately by the management and resolved.

People's feedback was used to make changes to the service.

The home had a registered manager who conducted a range of audits in areas such as, medicine management, health and safety, care plans and daily records documentation. We saw the monitoring identified areas for improvement and any actions raised as part of the audits were addressed.

More information in Detailed Findings below:

Rating at last inspection:

At the last inspection the service was rated Good (report published October 2016).

Why we inspected:

This was a planned inspection based on the rating awarded at the last inspection.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. We plan to complete a further inspection in line with our re-inspection schedule for those services rated good. If any concerning information is received, 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 remained safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained responsive..

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remained well-led.

Details are in our Well-Led findings below.

High Peak Carers

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

The inspection was carried out by 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 care service.

Service and service type:

High Peak Carers is a domiciliary care agency, providing care and support to people in their own homes. The provide care to predominantly older people, including people living with dementia. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises; this inspection looked at people's personal care and support.

The service had a manager registered with the CQC. 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 because we wanted to ensure the registered manager would be available. We also wanted to arrange to visit some people using the service in their own home.

Inspection site visit activity started on 1 May 2019 and ended on 15 May 2019.

What we did:

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the CQC by the registered manager. We requested the provider to complete a provider information return [PIR]. 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. The registered manager had completed a PIR and we used this information to assist with planning the inspection.

We visited three people in their home we discussed their care plan and observed staff interactions. We spoke with a further ten people over the telephone to obtain their feedback. We also spoke with nine relatives on the telephone.

We spoke with ten staff including care support workers, the care co-ordinator, the general manager, the accountant and the registered manager. We looked at documentation relating to three people who used the service, two staff files and information relating to the management of the service.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- All people we spoke with told us the staff made them feel safe. Comments included, "What makes me feel safe is the fact I know I can rely on my care staff to come every day." Another person said, "They [the staff] definitely make me feel safe. My very own comfort blanket!"
- The provider had a safeguarding policy in place. The registered manager and staff knew the process to follow to report any concerns. Safeguarding concerns raised had been reported appropriately following procedures to safeguard people.
- Staff we spoke with understood the importance of the safeguarding adults procedure. Staff knew how to recognise and report abuse. They explained the correct procedures to follow if they needed to report a safeguarding including whistleblowing. This is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice.

Assessing risk, safety monitoring and management

- Environmental risk assessments were completed to ensure staff safety in people's own homes, including fire risk assessments.
- Care plans we looked at contained assessments of risk to people and staff were very knowledgeable on how to manage risks to ensure people's safety. However, some documentation could have been more detailed. For example, moving and handling risk assessments. The provider actioned this at the time of our inspection and was in place when we visited the office on the second day.
- People we spoke with said staff were 'fantastic', they supported them appropriately, took their time and respected the person's decisions.

Staffing and recruitment

- Appropriate recruitment checks were conducted prior to staff starting work, to ensure they were suitable to work with vulnerable people. Records we looked at confirmed this.
- There were enough staff to support the needs of people and keep them safe. People we spoke with told us they always got the same group of staff; the staff were always on time and staff stayed the correct time and did not rush. One person said, "I've never had to worry about staff at all, I've never had any missed calls."

Using medicines safely

- Medicines were managed safely. We looked at medicine management in one person's home and documentation in the office. Staff were able to tell us how they managed people's medicines to ensure they received them as prescribed. However, the documentation could be improved, the registered manager had identified this and was in the process of changing the documentation. We saw medicines were stored safely in people homes and people we spoke with told us staff supported them with their medicines. One person said, "Staff prompt me with my medicines as I can get a bit forgetful. Staff always check the medicines and if

I haven't had them they'll give me a glass of water and once I've had the tablets they write it in the charts. "

- Staff received training in medicines management and were competency assessed to ensure safe administration of medicines.
- Audits of medicines were carried out they were robust and identified errors. Any errors were addressed with the staff member.

Preventing and controlling infection

- The service had systems in place to manage the control and prevention of infection.
- People we spoke with confirmed staff wore aprons and gloves when delivering personal care, washed hands and followed infection, prevention and control practices. One person said, "In all the time I've had care staff coming to me I've never once had to ask anybody to wash their hands or change their gloves, because they all seem to be well trained in good standards of hygiene to know the problems if they don't."
- Staff told us they had personal protective equipment's with them at all times including, gloves and plastic aprons.

Learning lessons when things go wrong

- The registered manager had a system in place to monitor incidents and understood how to use them as learning opportunities to prevent future occurrences.
- Risk assessments and care plans were reviewed following incidents to prevent re-occurrence.

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

Good: 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 any service was provided, this was to ensure their needs could be met by the agency. People we spoke with told us staff were very good. From talking with staff and people who used the service it was obvious staff knew people very well and understood their needs. Care and support was provided in line with their needs.

Staff skills, knowledge and experience

- Staff were trained to be able to provide effective care. Staff told us the training was good. Staff were also encouraged to attend additional training to develop their skills and knowledge.
- People we spoke told us the staff supported them well and understood their needs. One relative explained how the staffs' knowledge identified their relative was unwell. They told us, "They [the staff] thought my [relative] might have a bladder infection recently and they were absolutely right."
- Staff were supported and supervised. This ensured they had the skills and knowledge to support people. Staff said, "I love my job." and "We all communicate, and we are well supported."

Supporting people to eat and drink enough with choice in a balanced diet

- People's care files contained information about their dietary requirements. This included what they liked, disliked and any foods which should be avoided. Staff supported people with meals where required and ensured any concerns were highlighted and advice sought.
- People we spoke with told us staff were very good at supporting them with their food. One person said, "My care worker makes me breakfast every morning. I usually just have some cereal, but occasionally I feel like having something on toast and they never makes any fuss or bother about it. They are really good at cleaning everything away once I'm finished as well."

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

- Staff worked well with other organisations to ensure people's needs were met. Staff explained how they contacted and liaised with health care professionals, including district nurses, GP's and occupational therapists, this ensured people's needs were met.

Adapting service, design, decoration to meet people's needs

- People were supported in their own homes; therefore, the design and decoration were not applicable to this service as CQC do not regulate the accommodation.
- Staff ensured any specialist equipment used when supporting people was available and appropriately maintained to deliver safe, effective care and support.

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

- When people required support from healthcare professionals this was arranged by staff with the person they were supporting or their relatives. We saw staff had worked with the district nursing team to ensure people's needs were met.
- Relatives we spoke with told us the staff were very good at identifying any issues that required healthcare services. One relative said, "One of my [relatives] care staff always keep me well informed as to how their health is and they let me know if there are any problems at all. Importantly though, when they [the staff] know what to do about an issue, they will get on and do it rather than wait until they've contacted me to see if I'm okay with the decision."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

For people being supported in the community, who need help with making decisions, an application should be made to the Court of Protection. The Court of Protection make decisions on financial or welfare matters for people who can't make decisions at the time they need to be made.

- We checked whether the service was working within the principles of the MCA. We found the registered manager and staff were aware of their responsibilities in respect of consent and involving people as much as possible in day-to-day decisions. Staff were also aware that where people lacked capacity to make a specific decision then best interests would be considered.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- We observed staff were kind and caring staff spoke about people with compassion and respect. Staff we spoke with were passionate about providing person-centred care. People we spoke with told us the staff were passionate. One person said, "I am a difficult person, things have to be right I couldn't be more satisfied." Another person said, "Staff do an excellent job." Relatives we spoke with were also very satisfied with the staff. One relative said, "In my opinion they go over and above what they need to do in relation to looking after my [relative]. Nothing is too much trouble. It's always a pleasure when I see them."
- Through talking to staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality
- People's diverse needs were recorded and staff we spoke with demonstrated a good knowledge of people's personalities, individual needs and what was important to them. All staff attended equality and diversity training and understood the importance of understanding people's needs.

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

- Staff supported people to make decisions about their care. People told us staff asked for their consent before supporting them. People we spoke with said they were always involved in decision making. One person said, "They [the staff] always ask me whether I feel ready to have my wash or shower in the morning. I know it's up to me to decide what I feel like, no one has ever forced me to have a shower if I didn't want it."

Respecting and promoting people's privacy, dignity and independence

- All people told us that staff respected their privacy and dignity. One person said, "The staff are very respectful, I am very satisfied." Another said, "The staff are fantastic."
- Staff were committed to providing care and support that promoted dignity and respect. They spoke about people in a caring way and thought of them as a family member and treated them as they would wish their family to be treated.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs

Good: People's needs were met through good organisation and delivery.

Personalised care

- People's care plans recorded their likes, dislikes and what was important to the person. The plans were regularly reviewed and updated these were carried out with people and their families. This ensured people were listened to and their choices respected. The registered manager had identified that documentation required improving to ensure consistency. A new system was being implemented at the time of our inspection to address this.
- Staff we spoke with were knowledgeable about people's preferences and could explain how they supported people in line with their preferences and care needs. Although we found full care plans were not always in people's homes, staff knew people's needs and the same group of staff always supported people. People we spoke with confirmed they received personalised care that met their needs.
- Our observations evidenced staff provided personalised care. For example, we saw one care worker assisting a person who was living with dementia to put on their make-up. The care worker said, "[person's name] always liked to wear make-up, just because they don't go out anymore it doesn't mean they shouldn't wear make-up. It was always important to them."
- People's communication needs were known and understood by staff. The service was complying with the Accessible Information Standard (AIS). The AIS applies to people using the service who have information and communication needs relating to a disability, impairment or sensory loss. We observed staff communicating effectively with people they supported.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. People who used the service told us they would feel able to raise any concerns with staff and were listened to. One person said, "I've never had a single thing to complain about, but if I did, I would not hesitate to call I know it would be sorted."
- The registered manager had systems in place to communicate with people who used the service, staff and health care professionals. They were committed to listening to people to ensure continuous improvement of the quality of the service. People we spoke with confirmed they had regular contact with the management team.

End of life care and support

- People were supported to make decisions about their preferences for end of life care if they wished. Care records showed discussions had taken place with the people and their relatives.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager shared their vision and values with staff. Staff understood these. The registered manager told us the ethos of the service was to ensure people received high quality care delivered on time by the same small group of staff. The Staff spoke very highly about the management team. Staff told us they were listened to, valued and there was an open culture. One staff member said, "We work really well as a team, we are listened to and supported." Another said, "The manager is brilliant we are supported 100%."
- The quality assurance systems which were in place to monitor the service had been effective in identifying areas for improvement.
- The service was well run. The management team were committed to providing high quality, person-centred care.
- The registered manager and staff were passionate about providing care and support that achieved positive outcomes for people.

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

- There was a registered manager who was supported by a management team. The service had grown, and the registered manager was looking to make changes to the senior team to ensure consistent high-quality care.
- People who used the service received good quality person centred care.
- Relatives were extremely happy with the agency. One relative said, "The management team are the most professional, caring and dedicated staff that I have come across. Nothing is ever too much trouble either day or night."
- There was an open and honest culture in the service. People we spoke with knew the management team and felt confident to talk with them if required. One person said, "The general manager is always available, you can easily contact them, I usually text, they are extremely helpful."

Engaging and involving people using the service, the public and staff

- People who used the service were involved in day to day decisions about the service and their support.
- The registered manager sent out quality monitoring questionnaires. People we spoke with told us they had completed surveys. This ensured people views were sought and acted on. Although people told us the general manager also visited to discuss care and support and obtain people's views to make any necessary changes. People told us this happened very regularly.

- The registered manager told us that feedback was used to continuously improve the service.
- Staff meetings were held to get their views and to share information. Staff told us meetings were held regularly and were effective. Staff told us communication was very good. One staff member said, "We have regular team meetings, we are listened to and can talk in confidence. It is a brilliant company to work for."
- The management team made themselves easily available to people using the service, relatives and staff.

Continuous learning and improving care

- The registered manager understood their legal requirements.
- The registered manager and management team demonstrated an open and positive approach to learning and development.
- Information from the quality assurance systems were used to inform changes and improvements to the quality of care people received. Changes were being implemented to improve the service at the time of our inspection.

Working in partnership with others

- The registered manager had developed links with others to work in partnership to improve the service. This included commissioners, health care professionals and relatives. One relative said, "Everything just works like clockwork, good management makes that happen."