

Peartree1 Ltd

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Inspection report

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15 June 2017
16 June 2017

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service effective?

Inspected but not rated

Is the service caring?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

This announced inspection took place on the 15 and 16 June 2017. Peartree 1 Limited provides a personal care service to people who live in their own homes in the community. There was one person using the service at the time of this inspection.

The provider was also the registered manager at the time of our inspection. 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.

We were unable to rate the agency as there was not sufficient information available to us to fully assess how safe, effective, caring, responsive and well-led the service was.

Staff knew how to keep people safe and protect them from any harm or abuse. There were policies and procedures in place, which ensured that the staff had the guidance and support they needed to ensure that they protected people from any harm or poor practice.

People had care plans and risk assessments in place, which ensured that they received the support they had asked for in a safe way. At the time of the inspection there were sufficient staff to meet people's needs; more staff were to be recruited as and when more people requested the service.

There were systems in place to ensure that people were protected from being cared for by unsuitable staff. Staff received training and support, which ensured that they had the skills and knowledge to provide the care that was needed.

There were systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and the provider was aware of their responsibilities in relation to ensuring people gave their consent to care.

The provider was closely involved in the day to day running of the agency and continually monitored the quality of the service provided. Staff were confident that issues would be addressed and that any concerns they had would be listened to and acted upon. There was a process in place which ensured people could raise any complaints or concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inspected but not rated.

Inspected but not rated

Is the service effective?

Inspected but not rated.

Inspected but not rated

Is the service caring?

Inspected but not rated.

Inspected but not rated

Is the service responsive?

Inspected but not rated.

Inspected but not rated

Is the service well-led?

Inspected but not rated.

Inspected but not rated

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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.

This announced inspection took place on 15 and 16 June 2017 and was undertaken by one inspector. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure a member of staff would be available.

Before the inspection, the provider completed 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. We took this information into consideration as part of our judgement.

We checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with a member of staff and the provider.

We reviewed the care records of one person who used the service and staff recruitment files. We also reviewed records relating to the policies and procedures which supported the quality assurance of the service.

Is the service safe?

Our findings

People's individual plans of care contained risk assessments to reduce and manage the risks to people's safety. The care plans were reviewed regularly and updated as and when necessary.

Policies and procedures were in place to protect people from harm. Information was available for staff to inform them what they needed to look out for and how to report any concerns to the provider or outside agencies, such as the local safeguarding team and Care Quality Commission. The member of staff we spoke to was able to explain what they would do if they had any concerns about people being at risk of harm. At the time of the inspection we were unable to fully assess how effective these procedures were as no concerns had been raised.

There were systems in place to protect people from being cared for by unsuitable staff. Staff employment histories were checked and staff backgrounds were checked with the Disclosure and Barring Service (DBS) for criminal convictions before they were able to start work and provide care to people.

There was enough staff to meet the needs of people. The registered manager told us that as and when they began to provide personal care to more people they would recruit more suitably qualified staff to meet the needs of the individual. At the time of the inspection we were unable to assess the effectiveness of this in the longer term as there was only one person currently using the service.

There was a system in place to manage the administration of people's medicines when required. Staff training was in place to ensure that staff understood their role and responsibility in administering medicines. The provider told us that staff competency would be tested before they were able to administer medicines. However, at the time of the inspection there were no people requiring support with medicines so we were unable to assess the effectiveness of the system in place.

Is the service effective?

Our findings

There was an induction training programme in place which all staff were expected to attend and complete before they commenced working with people. The training included moving and handling, health and safety, safeguarding and dementia care. Staff were expected to refresh all mandatory training each year; the provider had a system in place which identified when staff needed to refresh their training. At the time of the inspection we were unable to fully assess the effectiveness of the training as there was only one member of staff employed supporting one person.

Staff could expect to be supervised on a regular basis and there was a procedure in place for annual appraisals to be undertaken. The member of staff we spoke to was able to confirm that they had received regular supervision, but as they had not been employed for a year they had not yet had an appraisal. We were unable to fully assess the procedure in place at the time of this inspection as there was only one member of staff who had not been employed for a year.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. At the time of the inspection we were unable to check out whether the service was working within the principles of the MCA. The provider had an understanding of the MCA and their role and responsibility but was not able to demonstrate this in practice as yet.

There were systems in place to identify whether anyone was at risk of malnutrition and dehydration; information was to be gathered in relation to access to other health professionals people may need to access. However, at the time of the inspection we were unable to assess fully how effective these systems were as there was no person who required support with meals and accessing healthcare services.

Is the service caring?

Our findings

People were supported by compassionate, kind and caring staff. In our conversation with a member of staff, they demonstrated how passionate they were to provide good care and to meet people's individual needs. The member of staff was able to demonstrate a good knowledge and understanding of the person they cared for. The provider advised us that the person they cared for had specifically asked for the member of care staff and had told them how pleased they were with them. We were not able to speak to the individual to be able to confirm this.

Care plans included people's preferences and choices about how they wanted their support to be given. The provider had ensured that the same staff supported people and if anyone was absent the provider covered. This meant that people knew all the staff that cared for them. However, we were unable to fully assess how effective and consistent this was in the longer term as there was a very limited service being provided to one person at time of the inspection.

People's individuality was respected and staff ensured that people's dignity was protected. Staff described to us how they ensured that curtains were drawn, doors were shut and people were kept covered so as to protect their privacy; they described how they spent time speaking to the person to ensure that they cared for them in the way the person wished them to. However, we were unable to assess how effective this was as we were unable to speak to the person using the service.

The people receiving personal care were able to express their wishes and were involved with their care plans. We spoke with the provider about what support was available should a person not be able to represent themselves or had no family to help them. The provider had included information about advocacy services in the information they gave to people who used the service. At the time of the inspection no one had needed the support of an advocate.

Is the service responsive?

Our findings

People initially met with the provider, which gave them the opportunity to consider whether their needs could be met at the times they wanted. People were able to discuss their daily routines and their expectations of the service. This information was then used to develop a care plan for people. The provider ensured they had sufficient resources to meet people's needs before people were offered a service. This meant that people's needs were consistently and effectively met.

People were involved with developing and updating their care plan, which detailed the care and support they needed. The care plans could be strengthened by asking people if they would like to share with staff information on their past, hobbies and interests. This would help the staff to get to know people better and develop stronger relationships.

There was information available to people and their families about what to do if they had a complaint or needed to speak to someone about the service. We saw that there were appropriate policies and procedures in place for complaints to be managed and responded to. However, at the time of the inspection there had been no complaints so we were unable to assess as to how effective the procedures were.

Is the service well-led?

Our findings

The provider was also the registered manager at the time of our inspection. 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.

The provider was actively involved in the service and routinely monitored the quality and safety of the service provided. As the provider was only delivering a very limited service at the time of the inspection they were able to address any issues as they arose and deal with them effectively. The provider was aware that as the service expanded they would need to be proactive about the development of the quality assurance processes. We were unable to assess the effectiveness of the Quality Assurance and audit processes the provider had in place at this time due to the limited service they were providing.

There were policies and procedures in place which covered all aspects relevant to operating a personal care service which included management of medicine, whistleblowing and recruitment procedures. Staff had access to the policies and procedures and they were expected to read and understand them as part of their role. At the time of the inspection we were unable to assess fully the effectiveness of the policies and procedures in place due to the limited service being provided and minimal number of staff employed.