

Peak Home Care Limited

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Inspection report

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28 March 2019

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Peak Home Care is a domiciliary care agency providing care and support to people in their own homes in the community. The service provides support to predominantly older people, including people living with dementia, mental health needs and physical disabilities.

At the time of our inspection 124 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. However, one person that was supported to access the community was not always getting these hours due to staff shortages, this was being addressed by the provider.

Recruitment procedures followed safe practices. Staff were given time to provide care and support that was unrushed. People's medicines were managed safely, however, some minor improvements were made following our inspection.

Risks were identified and managed well. Incidents and accidents were monitored to inform practice and make improvements to the service. People were protected by the prevention and control of infection.

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

Peoples nutritional needs were met. People who required support with their diet had their needs met by staff that understood their dietary requirements. Staff had received the training and support they needed to carry out their roles well. People had confidence in the staff and were happy with the care they received.

People spoke positively about the care and support they received. Everyone we spoke with said staff were very respectful of people's privacy and dignity and promoted independence where ever possible. One person described their care worker as being, "Excellent and patient, one in a million."

People received personalised care that was responsive to their needs. Care plan information focused on a person-centred method of supporting people. Information contained what support was required. The care and support plans included people's decisions and choices. People were supported appropriately 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. Everyone we spoke

with was clear about how to raise a complaint. Most people said when they raised concerns they were addressed promptly.

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

The nominated individual and the acting manager 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 is in the detailed report.

Rating at last inspection:

At the last inspection the service was rated good. (28/5/2016)

Why we inspected:

This was a scheduled inspection based on the previous ratings.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service remained safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remained responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remained well-led.

Details are in our Well-Led findings below.

Good ●

Peak Home Care Ltd

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:

This inspection was carried out by two inspectors.

Service and service type:

Peak Home Care is a domiciliary care agency, providing care and support to people in their own homes. They provide care to predominantly older people, including people living with dementia, physical disabilities and mental health needs.

The service had a manager registered with Care Quality Commission. However, they were not at the service at the time of our inspection and we were informed by the provider they had resigned and would officially finish in May 2019. The provider had appointed an acting manager who was taking responsibility for the day to day management with support from the nominated individual. The provider told us they had made future arrangements for the management of the service and would ensure a new manager would register with CQC.

Notice of inspection:

We gave the service 24 hours' notice of the inspection because we wanted to ensure the manager would be available. We also wanted to arrange to visit some people using the service in their own homes.

Inspection site visit activity started on 22 March 2019 and ended on 28 March 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 provider. 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 acting manager had completed a PIR prior to our inspection and we used this information to assist with planning the inspection.

We visited one person 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 six relatives on the telephone.

We spoke with fifteen staff including two care coordinators, a rota coordinator, recruitment coordinator, training coordinator, eight care staff, the acting manager, the nominated individual and the provider. We looked at documentation relating to three people who used the service, two staff files and information relating to the management of the service. We also received feedback in writing from two commissioners.

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, "The staff always make me feel safe."
- The provider had a safeguarding policy in place. The acting manager and staff knew the process to follow to report any concerns. All safeguarding concerns had been reported appropriately following procedures to safeguard people.
- Staff we spoke with understood the importance of safeguarding adults from abuse. 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

- Everyone we spoke with told us they felt staff supported them safely. One relative described how staff used two different types of aids to move their family member depending on how they were at a particular visit. They added, "They are really competent in both methods." Another relative told us staff encouraged their family member to stand each time they visited, as part of reducing the risk of pressure damage.
- Care plans we looked at contained assessments of risk to people, environmental risks and fire risk assessments. The assessments were detailed and provided instructions to staff to manage the risk to reduce the likelihood of harm to people when being supported. However, we found although staff were aware of how to move people safely using equipment the guidance for staff contained in people's documentation could be improved. The acting manager addressed this at the time of the inspection to ensure full details were provided. They showed us the new assessments which were extremely detailed to ensure people's safety.

Staffing and recruitment

- Most people felt there were enough staff employed to ensure they received care and support at agreed times.
- Most people told us staff were on time and had never missed a visit. A few people said occasionally their calls had been later than planned, but added that someone usually called them to tell them why this was and update them on the revised time for their call. Two people discussed missed calls, but these were not recent.
- Comments included, "They are never late, they never rush me and stay the full time",
- One relatives said, "The office staff are helpful and flexible, if we are out or want to cancel a call. They will put in extra calls if needed, they have never let me down."
- One person told us staff were, "Vastly short of time." When we asked them to explain what they meant by this they said although their care visits had taken place and they had no issues with the care and support

provided. They explained their activity visits had often been 'banked' because there were no staff to support them to access the community. This was discussed with the acting manager who explained these were banked while they had recruited staff and then the hours were provided including the banked hours. Therefore this had been addressed by the acting manager.

Using medicines safely

- Where people required assistance to take their medicines they said this was done safely, they received their medication on time and were happy with how staff supported them.
- One relative said they had raised a concern when they found their relative's medication on the floor. They said this meant staff had not been supervising the person properly. They added this had been addressed.
- Medicines were managed safely. We looked at medicine management in one person's home and documentation in the office. We saw medicines were stored safely in the person's home. Appropriate documentation was in place and staff recorded clearly when medicines were administered.
- Audits of medicines were carried out they were robust and identified errors. For example, we found one person's medicines had gone missing. Because accurate records had not been maintained the quantity was not clear. The acting manager explained how this had been identified as part of the quality monitoring process and more robust systems had been put in place to ensure accurate records were maintained.
- Staff received training in medicines management and their competency was assessed to ensure safe administration of medicines.

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 their hands and followed infection, prevention and control practices.
- 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 provider 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. At the last inspection this key question was rated requires improvement. At this inspection we found it had improved to good.

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 told us their needs had been assessed prior to their package commencing and these had been periodically reviewed to make sure any change in needs were taken into consideration.
- No-one raised any concerns about the way they were treated by staff.

Staff support: induction, training, skills and experience

- People spoke positively about the way staff delivered their care. They told us they felt staff had the right knowledge and skills to meet people's needs. One person told us, "Excellent carers", "I have a really good team of carers, they will see things that need doing and do it for me if they have time"
- 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.
- Staff were supported and supervised. This ensured they had the skills and knowledge to support people. Staff said, "I love my job." and "The training is very good, they [office staff] are definitely on top of training."

Supporting people to eat and drink enough to maintain 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.
- Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
- People told us staff supported them to access healthcare professionals such as their GP when necessary. A relative described to us a care worker had noticed some damage to their family members skin. They told us the care worker had called the district nurse and now the skin had healed.
- Staff were aware of procedures to follow if they identified a person was unwell or had deteriorated. We found if someone needed to go to hospital a system was in place to ensure all the relevant information would be sent with them.

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

- People were supported in their own homes; therefore, the design and decoration were not relevant to this service as CQC does 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.

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. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.

- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found the acting 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. We saw best interest decisions had been made where required.
- People told us they had discussed their care plans with staff and had consented to the planned care. They also said staff obtained their consent on a daily basis.

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

- People told us staff were caring, kind, helpful and friendly. People's comments included, "Everyone who comes [staff] are so helpful with smiles on their faces, they do what I need, have a joke and a laugh." A relative told us staff were, "Very gentle and patient [with family member]. [Family member] can't rush, they talk to them, encourage them and don't belittle them."
- We saw staff knew how to communicate effectively to meet people's communication needs.
- 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

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

- People told us they were involved in making decisions about their care.
- Everyone we spoke with told us staff encouraged them to make choices about the way they received their care and their choices were respected.
- When people could not speak for themselves relatives had been involved in making sure their care was planned as they preferred.

Respecting and promoting people's privacy, dignity and independence

- Everyone we spoke with said staff were very respectful of people's privacy and dignity and promoted independence where ever possible. One person described their care worker as being, "Excellent and patient, one in a million." Another person said, "My carer will stand just outside the door while I have a shower. They say, 'give me a shout when you're ready [for assistance]'. They added they liked this as it respected their privacy and dignity. "They [staff] pull the shower curtain across and leave me to it until I need them."
- Relatives were also complimentary about how staff supported their family members. One relative told us staff respected their family members dignity "One hundred percent." Another relative said their family member, "Thinks the world of them [care staff]."
- People were encouraged to maintain and develop their independence.

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.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us they were very happy with the service they received. Comments included, "I'm very satisfied" and "Overall the girls [staff] do a good thorough job, do a fabulous job."
- People confirmed they had a copy of their care plan in their home and it was reviewed periodically. One person told us their plan was to be reviewed the day after we called them. People told us their care plan reflected the care and support agreed and staff followed them.
- Health care professionals told us the care and support provided was very good. One said, "The support is very flexible. Their record keeping is concise and when I have asked for adjustments and additional support it has always been forthcoming."
- People said visit times were usually consistent and care was provided by a team of regular staff.
- People's care plans recorded their likes, dislikes and what was important to them. The plans were regularly reviewed and updated. The reviews were carried out with the involvement of people and their families. This ensured people were listened to and their choices respected.
- Staff we spoke with were knowledgeable about people's preferences and could explain how they supported people in line with this information.
- People's communication needs were known and understood by staff. People's care plans included details about their communication needs. 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. Everyone we spoke with was clear about how to raise a complaint. Most people said when they raised concerns they were addressed promptly. However, one person said this had not been the case. People's comments included, "We can raise any complaints, we are encouraged to do so, but I've not had to." A relative told us, "I have no complaints at all, if the odd thing goes wrong they sort it out. They take notice of what I say"
- The provider 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.

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. Their wishes had been recorded.

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.

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

- There was an acting manager in post who was supported by coordinators and the nominated individual. The registered manager was not at the service, the provider told us they had resigned and their last day of employment was in May 2019. The provider had plans in place for continuity and would be putting forward a new manager to register with CQC when the registered manager had formally left.
- Most people we spoke with knew who the new acting manager was and felt they could approach any of the team in the office if they wanted to discuss anything. Relatives comments included, "[The new acting manager] has told us to call the office if there are any concerns" and "The office staff are lovely."
- One relative knew the manager had changed saying the current acting manager was 'all right' but felt not as responsive as the last registered manager. However, they were new in post and the relative said, "I have a good relationship with the care coordinator."
- People who used the service received good quality person-centred care.
- There was an open and honest culture in the service. People we spoke with knew the management changes and felt confident to talk with any member of the management team if required.

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

- The provider shared their vision and values with staff. Staff understood these. Staff spoke 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 as a team, we are listened to and supported." Another said, "The acting manager is very good, we have good communication and a good office team."
- The quality assurance systems which were in place to monitor the service had been effective in identifying areas for improvement.
- The provider and the acting manager were committed to providing high quality, person-centred care.
- Management team and staff were passionate about providing care and support that achieved positive outcomes for people.

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

- Most people told us they would recommend the service. A relative commented, "Marvellous service. I can recommend the ladies that come to [family member], and I have recommended the service to others."
- People who used the service were involved in day to day decisions about the service they received and their support.

- The provider sent out quality monitoring questionnaires. This ensured people's views were sought and acted on. The acting manager told us 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, "The communication is very good, we are well supported always someone at the end of the phone to help."

Continuous learning and improving care

- The provider understood their legal requirements.
- The acting manager and the nominated individual demonstrated an open and positive approach to learning and development.
- Information from the quality assurance systems was used to inform changes and improvements to the quality of care people received.
- We asked everyone we spoke with what could be improved and we only had one comment. One relative felt rota changes could be communicated better by the office staff. Otherwise no one could really think of anything they would change to improve the service. People told us that things seemed to have got better recently. This showed the acting manager and provider had acted on issues identified to ensure service delivery was improved.

Working in partnership with others

- The acting manager had links with others to work in partnership to improve the service. This included commissioners, health care professionals and relatives. We received feedback from commissioners, which was extremely positive. They said, "They are a good provider."