

Peach Nursing Limited

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## 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 

### Overall summary

We carried out an announced inspection on 15 October 2015. Between this date and 23 October 2015, we spoke with people who used the service or their relatives and staff by phone.

The service provides care and support to adults in their own homes. People supported by the service were living with a variety of needs including chronic health conditions, physical disabilities and neurological disorders. At the time of the inspection, there were 25 people being supported by the service.

The service has a registered manager, who is also the provider of the service. 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.

# Summary of findings

There were risk assessments in place that gave guidance to staff on how risks to people could be minimised. There were systems in place to safeguard people from the risk of possible harm.

The provider had effective recruitment processes in place and there were sufficient staff to support people safely. Staff understood their roles and responsibilities to seek people's consent prior to care being provided.

Staff received supervision and support, and had been trained to meet people's individual needs.

People were supported by caring and respectful staff that went over and beyond expectations of their role to ensure that people lived happy and fulfilled lives. Most relatives we spoke with had described the staff as being 'part of the family'.

People were supported to pursue their interests and hobbies. Staff took pride in how they helped people to celebrate their birthdays and other important events.

People's needs had been assessed, and care plans took account of their individual preferences and choices.

People were supported to access other health and social care services when required. Staff also supported people when they were being treated in hospital.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people and acted on the comments received to continually improve the quality of the service.

The provider had effective quality monitoring processes in place.

# Summary of findings

## 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 was safe.

There was sufficient staff to meet people's individual needs safely. People were also supported to manage their medicines safely.

There were systems in place to safeguard people from the risk of harm.

There were robust recruitment systems in place.

Good



### Is the service effective?

The service was effective.

People's consent was sought before any care or support was provided.

People were supported by staff that had been trained to meet their individual needs.

People were supported to access other health and social care services when required.

Good



### Is the service caring?

The service was caring.

People were supported by staff that were kind, caring and friendly. The staff went over and beyond expectations of their role to ensure that people lived happy and fulfilled lives.

Staff understood people's individual needs and they respected their choices.

Staff respected and protected people's privacy and dignity.

Good



### Is the service responsive?

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs. Prompt action had been taken to respond to people's changing needs.

People were supported to pursue their hobbies and interests so that they were not bored or isolated. Staff took pride in how they supported people to live happy and fulfilled lives.

The provider had an effective system to handle complaints.

Good



### Is the service well-led?

The service was well-led.

The provider was involved in the day to day management of the service to role model expected behaviours and values.

Staff felt valued and appropriately supported to provide a service that was safe, effective, compassionate and of high quality.

Quality monitoring audits were completed regularly and these were used effectively to drive continual improvements.

Good



# Summary of findings

People who used the service and their relatives were enabled to routinely share their experiences of the service and their comments were acted on. The majority of people described the service as 'excellent'.

# Peach Nursing Limited

## 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 inspection included a visit to the provider's office which took place on 15 October 2015 and it was conducted by one inspector. 48 hours' notice was given to ensure that there would be someone in the office.

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 also reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the office visit, we spoke with the registered manager, who is also the provider of the service. We also spoke with an administrator. We looked at the care records for six people who used the service, the recruitment and supervision records for six staff, and the training records for all staff employed by the service. We also reviewed information on how the provider managed complaints, and how they assessed and monitored the quality of the service.

Between the date of the office visit and 23 October 2015, we spoke with five care staff, one person who used the service and the relatives of five others by telephone.

# Is the service safe?

## Our findings

People told us that they had no concerns about the staff's ability to provide care safely. One person's relative said, "I leave home every morning not worrying because I know that my [relative] will be looked after really well. My [relative] trusts the care staff entirely too." Another relative said, "They always provide safe care because they are well trained."

The provider had up to date safeguarding and whistleblowing policies that gave guidance to staff on how to identify and report concerns they might have about people's safety. Whistleblowing is a way in which staff can report concerns within their workplace. Information about safeguarding people had been given to staff when they started working at the service and it was also available electronically for them to access whenever they needed to. Staff had also completed their training in safeguarding people and received annual refreshers. Staff we spoke with demonstrated good understanding of these processes and were able to tell us of actions they would take if they were concerned about a person's safety. A member of staff said, "People we support are always safe and I have never been concerned at all about that because we all have the right skills to support people safely."

People's care and support was planned and delivered in a way that ensured their safety and welfare. An environmental risk assessment had been completed as part of the service's initial assessment process to help staff identify and minimise any potential risks in the person's home. This included an assessment of possible risks from household substances that might be hazardous to health, and a fire risk assessment. A record was also kept of all accidents and incidents, with evidence that appropriate action had been taken to reduce the risk of these happening again.

There were also personalised assessments for each person to monitor and give guidance to staff on any specific areas where people were more at risk. Where necessary, these assessments included those for risks associated with

people being supported to move, falling, developing pressure area skin damage and people not eating or drinking enough. The risk assessments had been reviewed and updated regularly or when people's needs changed.

The provider had effective recruitment processes in place and they completed all the relevant pre-employment checks, including obtaining references from previous employers and Disclosure and Barring Service (DBS) reports for all the staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed. The provider also demonstrated that their staff retention was very good, with evidence that a number of staff had worked for them for many years.

People and their relatives told us that there was always enough staff to support them safely and at the right times. We noted that the provider preferred to agree a minimum care package of at least three hours at a time so that people were not rushed or put under pressure. The relatives we spoke with were complimentary about the quality of the staff that provided care and that their relatives were supported by a consistent group of staff to provide continuity of care. We saw that there was an effective system to manage the rotas and the provider had an on-going recruitment programme so that they covered any vacancies as they occurred. Staff we spoke with said that there was always enough of them to support people at the times of their choosing, and they received their rotas in advance, to enable them to plan their work effectively.

Some people or their family members managed their medicines and they told us that they did not require staff support with this. However, the records indicated that for those supported by staff to take their medicines, this had been done safely and people had been given their medicines as prescribed. We also saw that staff had been trained to manage people's medicines safely and they also received a lot of support from the manager, who was a registered prescriber. The manager told us of occasions when they used their expertise to ensure that people received treatment in a timely manner. They also told us that they worked closely with people's GPs so that they received the treatment they required and a pharmacist helped them to keep their practice up to date.

# Is the service effective?

## Our findings

People's relatives told us that staff were well trained and had the right skills to support people appropriately. One relative said, "Staff know what they are doing, they are well trained." Another relative said, "They are all incredible, our family would not have survived without them." A third relative said, "The manager uses her nursing skills in an exceptional way to make sure that people are supported really well."

Staff told us that they provided the care people needed to maintain their health and wellbeing because they had completed the training they needed to develop their skills and knowledge. One member of staff said, "Training is really good, I find that I learn new things every time I redo any training." A relative of a person who needed daily therapeutic exercises expressed their satisfaction for the support of a member of staff whose input had led to the improvements being evident much earlier than expected. They added, "I cannot praise her enough and we are blessed to have her as a carer."

We noted that the provider had a training programme that included an induction for all new staff and regular refresher training for all the staff. This consisted of face to face, as well as, e-learning in a number of various topics including health and safety, equality and diversity, diet and nutrition, and communication. The administrator could track the e-learning that staff completed to ensure that they were updating their training in a timely manner. It was clear from the comments made by relatives that the training staff received had been effective and had resulted in the provision of very good care for people who used the service. Staff had also been supported to acquire relevant qualifications for their role. For example, we saw that three senior members of staff who had recently been promoted to supervisor roles, were completing a level 5 Qualifications and Credit Framework (QCF) diploma in leadership and management in health and social care. One of these members of staff said, "The career progression has been brilliant."

Staff told us that they had regular individual supervision meetings, support through staff meetings and they could speak with the manager whenever they needed support. We saw evidence of these meetings in the records we looked at and they were used as opportunities to evaluate each member of staff's performance and to identify any

areas they needed additional support in. One member of staff said, "We meet regularly with the manager for supervision and they also do unannounced checks to make sure we are maintaining the high standards they expect of us." The provider had recently reviewed their supervision structure so that the senior care staff could provide supervision for the rest of the staff. We also saw that staff used emails to communicate regularly with the manager and the administrator. This also enabled the manager to share information quickly with all staff.

People who used the service sourced and paid for their own care. This meant that they had made decisions to engage with the provider and therefore consented to the care and support provided. Records showed that some people had signed their care plans to indicate that they agreed with the planned care and how it would be provided. 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. We noted that staff understood the relevant requirements of the MCA, particularly in relation to their roles and responsibilities in ensuring that people consented to their care and support. One member of staff said, "The care we provide is very much driven by what people want. We would not do anything a person would not be happy with."

Everyone using the service was being supported by staff to meet their dietary and nutritional needs. The level of support required varied depending on the agreed care packages. For example, people with 24 hour support had all their meals cooked and served by staff. The relatives we spoke with were happy with how this was managed and they said that people were being supported to have a balanced diet that promoted their health and wellbeing. They were very complimentary about the quality and taste of the food prepared by some of the members of staff. One relative said, "The staff are great cooks and the food is always delicious." Staff said that they always made sure that people had enough to eat and drink, and would always report promptly any concerns they might have about people not eating or drinking enough. Where

## Is the service effective?

necessary, the provider monitored how much people ate and drank on a daily basis so that appropriate action could be taken if this fell short of the recommended healthy daily limits.

People were supported to access other health and social care services, such as GPs, physiotherapists, and to attend hospital appointments. For example a person was supported to attend weekly physiotherapy exercises. Also, staff normally provided care to people during hospital admissions and we saw that a member of staff had travelled abroad to support a person who had been

admitted in hospital there. As well as ensuring that the person received the care they required while in hospital, they had contributed to the planning that meant that the person was able to return to the UK safely. Records showed that staff communicated regularly with people's relatives and their GPs to make sure that they received the right support and treatment to maintain their health and wellbeing. There was evidence that the provider responded quickly to people's changing needs and the manager always used their nursing skills to assess whether people required to be referred to other services.



# Is the service caring?

## Our findings

People were very appreciative of the way they had been cared for by staff. Comments from the relatives we spoke with indicated that they found the staff to be kind and compassionate towards their family members. One relative said, “The most fantastic people I have ever worked with. Everything is done with the greatest of love, care and attention.” Another relative said, “The girls were marvellous. They were always jovial and there was a lot of laughter in the house.”

Staff said that they really cared about the people they supported and they had developed very good relationships with them. A number of staff had supported some of the people for many years and the comment, ‘we have become part of the family’ was mentioned by most of the staff we spoke with. A member of staff also said, “We treat people like family members and we speak regularly to their relatives too.” They also told us about the extra things that they did for people, like visiting them in their own time when they were in hospital. Also, a relative of one person told us about how the manager went out of their way to find them appropriate care and treatment when their relative got ill. Another relative told us of their pleasant surprise when staff arranged a birthday celebration party for their relative. A third relative told us how their relative had always been supported to put make up on and their hair was always nicely done. When we told the staff we spoke with that people and their relatives were complimentary about the extra things they did for them and one member of staff said, “Going the extra mile comes with the job. We do not just meet people’s physical needs, but their emotional and social needs too.” Another member of staff said, “I am happy to hear that people are satisfied with what we do for them.” The manager also told us that they had held a luncheon for a person’s 99th birthday. The staff had planned the whole event, sent out invitations, planned the menu and cooked the food. We were told that the event had been enjoyed by everyone present.

People and their relatives told us that they were involved in planning their care from the outset. They said that they had been involved in developing the care plans and that staff took account of their individual choices and preferences.

They also said that communication was very good and they felt listened to and their views acted on. One relative said, “Nothing we have asked for has ever been too much for them.” Staff also demonstrated good understanding of the needs and wishes of the people they supported.

People told us that staff provided care with respect and dignity. Staff also demonstrated that they understood the importance of respecting people’s dignity, privacy and independence. They gave clear examples of how they would preserve people’s dignity while providing personal care. Where possible, they enabled people to maintain their independence by supporting them to do as much as they could for themselves. One member of staff gave an example of when they had supported a person to make their favourite pudding adding, “It meant a lot to them that they had done it themselves.” A relative of a person who had been supported by the service prior to being deceased, described the exceptional care they had received from the service. They said that the staff had been wonderful to their relative during their last months adding, “This meant [relative] had a beautiful death. It was smooth, tranquil and very peaceful. I have been recommending them to others who need care and we feel love for all of them.” The staff also respected and embraced people’s different religious beliefs, practices, customs and cultures to enable them to provide individualised care.

Staff also told us that they maintained confidentiality by not discussing about people who used the service outside of work or with agencies who were not directly involved in the persons care. We also saw that the copies of people’s care records were held securely within the provider’s office.

Information was given to people in a format they could understand to enable them to make informed choices and decisions. We saw a copy of the files held in people’s homes which showed that a range of information had been included for use by people who used the service and staff. This consisted of various information such as, guidelines for assisting people with medicines, confidentiality, emergency action flow chart, safeguarding and whistleblowing. Also, there were various policies that staff might need to refer to regularly, and we saw that when needed, staff also could access the rest of the policies and guidance online.

# Is the service responsive?

## Our findings

People who used the service had a wide range of support needs and these had been assessed prior to them being supported by the service. We saw that appropriate care plans were in place so that people received the care they required and appropriately met their individual needs. One relative said, “I find the care provided very good and we are pleased with the service.” Another relative said, “The manager is an experienced nurse and her contribution to the medical side is excellent.” There was evidence that the care provided was person centred and that the care plans reflected people’s needs, choices and preferences.

The manager told us that they provided a very personal service that was bespoke for each person. They gave examples of some of the individualised care that staff provided including accompanying people when they went on holiday. Also, staff attended family gatherings and celebrations with people they supported. A member of staff said, “The care we provide is 100% based around people’s needs. Our clients are happy and that makes us happy too. I am really proud of what we do.” Another member of staff said, “We support every person differently in accordance with their needs and preferences.” A relative of one person said that the care provided was always in response to people’s needs and preferences adding, “The manager has always been responsive to our requests for specific staff that my [relative] got on well with.”

People and their relatives had been involved in planning their care and in the regular reviews of the care plans. Although there was a system to review the care plans periodically, we saw that where necessary, these were also reviewed more often to reflect any changes to people’s needs. Staff produced a monthly report of how people were progressing and a copy was sent to the office so that it could be kept in the records held in the office. We saw that the manager visited people to review their care regularly and some people and staff confirmed that this had been

done weekly, where people had complex needs that required nursing interventions. Staff told us that they regularly supported a small group of people which meant that they understood those people’s needs very well and knew how to support them. This enabled them to provide consistent care and were able to easily identify when people’s needs had changed.

Staff told us that they supported people to pursue their hobbies and interests. The length of the time staff supported people meant that they were able to support them to continue to live active lives as much as possible. For example, we saw that one person had been supported to attend a ‘Bridge club’ regularly. They also enjoyed weekly trips to the hairdresser. People were also encouraged to go out to attend clubs, social events and cultural festivals. A member of staff said, “We take people out and organise things for them to do. We also do anything that people need including cleaning and shopping.” Furthermore, all the staff spoke fondly about the lengths they went to, to make sure that people enjoyed special events, such as their birthdays and other festive celebrations. One member of staff gave us an example of how for someone’s birthday, they organised a lunch for them and their close friends. They also told us that one of the care staff was a trained manicurist and they visited some people regularly to do their nails.

The provider had a complaints policy and procedure in place and people were aware of this because it was in the file kept in their homes. There were no recorded complaints in the last 12 months, but we saw compliments that indicated that people were mainly satisfied with the service they received. People told us that they would feel comfortable raising any concerns they might have about the care provided. However, everyone we spoke with told us that they had never had any reason to raise a complaint about the care provided by the service, with one relative adding, “Apart from minor scheduling issues, we have always been happy with our relative’s care.”

# Is the service well-led?

## Our findings

The service had a registered manager, who is also the provider. The registered manager was supported by an administrator to effectively plan people's care. Everyone spoke highly of the manager and care staff, who they said were friendly and approachable. Most people and their relatives told us that they had been referred to the service by other people who had described it as 'excellent'.

Staff told us that the registered manager provided stable leadership, clinical expertise and the support they needed to provide good care to people who used the service. They also said that following recent changes, they benefited from the day to day support provided by the senior care staff. They said that this enabled them to provide good quality care to everyone who used the service, as well as, supporting their relatives or friends to deal with any problems that might arise during the course of the person's care. One member of staff told us that they provided 'an excellent service', adding, "I think we provide the best care. I enjoy my job and have no plans of going anyway." Another member of staff said, "I believe we provide excellent care because the manager maintains high standards and this has filtered down to all of us." This view was supported by the various comments from people and their relatives that suggested that they were happy with the quality of the service provided. Some of the comments included, 'They are very good'; 'The manager is unbelievable in how much support she gives us, the girls are wonderful too'; 'I cannot praise them highly enough'; 'Brilliant service'; 'The manager is called the 'Mary Poppins' for older people by my sister'.

The provider had developed and promoted a 'caring culture' within the service, where everyone including staff, was treated with respect and listened to. Staff told us that they were encouraged to contribute to the development of

the service so that they provided good quality care that met people's needs and expectations. We saw that regular staff meetings were held for them to discuss issues relevant to their roles. Additionally, they told us that the manager visited different people who used the service at least three times a week and used these opportunities not only to get feedback from people about the quality of the care provided, but to also assess staff's practice. For example, on 12 October 2015, the manager had met with some staff to assess their techniques to support people to move safely.

There was evidence that the provider worked in partnership with people and their relatives so that they had the feedback they required to provide a service that met people's needs and expectations, and was continually improving. The manager regularly sought people's views about the quality of the care recorded when she visited them in their homes. Also, questionnaires were sent to people and their relatives every 18 months. The results of the most recent survey completed in April 2015 showed that people who responded were happy with the quality of the care provided and seven positive comments had been included.

The manager had completed a number of quality audits on a regular basis to assess the quality of the service provided. These included checking people's care records and staff files to ensure that they contained the necessary information and that this was up to date. Also, the manager regularly completed audits of how people's medicines were managed and no issues had been identified in the records we looked at. We found that they had kept robust, up to date records that reflected the service provided at the time of our inspection. The manager had understood their responsibility to report to us any issues they were required to report as part of their registration conditions and we noted that this had been done in a timely manner.