

Peepal Care Limited

# Peepal Care

## Inspection report

6 Lea Gardens  
Wembley  
Middlesex  
HA9 7SE

Date of inspection visit:  
14 May 2021

Date of publication:  
16 June 2021

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Peepal Care is a small domiciliary care agency registered to provide personal care to people in their own homes. The service mainly caters for the Gujarati community. At the time of the inspection, the service provided care to ten people. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

Feedback from one person who received care from the service and relatives we spoke with indicated that they were satisfied with the care provided by the service. They spoke positively about staff and the service and raised no concerns. They also told us the service was professional and well run.

Systems were in place to help ensure people were protected from the risk of abuse. There were appropriate policies in place.

Risk assessments were carried out to ensure people's needs could be met. Where risks were identified, there was guidance in place for staff to ensure that people were safe.

There were appropriate numbers of suitably skilled staff available to meet people's needs. Feedback indicated that care workers were punctual and stayed for the duration of their visit.

Appropriate infection control practices were in place.

Comprehensive recruitment processes were in place. The service carried out appropriate checks so only staff who were suitable to work with people using the service were employed.

The service had a system in place to obtain feedback from people about the quality of the service they received. This enabled the service to continuously monitor the effectiveness of the service. Quality assurance systems and processes included audits looking at key aspects of the service.

### Rating at last inspection

The last rating for this service was Requires Improvement (published 3 September 2019).

### Why we inspected

We previously carried out a comprehensive inspection of this service in August 2019. One breach of legal requirement was found. The provider completed an action plan after the last inspection to show what they would do and by when in relation to medicines management.

We undertook this focused inspection to check they had followed their action plan and to confirm they now

met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led.

The ratings from the previous comprehensive inspection for the key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Peepal Care

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was completed by one inspector.

#### Service and service type

Peepal care is a domiciliary care agency. It provides personal care to people living in their own homes.

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

This inspection was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure the registered manager would be in.

#### Before the inspection

Before the inspection visit, we reviewed information we had received about the service since the last inspection. This included information about incidents the provider must notify us of, such as any allegations of abuse.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We also reviewed the last inspection report and information we had received about improvements made.

#### During the inspection

We visited the office location on 14 May 2021 to see the registered manager. The trainer/consultant was also present virtually during the site visit. We also reviewed a range of records which included care records and staff files in relation to recruitment.

#### After the inspection

We telephoned people who received care from the service and relatives after the inspection. We spoke with one person and four relatives about their experiences of the service. We also spoke with four care workers.

We continued to seek clarification from the provider to validate evidence found. We looked at care plans, punctuality and attendance records, policies and quality assurance records.

# Is the service safe?

## Our findings

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

At our last inspection, this key question was rated requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- During the previous inspection we found that there were a lack of records to show people had received their medicines as prescribed and we found a breach of regulation in respect of this. During this focused inspection, the registered manager explained that since the last inspection they had made a decision not to provide any form of medicines support to people. She explained that all people who received care and their relatives had agreed to this policy and we observed that care plans reflected this. We also noted that the medicines policy had been updated to reflect this change. We noted that staff had completed medicines training so that they were able to identify potential risks.

### Systems and processes to safeguard people from the risk of abuse

- People who used the service told us they felt safe in the presence of care workers. One person said, "I feel safe when they [care workers] are in my home. Staff are kind and caring." Relatives we spoke with confirmed this. One relative told us, "My [relative] is extremely happy and we are happy with the way the carer works. I feel [my relative] is safe. They provide very person-centred care." Another relative said, "I am very confident that [my relative] is safe when being cared for."
- The service had relevant policies in place, including safeguarding and whistleblowing policies. These detailed the process for reporting concerns.
- Care workers had received safeguarding training. Care workers we spoke with were clear about the importance of their role in safeguarding people. If they had concerns about people's safety they would report their concerns immediately to the registered manager. They were confident that the registered manager would respond to their concerns immediately.

### Assessing risk, safety monitoring and management

- Risks to people had been identified and assessed. Risk assessments contained guidance for staff to ensure people were safe. Risk assessments in place included the environment, use of mobility equipment, personal care, transfers, falls, pressure sores and diabetes. Risk assessments also included details of control measures in place to reduce the possibility of the potential risk occurring.
- Care workers we spoke with were aware they needed to report any concerns relating to people's safety to the registered manager. They told us that they would not hesitate to do this and were confident that the registered manager would take appropriate action.

### Preventing and controlling infection

- There were suitable arrangements in place for the control and prevention of COVID-19 and other infections. Staff had received appropriate training in infection prevention and control and appropriate policies were in place.

- Feedback indicated that care workers wore PPE appropriately and no issues were raised in respect of this. One relative said, "Care workers always have enough PPE. They are also so careful about COVID-19 and follow the rules strictly."
- There was a comprehensive COVID-19 policy which clearly detailed COVID-19 procedures and guidance. The trainer/consultant sent all care staff important guidance.
- Care workers told us they always had sufficient PPE and had not experienced a shortage during the COVID-19 pandemic. They told us they had sufficient gloves, aprons and masks. One care worker said, "I've always had enough PPE. We have had no issues with PPE." Another care worker told us, "I have always had enough PPE. No shortages."

#### Staffing and recruitment

- Staff records showed recruitment and selection processes had been carried out to ensure suitable staff were employed to care for people. A range of checks were completed. These included obtaining references and undertaking a criminal record check to find out whether a prospective employee had been barred from working with vulnerable adults.
- We discussed staffing levels with the registered manager. She explained that there were sufficient numbers of staff to safely meet the needs of people.
- Feedback indicated that there were no issues with regards to care workers' punctuality and attendance. Feedback also confirmed that care workers stayed for the duration of the visit. One relative said, "They [care workers] arrive on time and stay for the duration. I am satisfied with the care." Another relative told us, "No issues with punctuality."
- The registered manager explained that if care workers were delayed, the office would always contact people or their relatives beforehand to notify them. This was confirmed by relatives we spoke with.
- The registered manager explained that the service provided care to a small number of people and therefore they did not have an electronic system in place for monitoring timekeeping and attendance. Instead, care workers completed time-sheets and these were checked by management to ensure that punctuality and attendance was monitored.
- Management also monitored punctuality and attendance through regular telephone calls to people and relatives and we saw documented evidence of this.

#### Learning lessons when things go wrong

- There was a system in place for managing accidents and incidents to reduce the risk of them reoccurring. Accidents and incidents were recorded in an accident/incident report record which included remedial action to minimise the risk of another reoccurrence. The registered manager confirmed that there had been no accidents and incidents since the last inspection.
- The registered manager explained that lessons learnt were used to improve the quality of service which was then communicated to care workers to promote good practice.



# 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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant that the service was well managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; continuous learning and improving care

- The previous inspection found that the service carried out audits but these had failed to identify issues we found in respect of medicines management. The registered manager explained that since the last inspection the service had made a decision not to provide medicines support to people.
- Audits had been conducted by management which covered various aspects of the service including care support plans, staff training, punctuality, attendance and staff spot checks. These showed actions had been followed up and documented as completed.
- The provider asked people and relatives for their feedback through quarterly service users' satisfaction surveys and regular telephone calls. The questionnaires covered care worker punctuality, the quality of care provided, whether care was personalised and consistency of care. We noted that these questionnaires were carried out consistently and feedback from surveys was analysed to ensure they improved the service where needed. Management had conversations with people and their relatives about the care they received.
- Staff meetings provided staff with the opportunity to feedback about the service and to discuss any concerns and best practice. During the pandemic, these meetings were held virtually. Staff said they were able to have open discussions and share their opinions and feedback.
- The service promoted an inclusive and open culture. Management recognised care workers hard work and contribution during the pandemic and rewarded staff accordingly.
- Where required, the service communicated and worked in partnership with external parties which included local authorities and healthcare professionals and we saw documented evidence of this.

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

- Feedback indicated that people received personalised care that met their needs and they were involved in their care. One relative said, "The care is very personalised in terms of getting the right match with [my relative] and care worker." Another relative said, "They provide caring services. I have been extremely happy with the services. They really think about the right match."
- The registered manager understood her responsibility under the duty of candour and were open, honest and took responsibility when things went wrong and notified relevant professionals and CQC of any significant events at the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives were complimentary about the management of the service and said communication was good. They told us that staff were responsive, and they all would recommend the service to others. One relative told us, "I would recommend it definitely. I am so happy with the service." Another relative said, "[My relative] is extremely happy and we are happy with the way the carer works."
- Staff we spoke with told us they felt well supported by the registered manager. They confirmed that the registered manager was approachable and provided guidance and direction whenever they needed it. One care worker said, "I am well supported here. It is easy to talk to the manager. She is easily available." Another care worker told us, "[The registered manager] is very helpful. I can speak with her openly. She is very helpful. She always responds."
- The registered manager and care workers monitored and reviewed each person's progress to ensure their needs were being met. This was clearly documented in care plans we looked at.

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

- Care workers we spoke with told us that staff morale was positive and they enjoyed working at the service. They told us they felt supported and valued. They also told us that the service was organised and managed well. Feedback from staff was also positive in respect of communication between management, office staff and care workers. One care worker told us, "Management are always helpful. Good communication here. Whenever we have any concerns, management are always very happy to sort it out."
- Care workers were provided with information on what was expected from them and this was detailed in their job descriptions.