Peak Home Care Limited

Independant Living Services

Inspection report

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Ratings

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

Overall summary

Independant Living Services is a domiciliary care agency based in Chesterfield. It provides personal care to people in their own homes, mostly in the Chesterfield area.

The inspection took place on 22 and 23 January 2015.

There was a registered manager at the service 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.

Since our previous inspection visit in January 2014 we had received a significant amount of information of concern. The key issues from this information concerned the timing of calls, inadequate staff training and insufficient staff to undertake the tasks agreed. We looked into these issues as part of our inspection. The manager confirmed that the information we had received about

Summary of findings

timing of calls and availability of staff had been correct in most cases. Some improvements had been made following a change of management and operational systems in November 2014. There were enough staff available at the service but we have made a recommendation about their deployment. Staff received relevant training and guidance to ensure people's needs were met.

People using the service were protected from the risk of abuse because the provider had provided guidance to staff to help minimise any risk of abuse. Decisions related to peoples care were taken in consultation with them, their representative and other healthcare professionals, which ensured their rights were protected.

People told us the care staff were caring and kind and they mostly received the support agreed in their care plan. Formal complaints were well managed but informal concerns and communication with the office had not always been consistent or resolved issues satisfactorily. We have made a recommendation about the management of complaints.

The registered manager at the agency was familiar with needs of the people using the service and staff felt supported by the management team. There were systems in place to enable people to give feedback on the service.

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?
This service was not consistently safe.

People using the service and their relatives told us they felt safe but staff were not deployed effectively to ensure people's needs were met in a timely manner. People did not always receive their medication at the right time

Requires Improvement

Is the service effective?
The service was effective.

Staff had completed relevant training to enable them to care for people effectively.

Staff understood the principles of the Mental Capacity Act and ensured people were involved in making decisions about their care. Staff knew what to do if people did not have the capacity to make decisions.

Good

Is the service caring?
The service was caring.

People were treated with kindness and compassion. Care plans were written to ensure they met individual needs. Staff were aware of people's choices, likes and dislikes and enabled people to maintain their independence.

Good

Is the service responsive?
The service was not consistently responsive.

People were encouraged to express their views but concerns were not always well managed. Some people did not receive an appropriate response. People did not always receive their care at the times they needed.

Requires Improvement

Is the service well-led?
The service was well-led.

There was an open culture at the service and staff told us they would not hesitate to raise any concerns. Systems were in place to monitor the quality of the service. These included health and safety audits and audits of care records. Further actions were planned to improve the reliability of the service.

Good

Independant Living Services

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 was announced and took place on 22 and 23 January 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure the manager was available. The inspection team consisted of one inspector and an expert-by-experience of older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We spoke with twenty people who used the service or their relatives, eleven staff and the management team. We spoke with five external health and social care professionals including social workers and nurses, and an officer of the Local Authority.

We looked at five people's care records and a range of other records relating to the care people received. This included some of the provider's checks of the quality and safety of people's care; staff training and recruitment records and medicines administration records.

Requires Improvement

Is the service safe?

Our findings

People we spoke with confirmed they felt safe when being supported by staff. All the people we spoke with told us they felt safe when the care workers were in their homes and that their possessions were also safe. However, there were a number of people who told us they did not receive regular care workers, which made them feel unsettled and caused anxiety. One person said, "I don't like it when new ones (care workers) come. I don't know them from Adam and it's a worry when you're on your own." Those who did receive regular workers found this reassuring. One person told us, "You know with your regular carers that they can just get on with the job and you don't have to worry about anything."

Staff understood the procedures in to follow in the event of them either witnessing or suspecting the abuse of any person using the service. Staff also told us they received training for this and had access to the provider's policies and procedures for further guidance. They were able to describe what to do in the event of any abusive incident occurring. They knew which external agencies to contact if they felt the matter was not being referred to the appropriate authority. This meant that the provider was taking appropriate steps to safeguard people from harm and abuse.

We found the provider was undertaking a range of risk assessments prior to care and support being provided. We saw in the five records we looked at these were up to date and contained relevant information for staff to minimise potential risks. This included how to keep people safe when assisting them to move and what to look out for in specific conditions such as diabetes.

Most people we spoke with, their relatives and staff told us there were sufficient staff to provide the support people required. People told us they thought there were generally enough staff to deliver their care needs and that calls were rarely missed. However, several people told us that at times, particularly during bad weather and at weekends, they were waiting a long time for their calls and they thought this was due to a lack of available care workers.

Three people told us they thought the turnover of staff had been high recently, especially with staff working evening shifts. They had found it difficult for them to repeatedly explain their care needs to new care workers. One person said, "I was told I wouldn't get any carer unless I'd been introduced to them, but this hasn't happened because there aren't enough regular staff and there's a high turnover. It makes me very nervous." **We recommend that the service reviews the deployment of staff to improve consistency of carers for people.**

We looked at staff rotas and saw there were sufficient staff to manage the calls and that travel time was accounted for. Most staff we spoke with told us the rotas had improved recently. One said, "I have a really good rota" and another told us the timing of calls was fine but acknowledged it had been a problem. One staff member told us "There's not enough travel time." They also said their calls were sometimes changed and there seemed to be a high turnover of staff. The management team acknowledged in discussion that there had been issues with the timing of calls and rotas. They said this was being addressed and the rotas were now more stable.

We found that the provider had systems in place to ensure suitable people were employed at the service. The records we looked at showed us that identity information, Disclosure and Barring Service (DBS) checks and references were obtained before a person commenced working in the service.

People who received medicines from care workers told us that their medicines were administered correctly, although sometimes medicines could be late or early if the calls were not on time. One service user said "My medicines and food need to be taken at regular intervals, but sometimes the calls are too early or too late. It's not ideal." One relative was concerned that their family member did not always receive their medicines at the correct intervals when care workers were not on time.

We saw people's medication was listed in their care records. We looked in detail at the medication records for five people using the service. We found some discrepancies in the recording on the charts, which made it unclear when the medicine was taken. For example, there were missing signatures on one chart and on another there were alterations to the record. The management team told us these issues had been picked up and addressed through the auditing process and records we saw confirmed this. This helped to ensure risks of errors being repeated were minimised.

Good

Is the service effective?

Our findings

People using the service told us that the staff treated them well and were able to carry out most of the support required. One person said: "I'm highly satisfied with all the carers and the way they do their work" and another told us "I couldn't wish for anything better. I'm very grateful." Relatives also confirmed that they thought their family members were well cared for. They told us "We're very pleased with the service [family member] is getting. It's working really well and [family member] is enjoying the banter." Another relative told us they thought their family member was benefitting from the service. They said "We've got a good routine going now. The regular carers are just brilliant."

We received information following our last inspection in January 2014 that suggested staff training was inadequate. Most people told us they thought the care workers were generally well trained and were skilled enough to carry out the required support. However, some people told us they thought more training was needed in domestic support, such as cleaning and making beds. One person told us "Some carers don't know how to wash up and the plates are still dirty after they've washed them."

We discussed staff induction and training with care workers. They told us they received regular training and that they felt equipped to provide the support asked of them. One staff member told us their induction was thorough and said "I felt comfortable straight away" and another told us training had improved. They said "It's absolutely brilliant to what it was." They told us opportunities for training were good and covered essential health and safety areas and other subjects relevant to care. This included end of life care, tissue viability and nutrition and dementia. There was also training input for specific support such as assisting people with their specialist nutrition needs. Staff with supervisory responsibilities also had the opportunity to undertake management courses.

Training records we looked at confirmed staff training was up to date and also showed us staff supervision took place. This included appraisals and direct observation of care practice. Staff we spoke with told us they received supervision and that it was useful. Most thought this had improved recently. This demonstrated the provider was taking action to improve the effectiveness of the service.

Staff told us they had received training in the Mental Capacity Act (MCA) 2005 and associated Deprivation of Liberty Safeguards (DoLS). Records we saw confirmed this. The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. Senior staff we spoke with understood the basic principles of the MCA.

The care records we looked at showed basic assessments of people's capacity to make decisions had been completed. However, we saw that two were not dated or signed by the person so it was unclear when the assessment had taken place. We saw people had signed a document agreeing to specific aspects of their care and who they wished to be involved in decision making. This included the gender of the care worker and the involvement other family members.

Care workers were able to describe how they would ensure people were in agreement with the support they were providing and were aware of the process if someone did not have the capacity to make an informed decision. They told us they would report this to the management team who would involve other professionals to ensure any decisions made were in the person's best interests.

Staff responsible for assessing people's capacity to consent to their care demonstrated an awareness of the DoLS. This is a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe. At the time of our inspection no one using the service had been assessed as being deprived of their liberty.

People who were supported at mealtimes told us they had access to food and drink of their choice. Staff supported some people with basic cooking, reheating and ensuring meals were accessible. However, some people thought care workers did not know how to cook. One person told us, "One young carer came to make my lunch recently but she said she'd never cooked before so I had to show her how to make an omelette." Those staff who supported people with their meals told us they had received training in food safety to be able to carry out food preparation hygienically**.** Training records we saw confirmed this.

People were supported to maintain good health and to access healthcare services when required. They told us that most of their health care appointments and health care needs were co-ordinated by themselves or their relatives.

Good

Is the service effective?

Staff were also available to support people to access healthcare appointments if needed. They liaised with health and social care professionals involved in their care if their health or support needs changed. One relative told us they were pleased because office staff had helped them contact the district nursing service to query the provision of continence pads. They were also pleased because the care workers had noticed a medical problem with their family member and had contacted the district nursing service to arrange a visit.

Good

Is the service caring?

Our findings

Most people were very complimentary about the care workers, especially their regular care workers. People told us most of the care workers were polite, friendly, kind, compassionate and caring. They told us their privacy and dignity was maintained when receiving care and support and that staff were respectful.

One person said “Most of the care workers are absolute gems. I couldn’t do without them”, another said “The carers are ever so nice. You couldn’t ask for better people to help you” and a third told us “They are always pleasant and polite. They’re friendly too and we can have a joke.” Staff were respectful of people’s privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person’s safety, for example if they were at risk of falls.

People were involved in making decisions about their care and support. One person told us they were aware of their care plans and relatives told us they were kept informed about the care provided. A relative confirmed their family member was asked their opinion and told us “They’re always polite and very patient.”

People told us they were given choice and control to get the right care and that their disabilities were taken into account when care was provided. One staff member said “I always give a choice”.

Records we saw showed that people’s preferences in relation to the gender of the support worker were respected. For example, one record identified that the person wanted a “same sex worker” to provide their support.

External social care professionals told us that people were involved in decisions about their care. One professional told us that staff had been very good in supporting the person they were involved with and obtaining permission for the support provided. They described one carer as absolutely fantastic for the way they had involved and cared for the person. Another professional described the staff as very professional and confirmed that care records in people’s homes were up to date and thorough.

Requires Improvement

Is the service responsive?

Our findings

People using the service and their relatives gave us mixed feedback about when they received their call. Several people and relatives told us that calls could sometimes be very late or very early, especially at weekends. They said they had reported this to the management but it had not been addressed. This resulted in frustration and anxiety for people. A relative said, "The morning calls can be over an hour late and I've had to get [family member] up myself because she's getting agitated. That's not good for me or her. I've told the office several times but they don't usually get back to me." Another relative said, "The call times can be very erratic so I always read [family member's] care file to check the times the carers came. I worry about [family member's] meals and tablets because they're not always spaced like they should be." Another said, "It's my evening call that's the problem. My care plan says it's 9pm but it can be any time from 7.45pm and that's far too early. I rarely get a 9pm call. I've rung the office but it's made no difference as far as I can see."

People told us that sometimes care workers would contact them if they knew they were going to be late and they appreciated that. One person said, "It can't be helped sometimes – they (the care workers) might have a big problem with someone." However, other people told us that sometimes the care workers did not let them know about a delay and just turned up late. Several people and relatives told us that certain care workers had made a great effort to reach them in bad weather. One person said, "Some carers walked a long way in deep snow to get to me. That's dedication, isn't it?"

We had also received information about poor timing of calls since our previous inspection in January 2014. We discussed this with the management team. They acknowledged there had been issues during 2014 but said staff rotas had been amended to ensure there was sufficient travel time and the timing of calls was now much better. They also told us they sent rotas out in advance and this had reduced the number of queries they had received. Staff we spoke with confirmed this.

Most people we spoke with knew how to make a complaint and knew how to contact the office. Many had rung the office for a variety of reasons, mainly to query why a call was late or to complain when calls had been late or early.

There was a mixed view about the responses given and action taken. Some people were satisfied that the office tried to help. Others did not feel their concern was taken on board and no action was taken. The problem that people felt was not sorted was calls not being on time and sometimes very late or very early. One relative said "Their (office staff) favourite phrase is, "We'll look into it." But I rarely hear anything back." **We recommend the service seek advice and guidance from a reputable source, about the management of and learning from complaints**.

We looked at the complaints record and saw formal complaints were recorded and it was clear what action had been taken to resolve them. Most indicated whether or not the complainant was satisfied with the outcome. We also saw informal concerns raised were recorded. The manager told us that where there were similar concerns they had started to take a more proactive approach by keeping in regular contact with the person raising the issue.

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs. This enabled them to provide a personalised service.

External health and social care professionals we spoke with told us that they had a reasonable response from the agency's offices. One described them as "very responsive" and another told us, "They are quite good" and described how the service had responded to calls in an emergency.

Four people told us they were involved in reviews of their care and told us they found this useful. However, one person told us. "I would say the care plan is implemented when the regular carer is there, but otherwise the care isn't always done the way we agreed." Records we looked at were detailed, personalised and up to date. There were assessments to identify people's support needs and care plans were developed outlining how these needs were to be met. They included details about people's mental, physical and social needs so that staff were aware of the actions that needed to be taken so that people's needs were met. There was information about what personal care people could do for themselves and where they needed support. Relevant risk assessments were also in place to ensure people were supported safely.

Good

Is the service well-led?

Our findings

Some people told us they were asked their opinion of the service but others told us they could not remember receiving a satisfaction survey or being asked for their views. Most people told us they thought the care workers were doing a good job in difficult circumstances. They felt the problems regarding late calls and lack of regular carers was due to management and the organisation of the service.

There were opportunities for people to provide feedback about the service and suggest possible improvements. We saw that people were either contacted by telephone or received a visit to give their views. A feedback document was completed that the person signed, where appropriate. Most of the comments were positive and one stated "Things have improved recently." Any negative comments were about too many different care staff providing support.

There was a registered manager at the agency, which met the registration requirements of the Care Quality Commission. The management team had defined roles and there was clear accountability and responsibility for different aspects of the service. For example, there was a designated person responsible for staff training and recruitment.

We discussed the leadership of the service with the management team. They told us they wanted to provide a quality service with an open, transparent culture to ensure staff felt valued. The managers acknowledged there had been some issues during 2014 that had led to staff feeling devalued. These were being addressed and incentives such as carer awards and bonuses had been introduced to ensure staff felt supported and part of the team.

Staff we spoke with confirmed things were improving and gave positive feedback about the management team. One said "They are very considerate" and another said "They deal with things straight away." A third member of staff said "I love working for them." We found in discussion with staff they were motivated and open with people about what was happening in the service. They knew how to raise concerns or highlight poor practice. They told us they were confident that any concerns would be listened to and acted on by the manager. They also said they received the right sort of support to work to the best of their ability. One member of staff praised the manager for the changes she was implementing and said "I can't believe how much better things are."

We saw where compliments had been received about specific staff, these were shared with the relevant staff member. We saw that a relative had said their family member "thinks you are fantastic" and on another compliment the relevant staff were described as excellent.

Records showed that staff supervision took place either by direct observation or through an appraisal. This gave staff the opportunity to review their understanding of their job role and responsibilities to ensure they were adequately supporting people who used the service. Staff told us this was useful and one said "We're listened to." Staff also told us they had regular meetings to discuss any issues within their geographical team.

We saw a range of records, such as medication records and care records were audited by the manager so that they were up to date and any necessary changes and amendments were made. For example, we saw inappropriate recording had been addressed by the manager. Processes to check for any medication errors were in place and errors were investigated.

We also saw records of incidents and accidents were audited. The manager was aware of the numbers and types of incidents that had occurred and took any action needed to reduce the risk of a re-occurrence. For example, we saw the number of falls that had occurred were audited monthly. It identified there were no specific trends but reassessments of need were undertaken were appropriate.

The provider notified the Commission of important events and incidents affecting the service, as legally required. Records were stored securely and were in good order.

The managers told us they tried to maintain links with other community services to enhance people's lives. One example was maintaining contact with a specialist day centre that some people attended. This ensured that the centre's advice and guidance in relation to people's individual needs was acted on. They also told us that they tried to improve care practice by using relevant guidance and advice and that the partnership with a pharmacy had made improvements to the way the service managed medicines.