

Peak Care Limited

Peak Care Homecare

Inspection report

The Beeches
Moor Road, Ashover
Chesterfield
Derbyshire
S45 0AQ

Tel: 01246592092
Website: www.peakcare.co.uk

Date of inspection visit:
03 August 2022

Date of publication:
28 September 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Peak Care Homecare is a homecare and extra-care service which provides personal care. The service provides support to older people, this also included a person with a learning disability. Not everyone who used the service received personal care. 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.

At the time of our inspection there were 21 people using the service and 17 of these people were supported with personal care.

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

The provider did not always follow their own policies and procedures. Staff did not always receive up to date training to ensure safe and effective care for people. Staff did not always receive formal supervisions of their performance and development. Following concerns being raised by inspectors, the provider took action to ensure training took place where needed and supervisions were booked for staff.

People did not have 'as needed' medicine protocols in place and people's medicine administration was not always recorded in line with best practice guidance. Following this being raised by inspectors, the provider ensured systems were put in place for staff to record medicine administration safely and 'as needed' protocols were put in place.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; however, systems in the service did not always support this practice.

People and relatives told us they felt safe using the service. Risks to people were assessed safely and people were protected from avoidable harm. Staffing levels and recruitment were safe. There was evidence of learning lessons when things went wrong.

People's needs were assessed effectively. Staff worked with other agencies to support people. People were supported to maintain their nutrition and hydration.

People and relatives felt the service was person-centred and staff were supported by the management team. The management team was approachable for people, relatives and staff and feedback about the service was sought regularly.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make

assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there was one person using the service who had a learning disability.

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

Rating at last inspection

The last rating for this service was good (published 10 April 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service. The inspection was prompted in part due to concerns received about management and provider oversight at the service. A decision was made for us to inspect to include the key questions of safe and well-led to examine those risks.

Following concerns found during the inspection with systems and processes around the Mental Capacity Act, a decision was made to also open the inspection to the domain of effective.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of the full report.

You can see what action we have asked the provider to take at the end of this full report. The provider sent evidence to us of some effective actions they took to mitigate these risks.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Peak Care Homecare on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to management and leadership at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Peak Care Homecare

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. This service also provides care and support to people living on-site in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. There were two deputy managers who formed the management team.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 02 August 2022 and ended on 22 August 2022. We visited the location's office

on 03 August 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two deputy managers, the nominated individual and four members of staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We also spoke with two people and nine relatives. We reviewed five people's care plans and risk assessments, three staff recruitment files and a range of other written 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 we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People did not have 'as needed' medicine protocols in place in line with best practice guidance. There was a lack of detailed information for staff to tell them when they should give people 'as needed' medicines. This put people at risk of not receiving their medicines as prescribed. Once this was highlighted by inspectors, the management team took steps to put 'as needed' protocols in place.
- Medicine administration records (MARs) we reviewed had gaps in administration, but it was not clear why. Staff had not documented why medicines had not been recorded as administered. Most staff we spoke with told us they would record why medicines were missed but one staff member did not know to do this.
- Relatives told us staff administered medicines safely. One relative said, "They know what they are doing and they always check the MARs." Another relative stated, "They do the morning medicines and I'm pleased with them."

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and understood how to whistle blow on poor practice. However, one staff member told us they had not completed safeguarding training. The management team evidenced this staff member had received training and discussed this with the staff member in a one to one supervision to ensure their competency.
- There had been no recorded safeguarding incidents at the service. The management team understood their responsibility to notify the local authority about allegations or incidents of abuse.
- There was an up to date safeguarding policy in place which staff told us they had access to.

Assessing risk, safety monitoring and management

- Risks to people were adequately assessed. Risk assessments included specific information for staff on risks such as skin integrity to help protect people.
- People and relatives we spoke with told us they felt the service worked safely. One person said, "I trust them. They are very careful." Another relative added, "We feel safe with them."

Staffing and recruitment

- There were enough staff to cover care calls for people. People and relatives told us they were contacted when staff were running late or if a call was going to be missed so alternative arrangements could be made.
- Staff were recruited safely. Recruitment files included information to evidence that staff were safe to work with people. This included Disclosure and Barring Service checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National

Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- Most people and relatives we spoke with told us that staff wore personal protective equipment (PPE). One relative told us some staff do not wear PPE. The management team told us they would raise this with all staff in their next team meeting to ensure PPE was being used in line with current guidance.
- Staff told us how they protected people from infection and had access to PPE stores from the provider. Staff had also completed infection prevention and control training and food safety and hygiene training.

Learning lessons when things go wrong

- There was some evidence of lessons being learned but these were not always recorded. For example, one staff member had been late for care calls and a decision was made to adjust their rota, so they had enough travel time to improve outcomes for people. However, we also saw an incident report of a person who had a fall but there were no recorded actions to reduce further risk of falls.
- Staff told us they understood how to report accidents and incidents and had access to an up to date policy.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People's care plans did not always include recorded consent for care and treatment. Each person's care plans we reviewed included a consent sheet for care and treatment with a space for the person to sign. One person's care plan we reviewed was signed by the person, but they had been recorded to lack mental capacity to make some decisions. Three further care plans we reviewed did not include signed consent from people or legal representatives. The management team sought documented consent from people and legal representatives where necessary immediately following the inspection.
- Staff had not completed training in the MCA and did not always have a full understanding of the MCA. While three staff we spoke with did understand principles of the MCA, one did not. Following discussions with inspectors, the management team took action to ensure staff received MCA training.

Staff support: induction, training, skills and experience

- Most staff had not received a one to one supervision to review their practice and professional development since the new management team was put in place in January 2022.
- Staff had completed the provider's mandatory training. However, not all staff had completed up to date training in specific areas. For example, seven staff members had not completed up to date training in topical medicines (medicines applied to a specific place on or in the body). While the provider was aware of this, action was taken by the management team to ensure training was booked for staff where required following a conversation with inspectors. People's topical MARs we reviewed had been completed in line with best practice guidance and no concerns had been raised around topical administration.
- Staff received an induction when they were employed by the service. As part of this, staff completed

shadowing (observing an experienced member of staff providing care) to ensure they were comfortable before working independently in their role.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care plans were comprehensive and assessed people's specific needs. For example, one person's epilepsy was clearly highlighted with information for how staff should support around this.
- People's needs were assessed in line with current best practice. The service utilised assessments tools such as the Waterlow score to assess pressure sore risk.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported by staff to maintain their nutrition and hydration. One person supported was known to have diabetes and staff ensured food was appropriate for them. One staff member said, "I just check the food labels to make sure it is not anything which will make them poorly. Then I check with [person's name]."
- Risks to people around eating and drinking were assessed. One person's care plan included information for staff on how to prepare their meals with specific information from a healthcare professional due to a potential choking risk.
- One relative told us, "The food is very nice. They have smaller portions, which [my relative] likes."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People and relatives told us staff would support them to access healthcare services. One person said, "I was ill once and the carer decided I needed some help, although I didn't think it was so bad. They called the ambulance and I ended up having surgery. They did the right thing to convince me I needed help."
- One of the deputy managers told us they had a close working relationship with the local GP and pharmacy.

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 our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Working in partnership with others

- The provider had failed to follow their own policies and procedures for MCA and medicines training. The provider's policy stated that all staff should complete training in the MCA, however staff had not completed this. The provider had also failed to ensure staff had completed topical medicines training refreshers, as outlined in their training records. Further to this, the provider had not ensured staff had completed regular formal supervisions as outlined in their supervisions policy.
- At the last inspection, issues were found with governance systems and processes. At this inspection, the provider had not made significant improvements to their quality monitoring processes. Medicines audits had not been completed since May 2022. This meant that staff errors could have been missed. This included the gaps we found on MARs, which indicated missed medicine administration without explanation. This put people at risk of receiving medicines incorrectly.
- The provider failed to ensure there was an accurate record of important information regarding both staff knowledge and people's care. For example, records of staff signing to confirm they had read people's care plans were not complete. The provider had also not recorded people and relatives' consent in their care plans or recorded when care plans had last been updated. A deputy manager also gave examples of where contact had been had with relatives or health professionals regarding people's care, but this had not been recorded in their daily care records.
- The provider also failed to identify that 'as needed' medicines protocols were not in place for staff to refer to. This put people at risk of receiving 'as needed' medicines at incorrect times and not as prescribed.

The provider failed to ensure that effective governance systems were in place. This is a breach of regulation 17(1) (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There had been no registered manager in post at the service since October 2021. The management team told us they were identifying and actioning issues at the service which arose under the previous management team, but this had impacted on their ability to keep up to date with governance systems and processes. We saw evidence of this in the service's development plan and provider meetings with the nominated individual. However, the provider and management team had not identified all the concerns which were raised during the inspection.
- The management team took action to respond to the issues raised during the inspection. The

management team booked supervisions for staff where required and completed medicines audits.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives told us the service was person-centred and achieved positive outcomes for people. One relative told us the service had arranged a special birthday party for their family member. Another relative said, "They are lovely with [my relative]. They engage with them and hold their hand. Nothing is too much trouble and they have given them confidence to do more things. They've helped them with their mobility and given them much more confidence to walk."
- The management team were open and accessible for staff. Staff consistently told us they felt comfortable giving input and raising any concerns to the management team. We saw evidence of the management team making adjustments for staff when concerns were raised.
- People and relatives were given the opportunity to feed back on their experiences of the service through both formal and informal methods. People and relatives were given a questionnaire to evaluate the performance of the service and actions were taken where issues were highlighted. People and relatives also told us they could speak with the management team and had access to an out of hours number if they needed it.
- One relative told us how they had raised concerns about a carer who supported them, and the management team took immediate action to change the carer for them.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team were candid throughout the inspection and spoke openly about areas which needed improvement at the service.
- The management team were honest when things went wrong. One relative told us, "We did have a missed call back in March. I phoned the management team and they were very apologetic. They said the carer had just forgotten to come and they would look into it for us."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not follow its own policies and procedures to ensure safe and effective care.</p>