

Peak Home Care Limited

# Peak Home Care Ltd

## Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

Peak Home Care provides personal care for 150 adults in their own home.

The service is run from an office in Chesterfield and they provide care to people in Derbyshire. We carried out this inspection at the provider's office on 22 February 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure the registered manager was available.

There was a registered manager at 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.

We found people's capacity to make decisions was not always assessed. There were no capacity assessments available and no assessments regarding individual decisions.

Consent to care and support had been sought but we found family members were signing documents when it was unclear whether they had the authority to do so.

The service was following the guidance in people's risk assessments and care plans and the risk of unsafe care was reduced. People's records were up to date and demonstrated that people had received care in line with their assessed needs. People's records had also been updated to reflect changes in their care needs.

People were safeguarded from the risk of abuse or harm because the provider had relevant guidance in place and staff were knowledgeable about reporting procedures.

People who were assisted with meals told us this was done well. People's health needs were met. Referrals to external health professionals were made in a timely manner.

People told us staff were caring and kind and that their privacy and dignity was maintained when personal care was provided. They were involved in the planning of their care and support.

Complaints were well managed. Systems to monitor the quality of the service identified issues for improvement. These were resolved in a timely manner and the provider had obtained feedback about the quality of the service from people, their relatives and staff.

## 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.

Staff were available at the times people needed them, in order to meet their care and support needs. Staff understood the risks associated with people's care, and plans were in place to minimise risks identified. Staff understood their responsibility for reporting any concerns about people's wellbeing. People received their medicines as prescribed.

### Is the service effective?

Requires Improvement ●

The service was not consistently effective.

The provider had not always established people's capacity to make decisions or ensured they had given their consent to their care.

Staff had the skills and knowledge to meet people's care and support needs because the provider ensured training was delivered in a way that met staff member's individual learning styles. People had a choice of food and drink which met their nutritional needs, and their health care needs were met.

### Is the service caring?

Good ●

The service was caring.

People were supported by care workers who people considered were kind and caring. Care staff respected people's individuality and encouraged them to maintain their independence in accordance with their abilities. Care workers ensured they respected people's privacy and dignity, and promoted their independence.

### Is the service responsive?

Good ●

The service was responsive.

People received a personalised service and the provider responded to changes in people's needs in a timely manner. People had opportunities to contribute their views, were

included in discussion about the service and knew how to make a complaint or suggestion.

**Is the service well-led?**

The service was well-led.

Systems in place to monitor the quality of the service were effective. There was an open culture at the service and staff told us they would not hesitate to raise any concerns. Staff were clear about their roles and responsibilities.

**Good** ●

# Peak Home Care Ltd

## 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 took place on 22 February 2016. 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. We looked at the results of a questionnaire sent to people who used the service, their relatives and staff, asking them about their views. We received responses back from 17 people who used the service, three relatives or friends, five members of staff and three community health and social care professionals. In addition we made telephone calls to people using the service from 23 - 25 February 2016. The inspection team was comprised of two inspectors and an expert by experience in domiciliary care. 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 looked at all of the key information we held about the service, which included notifications. Notifications are changes, events or incidents that providers must tell us about.

We asked the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. This was returned to us by the service.

We spoke with thirteen people who received personal care from the service and two relatives. We looked at seven people's care and support plans. We reviewed other records relating to the support people received and how the service was managed. This included some of the provider's checks of the quality and safety of people's care and support, staff training and recruitment records. We spoke with the management team, including the registered manager, and eight staff. We also spoke with two health and social care professionals.

## Is the service safe?

### Our findings

People we spoke with confirmed they felt safe when being supported. One person said "I feel very safe with all the carers who look after me" and another said "Even when the girls are in a hurry and very busy they do not rush me". A third said their staff were "First class care staff."

Staff understood the procedures in to follow in the event of them either witnessing or suspecting the abuse of any person using the service. One told us "I would report anything suspicious to the management and write a report with the date and times." 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 abuse or allegation of abuse occurring. They knew which external agencies to contact if they felt the matter was not being referred to the appropriate authority. The provider was taking appropriate steps to safeguard people from the risk of harm and abuse.

Staff told us they were confident to report any concerns they may have about people's care under the Public Interest Disclosure Act 1998 (PIDA) because they were aware of the provider's whistle-blowing policy. PIDA is a law that protects staff from being treated unfairly by their employer if they have raised genuine concerns about a person's care.

Risk assessments covered health and safety areas applicable to individual needs. They were reviewed to ensure the information was up to date and reflected people's current needs, for example in relation to medication and the home environment. We found there was clear guidance on how to safely support people in the records we looked at. For example, we saw there were clear instructions for staff on how to manage specific health conditions such as diabetes. Where people required equipment to assist them to mobilise, staff told us this care was planned involving other healthcare professionals, such as occupational therapists. Training was updated as people's needs changed. Risks to people's health and well-being were well managed.

People told us there were enough staff to meet their needs. Most people told us the service was reliable and they received the care and support at the times agreed. However, all the people we spoke with thought the distance between calls made it difficult for care staff to be prompt. Most people told us staff had enough time to do the tasks needed. No one reported having missed calls. However, the results of our questionnaire showed that two people did not feel there were enough staff. One comment was "Company short of staff, timings all over the place" and another had commented "Not enough staff, especially at weekends." We discussed these comments with the registered manager. She confirmed that any shortages of staff were addressed and there was a duty team to cover any absences.

Staff confirmed they had regular calls. One said "I have regular calls and there is enough travelling time between calls" and another said "There is enough time to safely travel between calls."

Staff told us they had regular rotas and worked with the same people. We looked at staff rotas across the whole geographical area covered by the service for 17 February and found all calls had been covered. The

managers told us that any absences were covered from within the team and there was also an on call and duty team to cover absences. Staff also confirmed this. One said "We all cover one another" and another told us "The on call team provides cover." There were sufficient staff to meet people's needs.

The provider had satisfactory systems in place to ensure suitable people were employed at the service. All pre-employment checks, including references and Disclosure and Barring Service (DBS) checks were obtained before staff commenced working in the service. Staff we spoke with confirmed that they did not commence work before their DBS check arrived. The DBS helps employers ensure that staff they recruit are suitable to work with vulnerable people who use care and support services. People were cared for by staff who were suitable for the role.

We did not discuss medicines with people using the service. Staff told us they received training in medicine administration when they started their employment and that they had regular updates. They told us they were also assessed to ensure they were competent to administer medicines. Records confirmed this.

Records were kept of medicines received into each person's home and when they were administered to people. We found that people were receiving their medicines as prescribed. We discussed how errors were managed with the registered manager. They told us there was a system in place to audit medication administration record charts and check any discrepancies. This included MAR charts being checked by a senior staff member when they were brought to the office and error reports being monitored for patterns. Errors would be discussed with the staff member concerned. Records we saw confirmed this. This helped to ensure risks of repeat errors were minimised. Medicines were managed safely.

## Is the service effective?

### Our findings

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 did not see mental capacity assessments in people's records or any record to determine whether decisions made were in the person's best interests.

We spoke with staff about their understanding of the Mental Capacity Act 2005 (MCA). Staff had received training on the MCA and were able to tell us how they would assess people's capacity to make everyday decisions. The registered manager told us that where people had capacity to make decisions for themselves, they signed their care records to give their consent to care. However, we saw that relatives also signed documents on the person's behalf. We discussed this with the registered manager and she told us that in some cases where the person had the capacity to do so themselves, they asked relatives to sign on their behalf. We therefore could not be sure that people's legal and human rights were being upheld in accordance with the Act.

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. We checked whether the service was working within the principles of the MCA. Any applications to deprive people of their liberty must be made to the Court of Protection. We found that no one was deprived of their liberty and there were no applications to the Court of Protection in place. Staff understood what a Deprivation of Liberty Safeguard (DoLS) was.

Staff we spoke with had a good understanding of how to ensure a person consented to the day to day support they received. They told us they would give a proper explanation of the support to be provided, offer alternatives where possible and respect the right to refuse support. We also saw people had signed a consent form in two of the four records we looked at. The registered manager told us that where documents were not signed, the person had not wanted to sign them. People's consent was therefore sought on a day to day basis.

People told us they were satisfied with the care provided. One person said "I couldn't ask for better care" and another said "Nothing is too much trouble, my carers will do anything I ask them to." Everyone said the carers were well trained and all were knowledgeable about the job they were doing.

Staff were provided with the information, training and support they needed to perform their roles and responsibilities for people's care. Staff told us that they received the essential health and safety training, which they said included regular updates when required. One staff member told us "Training here is really good" and another said "it was quality training." A third told us "Training here seems to get good feedback, It meets people's needs." They confirmed that training in relation to people's individual needs took place, for example for stoma care and the use of medical devices to assist eating. An external social care professional we spoke with confirmed that staff were knowledgeable about people's individual needs. In

addition, the results of our questionnaire for community professionals also confirmed staff were knowledgeable about people's individual needs. One had commented "I was impressed with the level of knowledge."

Staff also told us they received sufficient guidance to undertake their job roles. One said "I have regular appraisal, supervision and observed supervision." Records we saw confirmed staff received a comprehensive induction at the start of their employment and that regular one to one sessions to discuss their work took place. The provider ensure that staff received guidance and support to care for people effectively.

Staff we spoke with were knowledgeable about the healthcare services people required and healthcare appointment records were completed, which confirmed that people had access to a range of health professionals such as doctors, specialist nurse, opticians and chiropodists. We also saw there was up to date information where there had been changes in people's health needs. A health care professional told us that the health needs of the person they were involved with were well managed and confirmed that advice was sought when necessary.

People using the service were supported in their food choices and had sufficient to eat and drink to maintain a healthy diet. People told us they were satisfied with the way they were supported with their meals. One person said "I usually have the same to eat for my breakfast each day but I am always asked what I want to eat each day" and another told us, "At breakfast time my carer asks me what I want for my dinner and she gets it out so when she comes back she makes it for me." Staff told us they had sufficient time to assist people with their meals. One said "I mostly have enough time to cook people's meals" and another said "We have enough time to prepare meals, but they are mostly microwave meals."

Records we saw showed specialist advice was available where people had difficulty swallowing. People's care plans had information about their individual needs, food likes, dislikes and preferences. Records showed staff were trained in handling food safely. People received the right support to maintain a healthy diet.

## Is the service caring?

### Our findings

People told us staff were caring and we found they were appreciative of staff, their helpfulness and friendly attitudes. Everyone said they had a good relationship with their carers. One person said, "My carers are so kind" and another said, "Nothing is too much trouble, my carers will do anything I ask them to." Another person told us "I am so lucky, my carers are top girls." A health professional we spoke with confirmed that staff knew people well and were able to accommodate their preferences. The results of our questionnaire for health professionals also confirmed staff were caring. One professional had commented on a survey "Service user's best interests were central at all times."

People told us they were offered choices in their daily routines and that staff encouraged independence. They told us staff involved them in daily conversations about the support required. Staff were able to describe how they offered choices to people, for example, regarding meals and what to wear. One staff member said "We ask what they would like carers to do, what is their preferred routine" and another said "I ask if they would like to wash themselves." When people refused options, their choice was respected.

People were listened to and were comfortable with staff. A social care professional told us the person they were involved with was happy with their care arrangements and confirmed the person was treated respectfully. People therefore received care and support from staff who were kind and that met their individual needs and preferences.

People told us their privacy and dignity was respected when receiving care and support. They told us they were treated with respect and approached in a kind and caring way. One person said, "I am treated with respect at all times" and another said, "My carers are wonderful."

Staff were able to give us examples of respecting dignity and choice. One staff member told us they respected one person's choice regarding how their personal care was provided; for example, by covering person while delivering personal care. We saw the service had also been awarded a 'bronze award' as part of the local authority's 'Dignity Campaign' and an action plan was in place to reapply for this award to ensure continued membership to the campaign. People's care was provided in a dignified manner.

People and their relatives were involved in their care planning. Everyone we spoke with was aware of their care plan and one said "Yes, I have a care plan." Records we saw showed reviews of people's care involved family and people important to the person. Where possible people had signed their care plan and one person's support plan showed relatives had advocated on their behalf. Care planning was inclusive and took account of people's views and opinions.

## Is the service responsive?

### Our findings

People mostly received personalised and responsive care. One person told us, "When my carer is finished before she leaves she always leaves me with a jug of water so I don't get thirsty." Other people and families we spoke with told us how staff knew their preferences and that their views were always asked for. However, the results of our questionnaire showed a small number of people thought there were too many different carers attending to them and timing of calls was unreliable. One person had commented "The care workers are always swapping around, never seem to have a stable team." Another had commented "Would be lovely to have only three or four care workers each week and at times that are regular would suit me, not when they can fit me in." We discussed these comments with the registered manager. They told us they had worked hard over the last few months to iron out any inconsistencies and had introduced a weekly email to staff to highlight any areas that staff needed to be aware of. We also saw staff schedules were now sent to people identifying which staff should be attending. The registered manager was aware of two people who had requested changes to the timings of their calls and said these would be accommodated as soon as they were able to do so.

Care plans showed if people preferred male or female carers as well as other things important to them, such as any religious views, allergies or food preferences. We also saw staff worked to provide responsive and personalised care. For example, one staff member told us "We encourage them to do as much for themselves as possible, even if it takes longer".

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. The records we looked at identified individual needs, such as social support and increasing independence and included details about people's mental, physical and social needs.

People told us they were involved in planning their care and that it was reviewed regularly. One person said "My care plan is reviewed about every six months" and another said "They come from the office and go over my file sometimes." Records we saw confirmed this. The provider ensured care planning was inclusive and reflected people's wishes.

People told us they knew how to make a complaint and most were confident it would be dealt with in a courteous manner. No one we spoke with had felt the need to make a complaint. One person told us "I can always get hold of the office staff and they are very helpful."

We saw the complaints procedure was on display and the registered manager told us people were given a copy when they started using the service. We reviewed complaints that the service had received and investigated. We found complaints had been investigated openly and gave a full response to the complainant within the time scale specified. A health care professional told us that any concerns they had raised were addressed promptly. Where people and other professionals had shared compliments these were also recorded and accessible to celebrate the positive feedback.

## Is the service well-led?

### Our findings

People and their relatives felt that staff and the manager were approachable and open to listening to their suggestions or concerns. One person said, "I can always get hold of the office staff and they are very helpful" and said they were confident any concerns would be listened to. We also saw the provider sent a newsletter to people to keep them updated on events within the service.

The service had a clear set of values which were central to any developments and improvements. These values included respecting people's human rights, privacy, dignity, independence and choice. People we spoke with praised the service highly for employing carers who demonstrated these qualities on a daily basis. One person told us, "Nothing is too much trouble for my carers."

We found the provider had gathered people's views on the service and used people's comments and opinions to assess the quality of the service. Surveys had been completed in 2015 and the registered manager spoke to people individually to receive feedback. Surveys showed people were satisfied with their support. For example, one survey comment was "I can't fault anything" and another was "The service you provide is perfect for me." Where there was a less positive comment the record showed what action had been taken to address it; for example, where someone had not received a newsletter, this was then delivered. The provider used people's comments and opinions to assess the quality of the service.

Staff also felt able to raise concerns or make suggestions about improving the service. All the staff we spoke with praised the registered manager. One staff member said "I love my job." Staff were able to give an example of how the management had listened to them, for example, by allowing more travel time between calls to ensure the timings of calls improved.

Staff told us they received guidance from the registered manager by regular one to one meetings and said this was useful. They were positive about their job role. One staff member said "I get all the support I need." Records showed that supervision took place and gave staff the opportunity to review their understanding of their job role and responsibilities to ensure they were supporting people who used the service. The provider ensured staff were supported by managers.

There was a staff team in place to support the registered manager, including senior care staff. The registered manager described the support from the provider as good and understood their responsibilities, for example, when and why they had to make statutory notifications to us.

The management team told us they were continuing to develop links with the community and were actively involved in supporting people to use local facilities such as leisure facilities and social clubs. They also maintained professional contacts with relevant agencies such as local medical centres, hospitals and relevant voluntary organisations. They told us they were trying to improve the service and ensure that it maintained a defined role in order to meet people's needs and aspirations. One of the improvements identified as part of the dignity award was having a committee of staff that met regularly to discuss ways of improving the service for people. This meant the provider was taking people's needs and wishes into

account to develop the service.

The provider had a system of quality management in place which was designed to identify areas for improvement in the service. We saw regular audits of different aspects of the service, such as health and safety and people's records, had taken place in the last twelve months. It was clear what actions were required as a result of the audit, for example, where records required updating. We saw this had been addressed. The provider had systems in place to ensure the service operated safely.