

Review of compliance

<p>Peak Care Limited Peak Care Homecare</p>	
<p>Region:</p>	<p>East Midlands</p>
<p>Location address:</p>	<p>The Beeches Moor Road, Ashover Chesterfield Derbyshire S45 0AQ</p>
<p>Type of service:</p>	<p>Domiciliary care service Supported living service Extra Care housing services</p>
<p>Date of Publication:</p>	<p>February 2012</p>
<p>Overview of the service:</p>	<p>Peak Care Homecare provides personal care to people who live in their own homes. At the time of our visit there were 10 people who were receiving a service.</p>

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Peak Care Homecare was not meeting one or more essential standards. Improvements are needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 23 January 2012, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

The agency supported people who were living in apartments adjacent to the care home, Grove House, which are both owned by the same provider. Care is offered as extra support if people wanted it. Some of the apartments had communal areas as well as peoples own living areas. The agency also supported some people who lived in the local community in their own homes.

One relative told us that the agency always spoke with them if the staff had any concerns during their visits.

One person told us that they were able to contact staff through a call system at any time and that staff had visited them when they had requested it.

The three people who used the service and one relative we spoke with told us the service was a reliable one and that no calls had ever been missed.

One person told us that staff always knocked on their door before entering but often entered without waiting to be invited in.

What we found about the standards we reviewed and how well Peak Care Homecare was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People are involved in making decisions about their care and are provided with information about the service.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People receive care and support which is personalised to their assessed needs but are not always provided with copies of written care plans. There are insufficient systems in place to assess and manage possible risks for people's regarding environment and medications.

Outcome 07: People should be protected from abuse and staff should respect their human rights

Staff were suitably trained and knowledgeable regarding the safeguarding of adults

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

The staff team are supported through regular training and supervision and have the skills to meet peoples' needs.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The home has procedures in place which ensure the on-going monitoring and improvement of the quality of the service provided.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

The agency supported people who were living in apartments adjacent to the care home, Grove House, which are both owned by the same provider. Care is offered as extra support if people wanted it. Some of the apartments had communal areas as well as peoples own living areas. The agency also supported some people who lived in the local community in their own homes.

One relative told us that the agency always spoke with them if the staff had any concerns during their visits.

One person told us that they were able to contact staff through a call system at any time and that staff had visited them when they had requested it.

The three people who used the service and one relative we spoke with told us the service was a reliable one and that no calls had ever been missed.

One person told us that staff always knocked on their door before entering but often entered without waiting to be invited in.

Other evidence

The manager told us that they always assessed the needs of people before providing a service. A service user pack was available to inform people about the service and the manager advised us that people had been given a copy of this. This described the rights people had and listed how staff would protect the dignity and privacy of staff. Details on charges and notice periods were also stated.

One care plan we looked at recorded that a person had declined monitoring of their weight by staff, their decision was respected. Where people had requested help with medications their agreement for staff to assist with this had been sought.

One care plan considered the ambience and atmosphere that staff should promote recording that the person preferred calm, peaceful and unrushed visits.

An extension of the care service provided was the option for people to be involved in some social events at the apartments such as coffee mornings.

Our judgement

People are involved in making decisions about their care and are provided with information about the service.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

There are minor concerns with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

The Service User Guide informed people that a care plan would be drawn up and reviewed if their needs changed. People were encouraged to let the agency know if there were any changes to their needs.

One person told us they had records in their home which staff recorded in each day. We spoke to a relative of a person who received care; they told us that the care plan was up to date and that they had also received a copy as well as the person who received care.

Where people's needs had changed one person told us that they now received more support than they initially did when they began using the service.

Other evidence

We looked at the care plans for two people using the service. These contained up to date and clear information about peoples assessed needs.

The level of detail in the care plans was good in describing the preferences people had and their daily routines. One care plan described how the complex needs of the person were to be met in detailed step by step instructions for staff. The care plan considered and addressed and took into consideration any known risk factors.

The care plans we looked at recorded and considered peoples' healthcare needs. One staff member told us that they called the doctor or district nurse for people if people

asked them to.

Five of the people using the service were supported solely with assistance to take medicines. Care plans were in place specifically for this to inform staff about the help required. Medication administration records were completed to record which medications had been given. The agency was not however completing medication risk assessments to establish areas of potential risk and needs.

We observed that as part of the initial visits some environmental risk assessments had been completed these were specific to the persons home but there was not a holistic risk assessment format in place to consider the environment as a workplace for staff. The independent quality review of the service also identified that for people living in the on site apartments there were no environmental risk assessments completed and the action plan had not been updated to state this had been done.

Moving and handling risk assessments also recorded how to safely help people to move. There was a system in place to review care plans periodically or when needs changed.

Staff completed a written record for each visit they did. We found these were consistently being written and gave sufficient detail about the care being given.

The manager told us that some care plans were not held in peoples' homes. Where people lived in the onsite apartments the care records were held in the agencies office so people did not have access to them. This is identified as an action to improve on the independent quality review of the service but this has not yet been completed. The Service User Guide did inform people that they had a right to look at the personal information held by the agency and the manager told us they would address this.

Our judgement

People receive care and support which is personalised to their assessed needs but are not always provided with copies of written care plans. There are insufficient systems in place to assess and manage possible risks for people's regarding environment and medications.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

All of the people we spoke with knew the names of staff and the manager and said they would tell them if they had any worries.

People living onsite told us they used the call system to alert staff if they needed help and that staff responded quickly when they pressed for help.

Other evidence

All of the people we spoke with knew the names of staff and the manager and said they would tell them if they had any worries.

People living onsite told us they used the call system to alert staff if they needed help and that staff responded quickly when they pressed for help.

Other evidence

The Service User Guide that was given to people advised how people could make complaints or compliments about the agency.

The provider told us there had not been any safeguarding adult allegations at the agency in the past 12 months.

Staff had access to the homes safeguarding adult policy and procedure and the Derbyshire County Council locally agreed procedure.

The manager of the home had completed Derbyshire County Council course to enable them to train staff in safeguarding adults. We spoke to two staff who confirmed they had received training in safeguarding adults and they would report any concerns to the manager.

There were two new employees who were yet to complete safeguarding adult training at the agency. One of these staff had completed a qualification in health and social care which included safeguarding adult as part of the course.

The agency had a policy and procedure in place to describe how peoples' finances were to be protected from abuse.

Our judgement

Staff were suitably trained and knowledgeable regarding the safeguarding of adults

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

One person who used a hoist to help them said they had confidence that staff were trained and they felt safe when staff were helping them to move.

Staff were positively regarded by all the people we spoke with, the comments about them included: "the staff are good, they get you what you need", "the service is very good".

One person told us they were not always know which staff would be visiting them but that they knew all of the staff.

Other evidence

A training matrix was in place which indicated that staff received regular training. There were some gaps where training was due and the manager told us that these were new staff that had yet to do the training.

Two staff we spoke with told us they received regular supervision with the manager of the service. They told us they felt supported in their role and could openly discuss any concerns they may have with the provider or manager.

We discussed training with two staff members who told us that they had completed a range of training and were offered training on a regular basis.

Where medication required administering the care plans stated that only staff who had received medications training should deliver this care. Five out of the eight staff at the

agency had completed medications training.

One staff member told us that there was a regular schedule of visits with each person having their own time slot. Staff could tell us about peoples' routines and preferences and it was apparent they knew people well.

The apartments were currently staffed 24 hours per day to provide an emergency on call system for people living there. Whilst this was not a service to provide emergency treatment for people it enabled people to be supported whilst waiting for emergency care if this is what was required.

Staff were provided with panic alarms and a lone working policy was in place.

Our judgement

The staff team are supported through regular training and supervision and have the skills to meet peoples' needs.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

All of the people we spoke with told us the service was a reliable one. We were told that people knew all of the staff who visited them and if new staff visited they were initially introduced by the regular staff members. One person told us all the staff were friendly.

Some people who lived in the on site apartments received meals as part of the service. One person told us the meals were "good", another told us that sometimes they didn't like the meals although a choice of meal was offered.

One relative said they had been asked about their opinion of the service one week after it commenced as part of a review. They told us they satisfied and felt there was good two way communication with the agency.

Other evidence

Staff and people who used the service were asked for their opinions in a survey conducted in October 2011. Some suggestions for food choices were made by people who received meals as part of the service. There were not any recorded comments or issues recorded on the personal care service that people received.

The provider had commissioned an audit of the home to be completed by an external consultant. One visit had been undertaken. A copy of the report was seen and an action plan had been drawn up. We discussed this with the manager and obtained an update. This indicated that progress was being made in some areas but that there were also outstanding actions such as providing people with copies of care plans.

A team brief for staff was circulated; the last one was dated December 2011. This updated staff on supervision, training, inspections and the business plan for the home.

The environmental health officer last visited on 22 June 2011 and the manager reported that where action was required this has been completed. The fire officer last visited on 8 July 2011 where all fire prevention measures were considered satisfactory.

A business plan for the company was in place and was regularly reviewed to ensure that progress to improve the service was being made. This was last reviewed in November 2011.

Some policies, procedures and documents we viewed such as the Service User Guide and safeguarding adult procedure required updating to reflect changes in the regulatory body (Care Quality Commission).

Our judgement

The home has procedures in place which ensure the on-going monitoring and improvement of the quality of the service provided.

Action we have asked the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>How the regulation is not being met: People receive care and support which is personalised to their assessed needs but are not always provided with copies of written care plans. There are insufficient systems in place to assess and manage possible risks for people's regarding environment and medications.</p>	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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