

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Peak Care Homecare

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2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Management of medicines</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Complaints</b>	✓ Met this standard

## Details about this location

Registered Provider	Peak Care Limited
Registered Manager	Ms. Jannine Stevens
Overview of the service	Peak Care Homecare provides personal care to people who live in their own homes.
Type of services	Domiciliary care service Extra Care housing services Supported living service
Regulated activity	Personal care

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 5 March 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff and reviewed information we asked the provider to send to us.

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### What people told us and what we found

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We spoke with four people who use the service and two relatives of another person who uses the service. We also spoke to one staff member.

We found that people's privacy, dignity and independence were respected. One person told us "I am always treated with respect and the carers always know what care I need."

We found people experienced care, treatment and support that met their needs and protected their rights. One person told us the service "is very good, actually excellent: a very nice place with well appointed accommodation." We found people's care and support needs had been thoroughly assessed and care was delivered in a way that met people's needs and ensured their safety and welfare.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. We found the provider had robust systems in place relating to the management of medicines.

The provider had effective recruitment and selection processes in place.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. People's privacy, dignity and independence were respected.

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### Reasons for our judgement

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We spoke with four people who use the service and two relatives of another person who use the service. They told us they were fully involved in discussions about their needs and care. This told us that people had been involved in the assessment of their needs and the planning of their care.

We looked at the care records of three people who use the service. We saw each person had an individual support plan which detailed the type of support they needed. For example, one person needed specific support with their personal care needs. People told us they felt listened to and were able to express their views and raise any concerns with staff if they were unhappy. One person told us the service is "very good, it keeps us going and the staff are very kind." We saw people's wishes had been recorded and were respected. One person told us "the staff are brilliant, they always know our needs." The staff member we spoke to was knowledgeable about people's individual needs.

People told us that their privacy, dignity and independence was respected. Staff members ensured people's independence was promoted and respect for dignity and privacy was always given. One person told us "I am always treated with respect and the carers always know what care I need." This meant that people's independence, dignity and privacy were respected.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care and support that met their needs and protected their rights.

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**Reasons for our judgement**

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We spoke with four people who use the service and two relatives of another person who uses the service. People we spoke with said they found the service to be flexible and reliable as they received the support they needed at their preferred times. People told us that on the occasions they have needed to contact the office staff for help and advice or to deal with any problems, staff have duly responded to issues raised.

People told us they were happy with the care and service they received. One person told us the service "is very good, actually excellent: a very nice place with well appointed accommodation." Another person told us "the carers always work at a relaxed pace: I never feel that I'm being rushed." People told us they usually received consistent care from regular staff who knew their needs. A member of staff told us they would recommend Peak Care Home Care as a service to receive care from.

We looked at three people's care records. We saw people's preferred visit times were clearly set out. We saw detailed assessments relating to the person's needs. For example, we saw that personal care, skin integrity and meal preparation had been included in the assessments. We saw a number of completed risk assessments, which included assessing the risk in relation to the person's medication and mobility. We saw the assessments were regularly reviewed. This told us people's care needs and risks had been thoroughly assessed on an ongoing basis.

The care records gave instructions for care staff on the type of support the person required and how they should deliver this. Each person we spoke to told us they have a care folder in their home. The information in the personal care record was regularly updated to meet the person's changing needs. This showed us that people's care and treatment was clearly and accurately recorded in their personal care records. The records showed that people's care and support was delivered in a way that met their needs and ensured their safety and welfare.

**People should be given the medicines they need when they need them, and in a safe way**

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## **Our judgement**

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The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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## **Reasons for our judgement**

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We looked at the medicines administration records of five people using the service. We saw each medicines administration record contained details about any allergies and special requirements. There were no gaps in the medication administration records. This meant that people had been supported with taking their medication as prescribed by their GP.

There were ten staff who had completed medication training with the remaining group of five staff who were in the process of completing the training. Staff had access to a drug reference book if they needed information on medications.

We saw the provider's policy and procedure for the management of medication which gave staff members clear instructions about how to provide support to people with their medications. We were told the person's GP would be contacted if there were any queries about their medications. This meant that staff had access to the relevant policy and advice about medications.

We were told about the system if a medication error occurred. This included informing the person, their relatives and the GP. We saw there had been one medication error in the past year. The relevant medication incident form had been completed and the error had been investigated. This told us that the provider had systems in place to monitor the support given, and to deal with errors, relating to medications.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

Robust recruitment procedures were in place. This ensured that the staff recruited were suited to work with vulnerable adults.

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### Reasons for our judgement

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People we spoke with told us they were happy with the staff group and did not express any concerns about them.

There was a safe and robust up to date recruitment procedure in place that was followed by the service. We looked at the recruitment information in three staff files. We saw that each person had completed an application form giving a full employment history. We saw that staff had the relevant experience, skills and training for the job they had applied for.

The application forms showed us that new staff had completed questions about their health. This meant the provider had checked that new staff members were physically and mentally able to carry out their job.

Each person had an interview and this was documented in their staff file. Two satisfactory references were obtained. A Criminal Record Bureau check had been completed prior to the person starting their employment in the service. We saw evidence of the person's identification in each file, including a recent photograph. This meant that staff had the necessary checks completed before they started their employment with the provider.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

Comments and complaints people made were responded to appropriately however there was not always clear records or information made available to people.

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**Reasons for our judgement**

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People we spoke with told us they would contact the provider's office if they had any concerns.

The complaints procedure was included in the Statement of Purpose and the Service User Guide, however clear and consistent information was not given. Each document referred to different regulatory bodies and gave different contact details. The lack of clear information may lead to confusion as to who people could contact.

A form was also available that people could complete to make any comments, complaints or compliments.

There were systems in place to respond to complaints. We examined the record of complaints that had been received. Where complaints were substantiated the provider had taken steps to rectify these. These included offering apologies to people and on one occasion sending flowers as a goodwill gesture.

We saw records that staff spoke with people at least once weekly to gain feedback and take general comments about the service they received.

The provider may wish to note that whilst outcomes to complaints were found there was not always a clear audit trail to record how and when people were responded to. It was therefore not possible to establish if timescales had been adhered to. For example one complaint had the names of people designated to take forward any actions however there was not a copy of the investigation or response on file.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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