

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

Peak Care Homecare

The Beeches, Moor Road, Ashover, Chesterfield,
S45 0AQ

Tel: 01246592092

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✗ Action needed
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✗ Action needed

Details about this location

Registered Provider	Peak Care Limited
Overview of the service	Peak Care Homecare provides personal care to people who live in their own homes. The service is based in the village of Ashover in Derbyshire.
Type of services	Domiciliary care service Extra Care housing services Supported living service
Regulated activity	Personal care

Contents

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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	5
More information about the provider	5
Our judgements for each standard inspected:	
Consent to care and treatment	6
Care and welfare of people who use services	7
Staffing	9
Assessing and monitoring the quality of service provision	10
Information primarily for the provider:	
Action we have told the provider to take	11
About CQC Inspections	13
How we define our judgements	14
Glossary of terms we use in this report	16
Contact us	18

Summary of this inspection

Why we carried out this inspection

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.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 3 December 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

There was no registered manager in post at the time of our inspection. The provider told us a manager had started work at the care home located on the same site and that arrangements were being made regarding the management of Peak Care Homecare. The care administrator at the service was providing managerial cover at the time of our inspection.

People said they were happy with the care they received at the service. One person said, "The staff are very good. Nothing would persuade me to leave my apartment here."

We found that people's consent was obtained for their care, and the provider knew what procedures to use if they could not make their own decisions, for example due to dementia.

We saw people's needs were assessed and plans were in place about their care. Although staff were knowledgeable about people's needs, care plans did not always contain information to ensure people received care that met their needs, for example about any health conditions. We saw that assessments were not always in place to help protect people from risks.

At the time of our inspection staff were being recruited and sufficient numbers of staff were available to meet people's needs.

We found some systems were in place for assessing and monitoring the quality of the service but these were not fully ensuring people were protected from risks. The provider told us improvements were planned for when the new manager was in post.

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

What we have told the provider to do

We have asked the provider to send us a report by 08 February 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website 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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care from Peak Care Homecare they were asked for their consent. Although everyone currently receiving care was able to make their own decisions, the provider was aware of legal requirements and procedures to use if people did not have the capacity to consent.

Reasons for our judgement

Care files we saw showed people were asked for their consent before receiving care or support from the provider. This was confirmed by people signing individual plans to indicate they agreed to the content.

The care administrator told us everyone currently receiving care at the service was able to consent for their own care. They had knowledge, however, of what to do if someone had a condition that meant they could not fully understand decisions relating to their care, for example dementia. Where this was the case the care administrator told us they would act in line with the Mental Capacity Act 2005 (MCA). This is a law that provides a system of assessment and decision making to protect people who do not have capacity to make decisions for themselves.

We found people previously cared for by Peak Care Homecare had someone appointed to make decisions on their behalf, for example a welfare attorney. The care administrator told us if a welfare attorney was appointed this was recorded in care records including what specific sorts of decisions could be made on people's behalf. This demonstrated the provider had arrangements to help ensure the right person could be contacted if a decision needed to be made relating to people's care.

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

Our judgement

The provider was not meeting this standard.

People's needs were assessed and care plans were in place. Although some risks were also assessed, we found people's care was not planned and delivered in a way that fully ensured their safety and welfare.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

People we spoke with told us they were happy with the care they received at Peak Care Homecare.

We saw assessments were completed about people's care and care plans we saw described different aspects of people's individual needs. Staff we spoke with were knowledgeable about people's individual preferences relating to their care. Some plans, however, did not contain adequately detailed information to ensure people received safe and appropriate care. Some plans, for example, referred to people being "prompted" but when we spoke with staff they actually required specific care including some physical support. It was not always clear from their care files what support people actually received.

We found that some important information was not included in care files. This included where people had physical or mental health conditions for example diabetes, previous strokes and dementia. The care administrator told us care plans would be updated and improved when the new manager was in post to ensure that information was available to guide staff about any risks; how to recognise deterioration in someone's condition and what to do in an emergency. This would help to ensure people received safe, appropriate care that met their needs.

We saw that care planning included assessing some risks that could affect people and providing information for staff about how to help manage them. This included assessments how people were safely helped with their mobility. We found although they had health and other support needs, one person's care file did not contain any assessments about risks that could affect them. The provider said this was because there had been no manager at the service and that it was planned for all care files to be updated. At the time of our inspection, however, we found that care planning at the service did not fully ensure people received safe, appropriate care.

We spoke with the care administrator and found contact numbers were available for staff to use in case of an emergency. The provider told they were compiling a plan about what to do in the event of different types of emergency, for example loss of power or water, staff shortages or adverse weather conditions. This would help to ensure the service would continue to be provided in case of a foreseeable emergency occurring.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

At the time of our inspection the provider was recruiting more staff to work at Peak Care Homecare. We found staff were willing to work flexibly to ensure people received care. This meant enough staff were provided to meet people's needs at the service.

Reasons for our judgement

We spoke with staff and people receiving care and also looked at records, including working rosters, to see how staffing was arranged at Peak Care Homecare. One person receiving care said they had been concerned about staffing levels in the past but that the provider had recruited, "some good new carers" recently. They told us there were generally now no staffing problems at the service.

We saw working rosters that showed sufficient numbers of staff were provided on each shift to meet people's needs. Where there were gaps to fill, for example if someone was unwell, other members of the team generally covered for their colleagues. This included some staff from the provider's care home located on the same site. We found the provider had recruited further staff during the week of our inspection who would be employed to work flexibly at both services.

Staff we spoke with were experienced and had been trained in subjects relating to people's specific care needs. We found the provider was working closely with the local authority and that additional training was planned to ensure staff were suitably trained and skilled to meet people's needs.

Assessing and monitoring the quality of service provision

✘ Action needed

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

Our judgement

The provider was not meeting this standard.

The provider was obtaining the views of people receiving care about the service. Systems did not include the analysis of incidents. We found monitoring was not fully effective to manage risks to the health, safety and welfare of people who use the service and others.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We found the provider sought the views of people receiving care. One person said they were regularly consulted and that the provider generally responded well to any concerns. We saw surveys in the form of a questionnaire were sent out each year to people receiving care and their families to help the provider see what was working well and where any improvements were needed in the way the service was delivered. The care administrator told us the results of surveys were not currently collated and shared with people connected with the service, although the provider had plans to do this in the future.

People we spoke with were aware that they could use a formal complaints procedure and we saw a leaflet was available advising people how raise concerns.

We spoke with the care administrator and provider and found that although some incidents and accidents were recorded there was no system in place for analysing these. Records about accidents or incidents were generally made in individual care files but there was no central recording or monitoring system to ensure any risks or trends could be identified and followed up.

We saw systems were not always ensuring risks affecting individuals were identified and appropriate action taken. One person receiving care, for example, had experienced a fall, "around a month ago" but their care file had not been updated and a risk assessment had not been compiled in response to the fall to ensure they received safe care. It is important that learning from incidents / investigations takes place at the service and appropriate changes implemented.

The provider told us they were aware what needed to be done to improve quality monitoring and that improvements were planned for when the new manager was in post. Currently, however, we found that systems for ensuring people were protected from unsafe or inappropriate care were not fully effective.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services
	How the regulation was not being met: The provider had not fully ensured people were protected against the risk of receiving care that was inappropriate or unsafe. (Regulation 9 (1)(a))
Regulated activity	Regulation
Personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision
	How the regulation was not being met: The provider had not ensured systems for monitoring quality were fully effective in assessing and managing risks relating to the health, welfare and safety of people at the service. (Regulation (10) (1) (b)).

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 by 08 February 2014.

This section is primarily information for the provider

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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