

Peach Care Services Limited

Peach Care Services

Inspection report

Unit 158, Milton Keynes Business Centre
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28 March 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Peach Care Services is a domiciliary care agency providing personal care to people living in their own homes.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of this inspection 25 people were receiving support with personal care.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location provided care and support for 1 person a learning disability. We assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

People receiving care and support felt it was delivered safely by staff they felt safe with. People's risk of experiencing avoidable harm were reduced by the provider's risk assessments and risk management plans. Robust procedures were in place to ensure care visits were not missed.

Staff and managers were clear about their responsibility to safeguard people from abuse. People received care in their own homes from staff whose suitability was established through recruitment processes. People received their medicines safely and staff followed appropriate hygiene practices.

Staff received an induction and ongoing training that enabled them to have the skills and knowledge to provide effective care. Staff providing care and support to people with complex needs received specialist training.

People's needs were assessed and met by trained and supervised staff. People were supported to remain healthy and access healthcare services when required. People chose their meals and staff supported people to eat and drink in line with their assessments and nutritional needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives told us they were treated with kindness and compassion; their privacy was

respected, and their independence was promoted.

People knew how to make a complaint or raise a concern. Quality assurance systems identified any areas that needed further development. Staff told us they enjoyed working for the service and they felt well supported.

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

Rating at last inspection and update

This service was registered with us on 14 February 2022 and this is the first inspection.

Why we inspected

This was a planned inspection following registration.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Peach Care Services

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

Peach Care Services is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 27 March and ended on 28 March 2023. We visited the location's office on 27 March 2023.

What we did before the inspection

In planning our inspection, we reviewed information we had received about the service. This included any

notifications (events which happened in the service that the provider is required to tell us about) and any feedback about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

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During the inspection

We spoke with the nominated individual who is also the registered manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We had telephone discussions with 5 people using the service and 3 relatives. We sent emails to 16 staff members for feedback, and we received 3 responses.

We reviewed a range of records. This included 3 peoples care records and risk assessments. We looked at staff recruitment checks and variety of records relating to the management of the service including staff training and supervision records, quality assurance information and feedback from people and staff.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of potential harm. Everyone we spoke with commented favourably on the safe working practices adopted by the staff. One person told us, "I have experienced other company's staff and Peach Care are much better. They are all well trained which makes me feel safe."
- Systems and processes were in place to help identify and report abuse to help keep people safe. For example, staff received training in safeguarding and were knowledgeable on how to identify the signs of abuse and how to report concerns. One staff member commented, 'I have reported a safeguarding concern, and I was informed about the outcome which I was happy about.'
- The provider had a safeguarding policy in place which was easily accessible for people and staff. Safeguarding referrals were made where required. The manager worked alongside the local authority to investigate any concerns.

Assessing risk, safety monitoring and management

- Risks associated with people's care, support and environment had been identified, assessed and plans put in place to reduce risks. For example, if a person was assessed to be at high risk of falls a risk management plan and guidance for staff was put in place to reduce the likelihood of further falls.
- Staff understood people's needs before they supported them. Care plans were in place so that staff had guidance on how to meet people's needs. One staff member commented, 'We have a well detailed and updated guidance to support our client. It's done through our app.'
- People and their relatives confirmed they had access to their family members care package which included care plans and risk assessments.

Staffing and recruitment

- There were enough skilled and competent staff to ensure they could safely support people who used the service. One person told us, "The staff are well trained, and I trust them."
- People told us staff were punctual and stayed for the allotted time. If staff were delayed, people told us they were contacted by telephone. There had been no missed visits. One person commented, "They are not often late but if they are its usually because of transport problems. They always let me know."
- People told us they saw the same staff which provided constancy and made sure they received their care by staff who knew them well. One relative said, "My [family member] knows the carers. They're 'very good.'"
- Staff were divided into geographical areas, and they confirmed they saw the same people most of the time. One staff member commented, 'We have sufficient travel time. I never feel rushed. I like being able to see the same people because I get to know them very well.'
- Safe recruitment practices were followed for staff working with children and adults. Checks were carried

out including references and the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Clear and robust arrangements were in place for people to take their medication consistently and safely. Where people needed support with their medicines this was done in a safe way by trained staff.
- Staff recorded when medicines had been administered and the medicines administration record (MAR) charts showed if medicines were not required or refused.
- Staff confirmed, and records showed that they received training for medicines management. Staff understood and followed the principles of stopping over-medication of people with a learning disability, autism or both (STOMP) and ensured that people's medicines were reviewed by prescribers in line with the STOMP principles.
- Audits of medicine administration were completed to enable any errors to be identified and to enable investigations and actions to take place to help reduce the risk of recurrence.

Preventing and controlling infection

- People were protected by the prevention and control of infection.
- Measures were in place to control and prevent the spread of infection. Staff completed training in relation to the control of infection and they had sufficient personal protective equipment (PPE).
- People and relatives told us staff always washed their hands and wore PPE when carrying out personal care. One relative told us, "They are very good and always wash their hands and wear their gloves and aprons."
- The provider had an infection control policy in place that was up to date and accessible to staff.

Learning lessons when things go wrong

- There were systems in place to learn lessons when things went wrong.
- A system was in place to record and monitor any accidents and incidents that occurred. We saw that when incidents had occurred, for example, a person falling, this was fully documented, with follow up actions recorded. This ensured that lessons were learnt for any improvement that could be made, or to lower the risk of recurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started using the service. As part of the initial assessment, before care starts, there is a discussion regarding times for calls that is signed by both parties to allow people to have autonomy over their care.
- An assessment tool considered people's physical and mental well-being, level of independence, their preferences, social circumstances, communication needs and dietary requirements.
- The assessment tool had been designed to capture all protected equality characteristics. In addition, the process of recruiting new care workers had been enhanced to ensure people were involved in the selection process determining who would provide care for them. People were continuously informed when there was a new staff member, and the provider sought their opinion of the staff's performance when they joined the team. This formed part of the post-probation review of any new staff member.

Staff support: induction, training, skills and experience

- Staff were supported and trained to ensure they had the skills and experience to support people and meet their needs. One person told us, "The staff are not just pulled off the cash till in [name of supermarket]. They are well trained."
- We saw that an ongoing schedule of training was in place, to ensure staff kept up to date with good practice. New staff went through an induction period, which included shadowing more experienced staff to get to know people, as well as covering the basic training subjects. One staff member commented, 'I have had several types of training both online and face to face. I had my induction before I started working.'
- Staff felt well supported and they told us they had regular supervision and spot checks to ensure they were working in line with best practice guidance. One staff member commented, 'I do get supervisions/meetings with my line manager. Also, you can easily call [manager] for anything.'

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

- People's dietary needs were considered as part of the assessment process. Where people required support staff had clear information about their dietary needs, preferences and level of support to prepare and consume food and drink.
- People were provided with a variety of meals they enjoyed. One person said, "Staff make sure I get the food I want. There have been no problems at all." A relative told us, "My [family member] has a much better diet now that the carers are providing the meals."
- All staff were trained to prepare and cook meals and records viewed confirmed this. If required, the registered manager confirmed they would seek advice and guidance from dietitians and speech and language therapists to ensure people's dietary needs were met.

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

- People were confident their healthcare needs were met. One person told us staff had contacted medical support when they had a fall. This meant staff had effectively acted for the person to receive medical treatment for their condition.
- Staff knew how to respond to people's healthcare needs and had access to information about who and when to contact if they had any concerns. One staff member informed us, 'We have good information and guidance about what to do if we think a person is ill.'
- Care records contained information about people's medical history and their current health care needs. People could be supported to attend routine health appointments and most people told us relatives supported them in this area.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's mental capacity had been considered in line with guidance for relevant decision-making processes.
- Staff told us they always asked people for consent before they provided personal care or undertook a task. A relative commented, "They always ask and explain."
- We checked whether the service was working within the principles of the MCA and were satisfied staff understood the importance of seeking consent before providing care or support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with dignity, kindness and respect. People and their relatives spoke highly of the service provided and the staff. One person told us, "The carers are positive and enthusiastic and wonderful. They look at a situation and make it the best they can." A relative said, "The carers provide care to my [family member] that is exactly how they want it to be. It's tailored to meet [family members] needs and their preferences."
- We saw examples where staff had gone over and above their roles. For example, 1 staff member asked if they could dress as Santa and visit people with no family on Christmas day to deliver presents.
- Staff spoke with fondness about the people they supported. One staff member commented, 'With the consistent service we provide, you get to know more about people and what they really like by the reaction you get from them, or sometimes through their body language or eye contact. For example, one of my clients uses eye contact to communicate, so when you understand what they want or what they have requested, they will give you this beautiful smile.'
- Staff were given the time to build and maintain relationships with people. Each person had regular staff who would visit to maintain consistency. One person said, "I have the same staff and we have got to know each other well. They are like my family."
- Staff were matched with people who had similar interests, personalities and/or cultural backgrounds. For example, the registered manager told us that people had a choice of staff in relation to their cultural needs, sexual orientation, religion and personality. This was recorded in people's initial assessments. They described to us a staff member who worked with a person with the same religious and cultural needs. This included culturally appropriate foods and dress.
- Care records were written in a caring manner with detail on people's emotional and psychological needs each day, as well as physical needs.

Supporting people to express their views and be involved in making decisions about their care

- The provider recognised the importance of meeting people's cultural, and diversity needs. Two staff were from a specific cultural background, and they supported a person from the same country and same cultural background. This meant the person received a culturally appropriate person-centred care.
- People using the service confirmed they were involved in making decisions about their care and these were reviewed to ensure they remained up to date. One relative told us, "We are very involved in [family members] care. Communication is excellent and they listen, and we have input."
- The registered manager informed us that care plans and risk assessments were updated when changes were needed. People had access to their records and were involved in making changes when required.
- The registered manager said they would support anyone who wanted to use the service of an advocate.

An independent advocate helps people have a stronger voice and to have as much control as possible over their own lives.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us the staff respected people's privacy and dignity. One relative commented, "My [family members] privacy is always respected, and they always ask permission first. I have heard them do this."
- We received positive feedback prior to our inspection from relatives of 6 people using the service. One read, 'I find the carers at Peach very friendly and caring and they seem to have a genuine fondness for my [family member] which is very important to me. They will always keep me updated with anything I may need to know, and I am always able to contact the office/management team if I need to. They treat my [family member] with patience and respect which is very much appreciated.'
- People received the support they required to maintain their independence. One person told us, "I have gained some independence since I started having my carers in."
- Care records stated areas where people's ability to perform tasks may fluctuate. This meant staff knew how and when people needed extra support.
- Respecting people's privacy and dignity was important to staff. One staff member commented, 'We always make sure we treat people with dignity. Treat people how you want to be treated.'
- A confidentiality policy was in place. The registered manager understood their responsibility and ensured all records were stored securely. Staff had a good understanding about confidentiality and confirmed they would never share any information except to those that needed to know.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and relatives told us the registered manager was responsive when things needed to be changed. One relative told us, "We are consulted about any changes, and we are always asked for our feedback. Our contribution is welcomed and used to improve the care for [family member]."
- People told us the service was flexible and staff went the extra mile to ensure people's needs were met in line with their preferences. For example, we saw a record of one person who had called the service to change the times of their calls which was facilitated, and they commented, '[Staff member] is brilliant and we get on like a house on fire.'
- A needs assessment was completed and used to develop a plan of care. The assessment tool asks questions identifying whether people would prefer a male or female care worker. The provider also matched care workers' personalities to people using the service. For example, they had provided staff to people who had the same age-related interests to encourage social interaction.
- Care plans made clear who was responsible for which aspects of people's care and support. For example, where staff administered medicines and met people's hygiene needs this was stated in care records. Where relatives administered medicines or prepared meals for people this was stated in care records. This meant everyone involved in people's support circle were aware of their own and everyone else's role and responsibilities.
- Care and support plans were reflective of people's current needs and provided staff with information about how to meet the persons cultural needs. One staff member commented, "The care plans are very good and tell us everything we need to know about people's religious needs and cultural needs.'
- People using the service received person centred care from a regular, reliable, and consistent staff member, which helped to build trust and support. One person told us, "I have the same carers and they know me and how I like things to be done. They have become more like family." A staff member commented, 'I like that I get to see the same people, so I learn their routines and get to know them well.'

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed, and details of any needs were recorded. Staff were able to converse with people in their preferred communication style. The registered manager explained how they used picture cards for 1 young person they supported, to aid effective communication.

- The registered manager said they would consider each person individually and would provide any support they needed to receive information in a way they understood.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Where possible, staff were matched from the same faith and cultural lifestyle to support people to follow their cultural and religious beliefs.
- Staff provided social hours to 1 young person. Staff told us they supported the person to visit places of their choice such as parks safari parks and for walks. Their relative commented, 'The service they do for my [family member] is brilliant and they always come home with a smile, so I know they enjoyed themselves.'
- We saw that the provider had been proactive in sourcing extra funding when people required extra support. For example, the provider had been successful at sourcing extra hours for 2 people to ensure they had more support to take part in social activities.

Improving care quality in response to complaints or concerns

- There were processes in place to ensure that all complaints, both formal and informal; verbal and written were dealt with appropriately. We saw that complaints had been thoroughly investigated and actions taken where required to ensure people felt listened to and their concerns were acted upon.'
- There was a complaints procedure and policy in place that had been provided to people using the service and their relatives, so they knew how to make a complaint. People told us they knew how to complain if needed and felt comfortable any issues would be quickly rectified.
- People who had made complaints in the past told us they were satisfied by the way in which they were handled. One person said, "I know how to complain and would be comfortable to do so if I needed to."

End of life care and support

- Information on people's wishes regarding how they would like to be supported at the end of their life was dependent on people's wishes to discuss this with the staff. We saw correspondence from a family member following the death of their relative that read, 'Thank you for your support on [day] following [family members] death. It was really appreciated. Both staff have provided excellent care and companionship for [family member] over the past 6 months or so. They do your company proud.'
- Staff had received end of life care training and had a good understanding of how to support people.
- As part of the initial assessment process people were given a booklet called 'Planning your care in advance' if they wanted to learn more about advanced care planning. People were supported to complete this if they wished.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives were complimentary about the quality of the care, the registered manager and the staff team. One thankyou card read, 'I just had to put pen to paper to give you all a heartfelt thanks for everything you did for my [family member]. Because of you they had their wish to stay at home. This would never have happened without you all.'
- We received 7 positive 'share your experience' forms from people and relatives. One person commented, '[Name of registered manager] has plenty of time for the carers and clients. He has visited me a few times to collect my feedback, and each time has been very pleasant. I hope I never have to change care providers for the rest of my life. I am more than happy to speak to the CQC because people need to know that this team cares and they do a great job in a very challenging sector.'
- Staff were complimentary about the service and the management team. One staff member commented, 'Peach Care is an awesome place to work. Everything is well organised. Good relationship between the management and staff. Their services to their clients are their utmost priority.'
- The provider valued the staff team and had numerous incentive schemes in place to support, value and show appreciation to staff. For example, there was an employee of the month scheme, retention incentives, a buddy system and the provider had supported some staff to purchase a car following their probation. The provider held an annual BBQ for staff and people using the service.
- The provider embraced innovation and used it to drive improvements in the care people received and to improve the involvement of relatives. Care records were on an electronic system. People and relatives were enabled to access assessments and care plans as well as real time information such as the times staff arrived to deliver care and when medicines were administered. This provided reassurance to relatives and clarity for people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a system of checks in place to monitor the quality of the service. This included regular checks of records and spot checks of staff when supporting people.
- Effective communication systems were in place to ensure staff were kept up to date with any changes to people's care and support systems to staff. One staff member commented, 'Communication is excellent. We use an app and changes are communicated to us straight away.'
- The provider was committed to the personal development of staff. They went to great lengths to support

staff to develop in their social care careers. For example, the provider had been awarded a sponsorship licence, so they were able to employ staff with experience from other countries as well as offering sponsorship to staff members that were already employed on a student visa. We saw that where staff had asked to be sponsored to complete a Level 2 skilled workers visa this was facilitated.

- The registered manager understood their responsibilities to notify CQC and other relevant authorities of any incidents which took place that affected people who used the service.
- The registered manager had systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider had quality assurance systems based on seeking the views of people who used the service, their relatives, friends and health and social care staff who were involved in people's care. This included leaving reviews online. One person told us, "[Name of registered manager] often comes to see me and always asks for my feedback. I only ever have good things to say."
- Effective communication systems were in place to ensure that staff were kept up to date with any changes to people's care and support systems to staff. One staff member commented, 'We have really good communication. We are always kept up to date with any changes and there is always someone to talk to on the end of the phone.' Staff had regular 1-1 meetings with a line manager and team meetings took place supporting effective communication.
- Staff were encouraged and had left reviews online to share how they felt about working for Peach Care Services. One comment read, 'Absolutely lovely company to work for with a very welcoming and supportive team. Excellent career progression opportunities.'
- We found a commitment to the continuous improvement of the service and the care provided. The registered manager told us they ensured information from audits, complaints, feedback, care plan reviews and accidents and incidents would be used to inform changes and improvements to the quality-of-care people received.
- The provider had a variety of different personalised cards that we send out to people and/or families to celebrate milestones or offer words of condolence and support when they may need it. The management team had calendar reminders of people's birthdays, so they received a card from the staff team. This made people feel valued and appreciated.
- Policies and procedures were reviewed and updated regularly. The provider ensured staff understood these and discussed them in training and communications to keep staff up to date with any changes.

Working in partnership with others

- The provider understood the importance of working in partnership with all stakeholders in the bid to deliver quality person-centred care. We saw that effective collaboration had taken place with commissioning teams, social workers, local authorities and health care professional's such as the dietician and Speech and Language Team (SALT) to achieve good outcomes for people using the service.
- We saw links to the local community. For example, the provider had sponsored and paid for a football kit for a local children's football team.