

Peacocks Care Services Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Peacocks Care Services Limited is registered to provide personal care to people in their own homes. At the time of the inspection two people were receiving personal care and support. 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.

People's experience of using this service and what we found

Peacocks Care Service is a new service and the management team were in the process of refining and embedding its policies and procedures. However, we found systems to monitor the quality and safety of the service had not always been effective in identifying where the registered provider needed to make improvements.

People received individualised care and support from regular staff that demonstrated detailed knowledge of people's individual needs and how to keep people safe. However, there were not clear risk assessments for all risks to people and to give staff guidance on how to mitigate the risks. We also found that staff recruitment needed to be improved to ensure the providers policies were adhered to and to ensure they had employed suitable staff to support people safely.

People told us staff attended the calls at the appropriate time and stayed for the full duration of the call. At the time of the inspection no one was being supported with their medication. Staff followed infection control guidance and had access to personal protective equipment.

People's nutritional needs were met, and people were supported to enjoy a choice of meals. People were supported to access healthcare professionals when required.

People were supported by staff who were kind and caring. People's privacy and dignity were respected by staff and their independence was encouraged.

Staff understood the importance of seeking and recording people's consent before providing support. People were supported to have maximum choice and the policies and systems in the service supported this practice.

People's support needs were assessed and reviewed to ensure they received the support they needed. People and relatives told us they had not needed to make a complaint and were happy to speak to staff if they had any concerns.

Relatives and staff said the service was well managed and staff said they felt well supported to provide person centred care.

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

Rating at last inspection

This service was registered with us on 08 April 2019 and this is the first inspection.

Why we inspected

This was a planned inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report.

Enforcement

We have identified a breach in relation to Regulation 19, because recruitment policies had not been followed to ensure the provider employed suitable staff to support people safely. We also identified a breach of Regulation 17, because systems to monitor the quality and safety of the service had not always been effective at identifying where the registered provider needed to make improvements.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Peacocks Care Services Limited

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Peacocks Care Services is a domiciliary care service. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. The registered manager is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with one person and one relative of a person who used the service by telephone to obtain their views on the care people received. We spoke with two members of staff and the registered manager, who is also the nominated individual. We also spoke to the company secretary.

We reviewed a range of records. This included two people's care records, medication records, a variety of records relating to the management of the service. We also looked at two staff files in relation to recruitment and training records.

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 for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- The service employed two staff, we looked at both staff recruitment files. We found whilst DBS checks were completed, there were no records of any references for one member of staff and only one reference for the second member of staff. We checked the provider's recruitment policy and it stated, 'At least two references will be taken for all applicants and any offer of appointment depends on satisfactory outcome of references.'
- We spoke with the registered manager about this who advised that the member of staff with no references was known to them and a verbal reference had been taken. They acknowledged there was no record of this call or a record of any subsequent attempts to obtain a written reference
- We also found that one member of staff had an unexplained gap of two months in their employment history. The provider recruitment policy stated, 'Any apparent gaps in employment will be discussed with the applicant.' There was no record of the gap being discussed in the staff member's recruitment record.

Recruitment policies had not been followed to ensure the provider employed suitable staff to support people safely. This was a breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives told us that staff arrived on time and stayed for the agreed length of time.
- Staff told us there were enough staff to cover the existing calls. The registered manager said, "We are keeping small in the first 12 months. [We have] enough staff currently and we will take more staff on as we grow, we want to take it slowly."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were supported by a small team of staff who knew people's risks and the support required to minimise their risks. However, there were not clear written risk assessments in place to record all the risks to people and give staff instruction on the actions to mitigate the risks. For example, one person was supported to mobilise with the use of a wheelchair. Although staff had received training and were able to tell us how to use the wheelchair safely, there was no risk assessment record in place.
- People felt safe with the support of staff. When we asked one person if they felt safe, they said, "Yes always." One relative also commented, "[Person's name] is safe, they [staff] are very careful."

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise potential abuse and protect people from it. Staff had received training in how to keep people safe and described the actions they would take where people were at risk of harm. Staff

were confident to raise concerns with the registered manager who they were assured would take action. Staff also advised of external agencies that could be contacted, such as the local authority who they would contact if the registered manager did not respond to their concerns.

Using medicines safely

- At the time of the inspection people were not being supported with their medicines as people and their families were able to do this. However, one person said staff did check with them that they had taken their medicines.
- Staff told us they had not completed medication training as this support was not currently required. However, staff said this training would be available if people needed support to take their medicines.

Preventing and controlling infection

- People and relatives, we spoke with said staff wore aprons and gloves when providing care.
- Staff had access to personal protective equipment (PPE) and supported people in their homes to maintain an environment which would lower the risk of infections.

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

- The provider carried out an initial assessment, so they could be sure they could support people safely and in the way they wanted. People using the service and their family members were involved in the assessment so that the provider had all the information they needed to be assured that they would be able to meet people's needs.
- People's current needs were assessed on an ongoing basis by the registered manager to ensure they continued to receive the correct level of support. For example, one person had been supported to change the time of their lunchtime call to meet their changing needs. Improvement could be made by the provider to ensure all reviews were clearly documented.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills to meet their needs. People and relatives told us they considered staff had the right skills and supported people safely.
- Staff received induction training and shadowed the registered manager before commencing work, so they had the skills they needed to be able to meet people's needs. Staff told us they felt access to training was good.

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

- Some people were supported with their meals and drinks to ensure they maintained a healthy diet. One person commented, "Yes [meal preparation is] all okay. They [staff] also clean and tidy up."
- Staff told us how they ensured people were supported with a choice of meals and that meals were prepared in line with people's religious beliefs. Staff also gave an example of how one person had been encouraged to enjoy a healthy diet.

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

- People were supported to access healthcare services and support. One person said, "[Staff have] taken me to hospital and medical appointments."

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

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. Staff had a good understanding of the importance of gaining consent from people before providing support.
- Where people were not able to give verbal consent, staff told us they looked for facial expressions, body language or hand signs to indicate people's consent. This was confirmed by one relative who commented, "They have learnt [person's name] body language."
- One relative had advised the provider they had a lasting power of attorney in place for their family member. A lasting power of attorney is a legal document where a person says someone can make some decisions for them in the future. We found the provider had not checked this to ensure it had been legally approved or the authority that this gave the relative. The registered manager confirmed they would request the required documents immediately following the inspection.

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 supported by kind and caring staff and feedback we received was very positive. One person told us, "Staff are caring. It's special care." One relative also commented, "They look after [person's name] very well."
- People were supported by a small staff team that knew people well. One relative told us staff knew their family member really well and gave an example of how staff understood how the person felt from their expression and body language.
- We found people's equality and diversity needs were respected. For example, one person was supported with female staff only. One person also required their food to be prepared in accordance with their religious beliefs.
- Staff told us they enjoyed working with people and felt supported to provide good care. One member of staff said, "I love the job and I get a lot of support."

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

- People were involved in care planning and their views and wishes were respected. One person told us, "We chat [about the care plan]."
- Relatives were also involved in their family members care. One relative said, "Yes I was involved [in care plan review] ...they make sure ...care plans are right."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. Staff told us the actions they took to ensure people's privacy was respected. One relative confirmed this and said, "Yes they [staff] close the door."
- People were encouraged to maintain their independence and do as much as they could for themselves. One person told us how they managed their own medicines, but staff checked with them and also encouraged them in monitoring and recording their blood pressure.

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 received individualised care and support from staff that demonstrated detailed knowledge of people's individual needs. People were supported by regular carers and were able to build up good relationships with them
- Care plans were in place to show the support people needed and contained information on how people preferred their care.
- We saw that where staff had recognised that one person was at risk of becoming socially isolated, they were working with the person to identify new social activities they would enjoy. This was confirmed by the person, who told us, "They [staff] ask would I like to go out with friends or to a café. "

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of AIS and how to meet people's specific communication needs. For example, the management team and staff read and translated some documents to the people they supported where English was not the person's first language. The company secretary said a care leaflet had been produced and they were currently considering having it printed in other languages to reflect the cultural heritage of the people they supported.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place and people knew who to speak to if they had any concerns. One person said, "First I would tell the carer, after that I would go to [registered manager] direct." The provider had not received any formal complaints and said as a small service they were able to pick up concerns at a low level.
- Staff told us they felt comfortable to raise any concerns with the registered manager and they were assured that action would be taken.

End of life care and support

- The service was not currently supporting anyone who was receiving end of life care.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- We looked at the governance systems used by the provider because we wanted to see how regular checks and audits led to improvements in the service. The provider had some checks and audits in place, but these had not been robust enough in ensuring all areas for improvement were identified and action taken to be in response.
- Provider systems and audits had failed to identify that recruitment policies to ensure safe recruitment had not been followed.
- The provider's checks and audits of care plans had failed to identify that care plans lacked risk assessments to record all the current risks to people and give staff guidance on how to mitigate against associated risks.
- Provider systems and audits had failed to identify that where the relative of one person advised they had lasting power of attorney (LPOA), the provider had not requested or recorded evidence of this.
- Provider systems and audits had failed to identify that there were no formal and recorded staff supervisions, although staff said they felt supported and the registered manager was always available for advice.
- The provider advised us that audits of daily log sheets were completed, but there was no record of this or actions taken in response to any areas identified as requiring improvement.
- The provider said immediate actions would be taken following the inspection to address the areas identified. They told us they had recently had an independent consultant complete a review of the service. Verbal feedback from the consultant recommended that a clear record of audits be put in place and a clear record of individual visits times be recorded on daily log sheets. During the inspection we saw that in response a new daily log sheet had been produced to clearly record the time of each visit. The provider advised they were in the process of taking action to address the other areas highlighted.
- The registered manager understood their legal requirements within the law to notify us of all incidents of concern, deaths and safeguarding alerts.
- The registered manager was very open to learn about where the service could improve. They told us how they accessed the CQC and skills for care websites to improve their knowledge.

Systems to monitor the quality and safety of the service had not always been effective at identifying where the registered provider needed to make improvements. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People and relatives spoke positively about the service. One person commented, "All good, I am happy." Feedback from one relative was, "[I'm] very happy with the care."
- The registered manager was well known and liked by people and relatives. One person commented, "[Registered manager] is good."
- Staff told us the registered manager was approachable and supportive and they felt valued. One member of staff said, "[Registered manager is] very good he helps and gives advice."

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 registered manager understood the duty of candour and was very open and honest about where improvements could be made and was open to the findings of the inspection.
- One relative we spoke with said, "Communication [is] good. "

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Spot check telephone calls were made to people to gain their views of the service. Feedback we observed from the calls was positive.

Working in partnership with others

- The service worked in partnership with social workers, health professionals and relatives to ensure the service people received was person centred.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to monitor the quality and safety of the service had not always been effective at identifying where the registered provider needed to make improvements.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment polices had not been followed to ensure the provider employed suitable staff to support people safely.