

Peartree1 Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

This inspection took place on 10 and 13 July 2018 and was announced.

Peartree1 Ltd provides domiciliary care services. It provides support and personal care to a range of people living in their own houses in the community. At the time of our inspection 23 people were receiving personal care from the service.

Risk assessments in place did not always contain sufficient detail to make them specific to each person. Generic information was used, which was not always relevant to the person, and did not always document the equipment or procedures in place for people's care.

People told us they felt safe, and staff had an understanding of abuse and the safeguarding procedures that should be followed to report abuse. All the staff we spoke with were confident that any concerns they raised would be followed up appropriately by their manager.

Staffing levels were adequate to meet people's current needs. People told us that staff mostly arrived on time, and calls were not missed.

The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. References and security checks were carried out as required.

Staff attended induction training where they completed mandatory training courses and were able to shadow more experienced staff providing care to people. All new staff took part in the Care Certificate which teaches fundamental standards within care. Ongoing training was offered to staff and mandatory areas of training were kept up to date.

Staff supported people with the administration of medicines, and were trained to do so. The people we spoke with were happy with the support they received in taking their medicine.

Staff were trained in infection control, and told us they had the appropriate personal protective equipment to perform their roles safely. We saw that staff had reported any concerns they had around infection control within people's homes to management, who had then acted appropriately.

Staff were well supported by the manager and senior team, and had one to one meet ups, spot checks and observations.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met. Consent forms were signed and kept within people's files.

People were able to choose the food and drink they wanted and staff supported people with their nutrition

and hydration. People were supported to go to health appointments when necessary.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. People told us they were happy with the way that staff spoke to them, and provided their care in a respectful and dignified manner.

People were involved in their own care planning and were able to contribute to the way in which they were supported. Care planning was personalised and included people's likes and dislikes, so that staff understood their needs fully. People told us they felt in control of their care and were listened to by staff.

The service had a complaints procedure in place to ensure that people and their families were able to provide feedback about their care and to help the service make improvements where required. The people we spoke with knew how to use it.

Quality monitoring systems and processes were used effectively to drive future improvement and identify where action was needed.

The service worked in partnership with other agencies to ensure quality of care across all levels. Communication was open and honest, and improvements were highlighted and introduced as required.

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.

Risk assessments did not always provide the specific and correct information and guidance to staff.

People received care from competent staff that had the appropriate training and experience.

People benefitted from receiving care from staff that were mindful of their responsibilities to safeguard them from harm.

People were protected from the spread of infection.

Medication was administered safely.

Requires Improvement 

Is the service effective?

The service was effective.

People were provided with the care they needed and this was regularly reviewed to ensure their needs continued to be met.

People received a reliable service. There were contingency arrangements in place to ensure the continuity of the service when staff were sick or on holiday.

Staff demonstrated their understanding of how people's capacity to make decisions and choices about their care had to be taken into account and acted upon. □

Peoples received support with food and fluid intake when they required it.

Support with all aspects of people's healthcare was provided when needed.

Good 

Is the service caring?

The service was caring.

Positive relationships had developed between people and staff.

Good 

People were treated with kindness and respect.

Staff maintained people's dignity and there were measures in place to ensure that people's confidentiality was protected.

People and where appropriate their families were involved in making decisions about their care and support.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed before care was provided to ensure that all their individual needs could be met.

Care was personalised to each individual.

People were confident that they could raise a concern about their care and there was information provided on how to make a complaint.

Is the service well-led?

Good ●

The service was well led.

People benefitted from receiving a service that was well organised.

Staff felt well supported by the management team and able to carry out their roles confidently.

People's quality of care was monitored by the systems in place and timely action was taken to make improvements when necessary.

The registered manager was readily approachable and promoted a culture of openness and transparency within the service.

Peartree1 Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This inspection took place on 10 and 13 July and was announced.

We gave the service 48 hours' notice of the inspection visit because we needed to be sure that senior staff would be at the office and information would be made available for us to inspect.

The inspection was carried out by one inspector.

Before the inspection, we reviewed information that we held about the service such as notifications. These detail events which happened at the service that the provider is required to tell us about. We also contacted the Local Authority for any information they held on the service.

We spoke with five people who used the service, two relatives of people that used the service, three care workers, the administrator, the care plan coordinator, and the registered manager who was also the provider. We reviewed six peoples' care records to ensure they were reflective of their needs, six staff files, and other documents relating to the management of the service.

Is the service safe?

Our findings

People had risk assessments to document the risks that were present within their lives, but they did not always contain information that was specific to them. For example, we saw that some generic risk assessments had been formulated for moving and handling, and these were used across several people's files. One person's care plan stated that a standing aid should be used when assisting them to stand and transfer from one seat to another. The risk assessment for the moving and handling of this person had generic information about various other moving and handling equipment, but did not document the standing aid.

Another person's care plan documented the equipment that should be used to help them out of bed. Again, the use of this equipment was not documented in their moving and handling risk assessment. This presented a potential risk to people's safety as guidance around the use of equipment was not always assessed properly for staff to safely follow. We spoke with the registered manager about this. We were told that the service was in the process of re-writing risk assessments in a new format, and were aware that improvements were required. The registered manager told us they would be re-assessing people's moving and handling guidance immediately.

Other risk assessments we saw contained sufficient information about the risks present in people's lives. People we spoke with all told us they felt the staff were safe and well trained, and were comfortable when receiving care including support with moving and handling. One person said, "I have never had any problems, I feel in safe hands."

The staff we spoke with all had a good understanding of safeguarding procedures and were confident in reporting any concerns. One staff member said, "I would always speak to the manager. If I felt it wasn't being dealt with, I would report it to the Care Quality Commission (CQC). We have safeguarding procedures displayed for staff to follow." All the staff we spoke with were confident that any concerns they reported would be followed up appropriately by the registered manager.

Staffing numbers were sufficient to meet people's needs. One person said, "They do not seem to be short of staff. The care is consistent and on time. I usually see the same staff." Staff told us they felt the service was staffed well and the calls got covered, and rotas we saw confirmed this. One staff member we spoke with said, "We are always recruiting, but that's normal in care as staff come and go. There is a good stable team though, and the calls always get covered."

The provider followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and identification and right work checks had taken place. We saw that two references were obtained from previous employers. The provider had taken appropriate action to ensure staff at the service were suitable to provide care to vulnerable people.

The service supported people safely with medicine administration. The people we spoke with were happy with the support they received from staff. We saw that electronic medication administration records (MAR)

were used by staff to accurately record the medicines given to people. This enabled the management of the service to immediately see if any errors or omissions had occurred, and take action to correct it. Staff were trained in medication administration and were confident the training gave them the skills they required to safely administer medicines.

Staff had completed training to ensure they were up to date with the most recent guidance to keep people safe. Observations and spot checks took place to ensure staff followed infection control practices. Staff told us they had the appropriate personal protective equipment available to support people safely. The registered manager told us that they regularly went out to people's houses after the staff had been round to check if they had followed procedures with people, used personal protective equipment, and left people's houses in a tidy manner.

The service understood how to record and report incidents, and used information to make improvements when necessary. The registered manager told us that staff meetings were used to address any problems or emergencies, and discuss any learning points and actions required. We saw that actions were taken to make any necessary improvements. Staff confirmed that problems were discussed openly to ensure that solutions were created promptly and lessons learned from any mistakes that were made.

Is the service effective?

Our findings

People's needs were assessed to achieve effective outcomes, and care and treatment was delivered in line with guidance. We saw that detailed pre assessments of people's needs were created by the management before care was delivered, to ensure each person's needs could be met. Processes were in place to identify people's diverse needs, and ensure that no discrimination took place. We saw that care plans documented people's spirituality and religious backgrounds when required. Staff we spoke with were trained and aware of how to support people with a wide range of needs and preferences, and were respectful of people's beliefs, backgrounds and life choices.

Staff were skilled, knowledgeable and experienced, and people received the care they needed. All staff went through an induction training package when starting employment, and continued training took place to refresh knowledge keep up to date with standards. All new staff took part in the Care Certificate. The Care Certificate outlines the basic standards and requirements of care staff. Training was provided to support the various health conditions that people using the service had. The service had training facilities at their office location which included practical training equipment such as hoists and first aid equipment. A training matrix was kept to identify when each staff member required a training update. We saw that all training was current and up to date.

Staff supported people to eat and drink sufficient amounts when required. All staff we spoke with said that a lot of the people they supported had family to help them with meals, but they did get involved with this support sometimes. One person told us, "The staff don't normally help me with food as family help me, but I did need help the other day and they were happy to step in and make me something." The staff had a good knowledge of the preferences and requirements people had with food and drink, and staff were trained in food hygiene.

The service worked and communicated with other agencies and staff to enable effective care and support. The registered manager told us that the service regularly liaised with health professionals, day service providers and other community based organisations. We saw examples of joint working with a charitable organisation for the benefit of a person and the equipment they had within their home.

People's day to day healthcare needs were met and information about their health, medicines, and well-being was given to them in a way they understood. People told us they felt involved and in control of their own healthcare needs, and that staff were able to help them when required. We saw examples of communication the service had with a hospital in relation to a person receiving care, and their ongoing support needs.

The Mental Capacity Act (MCA) 2005 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 make 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection. Staff were able to demonstrate they worked within the principles of the MCA and there was satisfactory documentation to support this.

Is the service caring?

Our findings

Positive and caring relationships were developed between staff and people. One person told us, "The carers are all lovely. I have used other companies before, and this one is very good." One relative said, "The staff know [person's name] very well, and have always been kind and respectful whenever I have been around them." All the people we spoke with felt they had good relationships with staff. The staff we spoke with felt able to spend the time they needed getting to know people to develop positive relationships. One staff member said, "I get to see the same people regularly, so I get to know them and what they like. This is very important to people."

The service made a point of celebrating each person's birthday. We saw that staff bought a cake and a card for people when it was their birthday and took it to their house to celebrate.

People and their relatives were involved in their own care. We saw that all care planning was reviewed with people every three months, or as and when required. Staff we spoke with told us they would always check with people if their care routines were ok, and report back to management if any changes were required to care plans. Staff told us they promoted people's independence by encouraging people to do things for themselves when they could. The people we spoke with all felt in control of their own care and were happy that staff listened to what they had to say. Advocacy services were not currently being used by anyone, but the management had information regarding advocacy services for people that may require it.

Staff respected each person's privacy and dignity. Personal care routines were listed within people's care plans, and staff were prompted to make sure they considered people's privacy and dignity at all times. One person told us, "Yes, the staff are very respectful during personal care." Relatives we spoke with also confirmed this. A relative said, "I'm usually here when the staff come, and I can say they have always been caring and respectful of privacy." Staff all understood the need for confidentiality and were considerate that personal information was not shared with people inappropriately.

Is the service responsive?

Our findings

Care and support was personalised to meet each person's individual needs. People we spoke with told us that the staff generally knew them well and understood their needs. One relative said, "[Family member] knows the carers very well, and they know him very well. The relationship is good." We saw a written compliment from a relative of a person saying, '[Name] has used other domiciliary care services, but classes this one as the best.'

Care plans included each person's routines, preferences, likes and dislikes. We saw personalised information within care plans which detailed this information for staff to understand people's needs better. For example, a person's plan stated which specific type of breakfast cereal they liked in the morning. We saw that each person's care plan had detailed information about their personal and family history, hobbies and interests. A 'what makes me anxious' section was present to describe the things that a person did not like. This meant staff could provide the best support possible without causing any distress or anxiety for the person.

The service communicated well with people and were responsive to their needs. People were able to view their care plans and rotas showing which staff would be visiting them, by logging in to an online system. This allowed people to feedback to staff any changes they required to their care plans or scheduled visits should they wish to rearrange any care. We also observed a staff member in the office alert the management about changes required to a person's care plan. The staff member informed them that whilst the care plan stated that the person used a piece of equipment in their home, they no longer used it, so their care plan should be updated to reflect this.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

People knew how to make a complaint if they needed and were confident that their concerns would be listened to and acted upon as required. The people we spoke with said they had not had to make any formal complaints but would do so if needed. One relative said, "I would happily speak with the carers or ring the office." A complaints recording system and complaints policy were in place. This showed that information could be recorded in detail and actions formulated. No formal complaints had been made at the time of our inspection.

End of life care planning was available to people and the registered manager was aware of the care needs of people at the end of their life. We were shown an example of one person's care where the staff had ensured that the appropriate medication was in place for when the person would require it. Systems were in place to record people's wishes and choices as they required.

Is the service well-led?

Our findings

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was open and honest, and promoted a positive culture throughout. One staff member said, "This is a brilliant company to work for, you don't get this quality and focus on care anywhere else, and I've worked at several other companies." All the staff we spoke with made similar positive comments. We observed that several staff members came in to the office and were able to speak with management freely. We saw that the office and management team were open and welcoming to all the staff.

The people who use the service and the staff, were able to have their voices heard and were engaged and involved in the development of the service. The people we spoke with said that they could contact the office and speak to a member of the management team easily and were confident to do so. Staff meetings were held which staff told us enabled them to raise topics of any issues that needed to be addressed, learning topics, as well as positive stories.

People and staff all confirmed they had confidence in the management of the service. The registered manager was aware of their responsibilities; they had a good insight into the needs of people using the service, and clearly knew the people using the service well. People said the registered manager, senior staff and the provider were very approachable. We saw that the registered manager regularly went out to visit people and check that their care was being delivered in the way they wanted, and that the staff had been conducting themselves in a professional manner.

Quality assurance systems were in place to ensure sustainability, learn and improve. We saw that audits were completed regularly across the service. For example, medication audits were completed regularly and showed how errors were picked up and acted upon. The electronic system in place also allowed for efficient audits on training, staffing, and the daily notes that the staff team were completing to show the tasks they had undertaken. We also saw that feedback was gained from people using the service via a questionnaire.

The provider had submitted notifications to the Care Quality Commission (CQC). A notification is information about important events that the service is required to send us by law in a timely way. They also shared information as appropriate with health and social care professionals. The latest CQC inspection report rating was on display at the service. The display of the rating is a legal requirement, to inform people those seeking information about the service and visitors of our judgments.

The service worked positively with outside agencies. This included a range of health and social care professionals. We spoke with the local authority who had monitored the service. They did not have any areas of concern. The registered manager showed us evidence of liaising with other professionals and organisations to ensure that people's care was being delivered effectively.

