

Peepal Care Limited

Peepal Care

Inspection report

6 Lea Gardens
Wembley
Middlesex
HA9 7SE

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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

Peepal Care is a small domiciliary care agency registered to provide personal care to people in their own homes. The service mainly caters for the Gujarati community and some of the care workers are live-in carers as well. At the time of the inspection, the service provided care to nine people. 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

There was a lack of oversight of medicines management, and we could not be assured that people were receiving their medicines as prescribed. We found a breach of regulation in respect of this.

Feedback from one person who received care from the service and relatives we spoke with indicated that they were satisfied with the care provided by the agency. They were complimentary about care workers and the service and raised no concerns. They said care workers were caring, patient and respectful.

Systems were in place to help ensure people were protected from the risk of abuse. There were appropriate policies in place. People were protected from abuse by staff who understood how to identify and report any abuse concerns.

Assessments were carried out to ensure people's needs could be met. Where risks were identified, there was guidance in place for staff to ensure that people were safe.

There were appropriate numbers of suitably skilled staff available to meet people's needs. Feedback indicated that care workers were punctual and there were no concerns in respect of this.

People received care and support from the same team of care workers. This maintained consistency and ensured that staff knew people and could build friendly professional relationships with people. People and relatives spoke positively about this aspect of the service.

The provider had systems in place to record and respond to accidents and incidents in a timely manner. Lessons learnt were used as opportunities to improve the quality of service.

Staff followed appropriate infection control practices.

Staff had the knowledge and experience to support people's needs. They were supported through induction, training and supervision to ensure they performed their roles effectively.

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

The service had clear procedures for receiving, handling and responding to comments and complaints. Feedback obtained from one person who received care and relatives indicated that they had no complaints about the service but knew what to do if they needed to raise a complaint or concern.

There were systems in place to assess and monitor the quality of the service provided. The service had a comprehensive system in place to obtain feedback from people about the quality of the service they received through regular telephone monitoring. This enabled the service to continuously monitor the effectiveness of the service.

The registered manager promoted transparency, communication, honesty and was approachable. This was confirmed by care workers we spoke with.

Rating at last inspection

The last rating for this service was Good (published 17 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach in relation to the safe management of medicines at this inspection.

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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

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 ●

Peepal Care

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

This inspection was completed by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure the registered manager would be in. We visited the office location to see the registered manager and office staff; and to review care records and policies and procedures.

Before the inspection

We reviewed information we held about the service. This included details about incidents the provider must notify us about, such as allegations of abuse, and accident and incidents. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and four relatives to gain their views about the service. We spoke with three care workers, the training manager and the registered manager.

We reviewed a range of records. This included four people's care plans and risk assessments. We looked at four staff files and checked recruitment, training and supervision. We also looked at records relating to the management of the service such as audits and a variety of policies and procedures developed and implemented by the provider.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training information and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement. This meant people were not always safe and protected from avoidable harm. Not all legal requirements were being met.

Using medicines safely

- Medicines were not managed safely. There were no records to show people had received their medicines as prescribed, which left people at risk of potential harm.
- We asked the registered manager to provide us with a sample of medicines administration records (MARs). The registered manager told us that care workers did not complete these as they only prompted people with regards to their medicines. The registered manager said that the service policy was to not administer medicines.
- We looked at four people's care plans and risk assessments. We noted that two people's assessments stated that the person was 'unable to get tablets/capsules out of the bottle, container or packet' and also stated that they needed 'daily reminding' to take medicines. However, despite these two people requiring medicines support, the service did not have a MARs in place to document the support provided.
- Care workers must record the medicines support given to a person for each individual medicine on every occasion and this includes reminding a person to take their medicine or taking medicines out of packaging for a person. In the two instances, it was evident that care workers reminded these people to take their medicines.
- Care plans recorded the type of support people required with their medicines and also listed people's prescribed medicines. However, the service failed to ensure MARs were completed and therefore there was no formal record detailing what medicines people had taken and the time they were taken.
- There were no effective audits in place to ensure people had taken their medicines or were being managed safely.
- The registered manager told us that their policy was to only prompt and not administer medicines. However, without clear and accurate records we cannot be assured that people were receiving their medicines as prescribed.

The provider and registered manager had failed to implement systems and processes to ensure the safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We raised the above issue with the registered manager and she confirmed that they would take action including the implementation of medicines administration records, refresher medicines training for care workers and monitoring and auditing of medicines. We will follow this up at our next inspection.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. There were safeguarding and whistleblowing policies in

place and care workers had completed safeguarding adults training.

- Care workers were aware of the procedures to follow if they had any concerns of abuse.
- We asked one person who received care if they felt safe in the presence of care workers, they confidently responded "Yes." Relatives we spoke with told us they were confident people were safe when being cared for by care workers. One relative said, "[My relative] is very much safe." Another relative said, "[My relative] is safe."

Assessing risk, safety monitoring and management

- Risks to people had been identified and assessed. Risk assessments contained guidance for staff to ensure people were safe. Risk assessments in place included the environment, use of mobility equipment, personal care, transfers, medication, falls, pressure sores and diabetes. Risk assessments also included details of control measures in place to reduce the possibility of the potential risk occurring.
- Care workers we spoke with were aware they needed to report any concerns relating to people's safety to the registered manager. They told us that they would not hesitate to do this and were confident that the registered manager would take appropriate action.

Staffing and recruitment

- The provider followed safe recruitment practices and had ensured appropriate pre-employment checks were completed satisfactorily before care workers were employed.
- We discussed staffing levels with the registered manager. She explained that there were sufficient numbers of staff to safely meet the needs of people. The service did not have a high turnover of staff and the majority of care workers employed by the service had worked at the service for many years.
- Care workers told us they received details about their shifts on time and they had regular people they supported and cared for.
- Feedback indicated that there were no issues with regards to care workers' punctuality and attendance. Feedback also confirmed that care workers stayed for the duration of the visit. One relative said, "The carers always come on time and stay for the full time they are supposed to." Another relative told us, "Carers are definitely on time. It is one of the best things about the care, they are always on time." The registered manager explained that if care workers were delayed, the office would always contact people or their relatives beforehand to notify them. This was confirmed by relatives we spoke with.
- The registered manager explained that the service provided care to a small number of people and therefore they did not have an electronic system in place for monitoring timekeeping and attendance. Instead, care workers completed time-sheets and these were checked by management to ensure that punctuality and attendance was monitored.
- Management also monitored punctuality and attendance through regular telephone calls to people and relatives and we saw documented evidence of this.

Preventing and controlling infection

- The service had an infection control policy in place. Care workers had received training and were aware of safe infection control practices. They told us they had access to gloves, aprons and other protective clothing which were kept securely in the training premises.
- People using the service and their relatives told us care workers always wore protective clothing when providing personal care.

Learning lessons when things go wrong

- The service had a system for managing accidents and incidents to reduce the risk of them reoccurring. Accidents and incidents were recorded in an incident report book. The service also recorded remedial action to minimise the risk of another reoccurrence.
- Any lessons learnt were used to improve the quality of service which were then communicated to care

workers to promote good practice.

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.

At the last inspection this key question was rated as Good. At this inspection this key question remained good. This meant that people's outcomes were consistently good, and people's feedback confirmed this.

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.

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.

- Care workers had completed MCA training. Care workers we spoke with had a basic knowledge of the MCA and the importance of always asking for people's permission before supporting them with personal care and other tasks.
- Care plans included information about people's levels of capacity to make decisions and provide consent to their care. Care plans included a communication section which included details about how the person preferred to communicate, what they could understand and details of how the person communicated.
- A service contract had been signed by people or their representatives to indicate that the care had been agreed to.

Staff support: induction, training, skills and experience

- Care workers had completed an induction programme based on the Care Certificate and shadowed experienced staff before they provided care and support to people. The Care Certificate is the benchmark that has been set for the induction standard for people working in care.
- Records showed care workers had completed training the provider considered mandatory in areas such as safeguarding, moving and handling, health and safety, medication, fluid and nutrition and first aid. Training was provided by the service's training manager. Care workers spoke positively about the training. One member of staff told us, "Training was very helpful especially as we do some training every six months and we have refreshers."
- Care workers told us they were well supported by the registered manager. Care workers received quarterly supervision sessions which covered staff performance, learning and development, support and competency. They also received a yearly appraisal of their development and performance.
- Care worker's competency was assessed by spot checks which were carried out every six months or more frequently if required. Spot checks involved care workers being observed by a senior member of staff and assessing how care workers carried out their duties.

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

- Assessments were carried out before people started using the service to ensure their needs could be met. People and relatives were involved in the assessments to enable them to make an informed choice about their care.
- During the assessments, expected outcomes for people's care were identified and were used to develop people's care plans.
- People's care needs and personal preferences had been discussed with them before they started receiving care from the agency. Information gathered during the assessment meeting was used to formulate individual plans of care for people.
- Care records included information and guidance for staff to ensure they were able to deliver the care and support people required. People's individual needs, including their daily routines, cultural, religious and preferences were included in their support plans.
- Staff completed notes for each visit on care worker log sheets. These documented the care and support provided to help the service track and review people's progress.

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

- We spoke with the registered manager about how the service monitored people's health and nutrition. She explained that care workers did not prepare meals from scratch but instead heated meals for people. She explained that the majority of people who received care lived with their families and families were responsible for preparing meals.
- Care support plans included information about people's dietary needs and requirements, likes and dislikes and allergies.
- Care workers had completed food and nutrition training and were aware that if they had concerns about people's weight they should contact the office without delay. The service would then contact relevant stakeholders, including the GP, social services and next of kin.

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 when required. The provider worked in partnership with other services, and health and social care professionals such as social workers, occupational therapists and GPs to deliver effective and timely care.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant that 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

- One person told us, "They are respectful when they talk to me." One relative said, "Carers are very, very caring." Another relative told us, "Carers are very, very kind and helpful. They treat my mum like their own mum." Feedback obtained was positive and indicated that people were treated with respect and dignity.
- Care workers we spoke with understood equality and diversity and the importance of promoting people's independence.
- People's protective characteristics such as their age, ethnicity and disability were taken into account when providing support to them. People and care workers were matched according to their individual preferences as well as their language requirements. People that received care from the agency were mostly Gujarati speaking and therefore where possible, the service ensured that care workers were able to speak people's first or preferred language so that they could easily communicate with them and talk about cultural topics. Relatives we spoke with were happy with this aspect of the care. One relative said, "I am very happy with the care. They match the client with the carer. My [relative's] carer can speak Gujarati. This makes my [relative] feel comfortable."
- The service encouraged people and their relatives to be open about their personal needs in relation to religion and cultural background. For cultural reasons, people required care workers to remove their shoes when in their home and the service ensured that care workers respected this. The registered manager also explained that some people required assistance with putting on their cultural dress and care workers were able to help people with this. Care workers respected people's wishes and acted accordingly and this was confirmed by relatives we spoke with.
- People's support plans included their preferences, likes and dislikes and staff we spoke with knew how individuals wanted to be treated. Care support plans included a document called 'Circles of support', this detailed who and what was important to them and provided useful information to staff so that they could speak with people about topics that were important to them.

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

- People's care support plans included information about people's preferred ways of communication. People had been consulted about their care arrangements and had agreed care arrangements with the registered manager.
- The registered manager and care workers were aware of the importance of seeking consent from the people they supported so that they received support that provided maximum choice and independence. The agency had policies and systems in the service that supported this practice.
- People received information in the form of a 'service user guide' prior to joining the service. This guide

detailed the standard of care people could expect and the services provided.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected; their rights were upheld and they were not discriminated against. The registered manager and care workers we spoke with were aware of the importance of ensuring people were given a choice and promoting their independence. They were aware of the importance of respecting people's privacy and maintaining their dignity.
- The service recognised people's rights to privacy and confidentiality. Care records were stored in the office and, electronically. Staff understood the importance of confidentiality. They knew not to speak about any people using the service unless they were involved in the person's care.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant that people were supported and treated with dignity and respect; and involved as partners in their care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans provided staff with guidance on how people's needs should be met. They were person-centred and included details of people's health conditions, preferences and the level of support they required.

- Care support plans included a care needs assessment and support plan. The care needs assessment provided information about people's medical background, social history and preferences. Care support plans included information about what tasks people wanted the care workers to undertake, the time of visits and people's individual needs and how these were to be met. Care support plans were individualised and specific to each person and their needs.

- Arrangements were in place to ensure people's needs were regularly assessed and reviewed. Records demonstrated that when a person's needs changed, the person's care plan had been updated accordingly.

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.

- People's care plans contained information which showed how they communicated and how staff should communicate with them.

- The registered manager told us that no-one required information that needed to be specifically tailored to people's individual needs. However, if they did, this documentation would be provided in the form of large print or in a pictorial format.

Improving care quality in response to complaints or concerns

- There were procedures for receiving, handling and responding to comments and complaints which also referred to contacting the Local Government Ombudsman if people felt their complaints had not been handled appropriately.

- The service had not received any formal complaints since our last inspection. The registered manager told us they would address all complaints and concerns by following their complaints policy and would ensure that they used any lessons learnt to improve on the quality of the service.

- The registered manager explained that she encouraged people to speak with her if they had any concerns and that there was an open-door policy so that people felt able to speak with her. This was confirmed by relatives and care workers we spoke with. One relative told us, "I can talk to [the registered manager] very easily. She listens. She really does." Another relative said, "[The registered manager] is very efficient in

handling anything that I raise. I can reach the office no problem."

End of life care and support

- No one at the service currently received end of life care. The registered manager told us, where required they would work with people, family members and other healthcare professionals to ensure people's end of life wishes were met.

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service was not consistently managed and well-led. Leaders and the culture they created did not always promote high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong.

- The provider completed a number of audits including areas such as care records, staff punctuality and staff competency. However, the service had failed to identify the issues regarding the completion of MARs we identified at this inspection.
- After the inspection the provider sent us information regarding the improvements they planned to make regarding the management of medicines. We will follow this up at our next inspection.
- There was a registered manager in post who knew of their responsibility with regard to the Health and Social Care Act 2014 work and had notified the CQC of any significant events at the service.
- There was an organisational structure in place and staff understood their individual roles, responsibilities and the contribution they made to the service.
- The registered manager and care workers monitored and reviewed each person's progress to ensure their needs were being met.

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

- The registered manager obtained feedback from people and relatives about the service via quarterly quality monitoring with questionnaires. The questionnaires covered care worker punctuality, the quality of care provided, whether care was personalised and consistency of care. We noted that these questionnaires were carried out consistently and feedback from surveys was analysed to ensure they improved the service where needed.
- Records showed the service was inspected by the local authority monitoring team and it was evident that the service had worked with the local authority and took action where required.
- The service promoted an inclusive and open culture. Management recognised care workers contributions on the way the service was delivered, and this was clearly documented in staff files.
- Staff meetings were held to discuss the management of the service. Minutes of these meetings showed aspects of people's care were discussed and staff had the opportunity to share information and raise queries. Staff spoke positively about communication within the service. They told us they were provided with information they required through regular telephone calls, supervisions and emails.
- Care workers spoke positively about communication within the service. One care worker told us, "Communication has so far been good. They always keep us updated and informed." We saw evidence that the registered manager sent regular memo emails to care workers detailing important information and updates that they needed to be aware of.

Continuous learning and improving care

- We discussed with the registered manager the aims of the service and she explained that the agency wished to remain small so that they could focus on providing personalised and individualised care.
- The service had a system in place to monitor the level and quality of care provided. The service had various comprehensive audits in place. The service also monitored care workers through regular supervision sessions and spot checks. The registered manager completed a quarterly service audit which focused on looking at the overall running of the service and looked at feedback as well as any changes and updates as well as how the service could make improvements. We saw that these were consistently completed by the registered manager.
- We found the service had failed to identify the issues we found in respect of medicines record keeping. Comprehensive audits enable the service to check that it is meeting required standards and regulations and identify any shortfalls or deficiencies.

Working in partnership with others

- The service worked in partnership with key organisations including the local authorities that commissioned the service and other health and social care professionals to provide effective joined up care.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider and registered manager had failed to implement systems and processes to ensure the safe management of medicines.