

Peggy's World CiC

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Inspection report

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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

We undertook this inspection on 6 and 10 December 2018. It was announced.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to younger and older adults, people with sensory impairment or disabilities and those living with old age frailty and dementia.

Not everyone using Peggy's World CiC receives regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

This was the first inspection of this service.

There was a registered manager in place. A registered manager is a person who has registered with the CQC 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 ethos of the service was to provide bespoke care and support to people and their relations to enable all parties to feel supported and to live their lives.

People were safeguarded from harm and abuse; any issues were reported to the relevant authorities to make sure people's rights were protected. Care and treatment was planned and delivered to maintain people's health and safety. Staffing levels were monitored to ensure there were enough staff provided to meet people's needs. Recruitment, medicine management and infection control were robust.

Staff undertook training in a variety of subjects and were provided with supervision to maintain and develop their skills. People's dietary needs were monitored and reviewed, if staff were concerned advice and guidance was sought from health care professionals to maintain people's dietary needs.

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

People were cared for by kind, attentive staff and their privacy and dignity was maintained. Information was provided to people in a format that met their needs. People's diversity was respected and promoted. Confidential information was stored in line with data protection legislation.

People's care and support was monitored and reviewed. Health care professionals were contacted for help and advice and staff acted upon what they said to maintain people's wellbeing. A complaints policy and procedure was in place. This was provided to people who used the service. People we spoke with told us

they had no complaints to raise. End of life care could be provided by the service, but this had not occurred yet.

Staff understood if people lacked capacity to make their own decisions then the principles of the Mental Capacity Act 2005 and codes of practice must be followed. Care was provided to people in their best interests following discussion with their relations and relevant health care professionals. This helped to protect people's rights.

Quality monitoring checks and audits were undertaken. Issues found were acted upon to make sure the service provided for people was effective. People using the service, their relatives and staff were asked for their views about the service, feedback was acted upon.

Quality monitoring checks and audits were undertaken. Spot checks were carried out to determine the quality of service delivered to people. Formal surveys and informal phone calls from the management team were used to gain people's feedback. People using the service, their relatives and staff could contact the registered manager 'on call' for help and advice. The management team undertook care calls which helped them review the care provided to people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff understood their responsibilities to report potential harm or abuse. This helped to protect people.

Risks to people's health and wellbeing and within their home environment were assessed and monitored. This helped to keep all parties safe.

There were enough skilled and experienced staff to meet people's needs. Recruitment and infection control was robust. Staff were trained in safe medicine management.

Is the service effective?

Good ●

The service was effective.

Staff undertook training in a variety of subjects which helped them support people. Staff were supported with supervision and appraisal were planned to take place.

People's health was monitored by staff who contacted relevant health care professionals for help and advice to maintain their wellbeing.

People's nutritional needs were met. People were encouraged to maintain their hobbies, interests and community contact.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness, dignity and respect, their diversity was respected.

Information about the service was provided in a format that met people's needs. Confidential information was stored securely in line with the data protection.

People made decisions about their care and support. Advocated were available to people to help them raise their views.

Is the service responsive?

The service was responsive.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

People using the service and their relations received holistic care specific to their needs. Health care professionals were contacted for help and advice to maintain people's wellbeing.

Information about how to raise a complaint was provided to people.

People were encouraged to maintain their hobbies, interests and community contact.

Good 

Is the service well-led?

The service was well-led.

The management team's priority was to make sure they were available to help and support people using the service and their relatives.

People using the service, their relatives and staff's views were asked for. Their feedback was acted upon.

Audits and checks were undertaken to maintain or improve the service provided. Data was stored securely.

Good 

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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 checked 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 6 and 10 December 2018, it was announced and was undertaken by one inspector. This was the first inspection of this service.

We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

We visited the office location on both dates to see the registered manager directors and office staff and review care records, policies and procedures.

Prior to our inspection we looked at and reviewed all the intelligence the Care Quality Commission (CQC) had received. This helped inform us and assisted us to make a judgement about this service.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received and reviewed all the intelligence the Care Quality Commission (CQC) held to help inform us about the level of risk present and make a judgement about this service.

During our inspection we spoke with the registered manager, the two directors, care coordinator and three staff. We visited two people in their own homes with their permission accompanied by the registered manager. We inspected the care records of three people using the service. This included records of assessments undertaken before these people received a service, their care plans, risk assessments, medication administration records and the daily entries made by staff following their visits.

We looked at records relating to the management of the service. This included quality assurance

documentation, checks and audits, policies and procedures and the complaints information. We inspected the minutes of staff meetings, staff rotas, three staff files, staff training and supervision records and information about staff recruitment. We also asked the local authority and Healthwatch (a healthcare champion) for their views about this service prior to our inspection.

Is the service safe?

Our findings

People who used the service told us they felt safe with the staff. One person said, "Yes, I do feel safe. I always ask the staff when are you coming again?" Relatives told us their relations received a safe service. One relative said, "My relation is as safe as houses with the staff and they love the staff. The staff are all people I can trust." Another said, "My relatives are absolutely safe."

Staff were provided with information and training about how to protect people from harm and abuse. There was a whistleblowing policy in place. Staff knew what action they must take if they suspected abuse and knew how to report concerns. A member of staff said, "I would report issues to the office." The registered manager reported issues to the local authority and Care Quality Commission (CQC).

Risks to people's health and wellbeing were recorded. Environment risks in people's homes, such as trip hazards, electricity or gas supply issues and secure entry arrangements were assessed and recorded which, helped to keep all parties safe.

Staff undertook training in first aid and health and safety to help them deal with emergency situations. Staff told us they stayed with people in an emergency, contacted the office, people's family, relevant health care professionals or an ambulance. The staff members next call was covered and additional support was provided by the management team. Staff were supplied with mobile phones and attack alarms and there was a lone working policy in place to help maintain the staff's safety.

The management team monitored accidents and incidents that occurred and took corrective action to prevent any re-occurrence. This monitoring was being evolved as the service developed.

Personal protective equipment (PPE) was provided such as, gloves and aprons for staff to use to promote effective infection control. Staff told us, "We have all the necessary personal protective equipment provided for us to use."

The provider gave clear guidance to staff about the safe handling of medicines and they were not able to undertake this support without undertaking this training. The management team audited medicine administration records (MARs) and acted upon any issues found. People's records informed staff about who was responsible for the person's medicines, for example; relatives or agency staff. Information about prescribed medicines and people's allergies were present to promote people's wellbeing.

Staff followed a dress code and carried photo identity badges when attending people's home so people were aware they worked for the registered provider. Key safe codes were held securely to protect people's house keys. Computers at the service were password protected and data was backed up, documents were stored in cabinets in the office's which, were locked to maintain confidentiality.

There was an 'on call' system in place so people, their relations and staff could gain help and advice at any time. Calls made to the on-call staff were recorded.

The provider was currently recruiting staff. The management team monitored the staffing levels required against people's support needs. Care packages were not accepted unless there were enough staff to supply a reliable service to people.

There was a business continuity plan in place. It described how the service would be delivered if, for example a power cut or flood occurred at the office. The schedule of calls and staff rotas were backed up and were accessible to the directors and senior staff. The management team could undertake calls to people if staff became sick or were absent. This ensured a reliable service was provided to people.

Staff recruitment was robust. Potential employees completed an application form, which enabled gaps in their employment history to be examined. References were obtained along with a police check from the Disclosure and Barring Service (DBS). Interviews notes were recorded. Successful candidates could not start work until after checks of their identity, work status, references and their DBS had been received. This protected people from staff who were not suitable to work in the care industry.

Is the service effective?

Our findings

People and their relatives told us they received the care and support they required. One person said, "The staff are trained and knowledgeable. They support me well." Another said, "The staff get on and do everything." A relative told us, "We get a flexible service. There are enough staff and they all are very good."

We inspected the provider's training records. Training was provided in subjects such as, safeguarding, infection control, food hygiene, fire safety, safe medicine management, dementia care and the Mental Capacity Act 2005 (MCA). The registered manager monitored the training undertaken by staff to make sure they maintained and developed their skills and knowledge. Equality and diversity training was provided to inform staff how to encourage people to live their lives the way they chose and to give guidance how people's family could support people's diversity.

New staff starting work at the service undertook a period of induction training and they worked with senior staff to help them understand their role. They commenced the Care Certificate (an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care setting) to promote and develop their caring skills. The management team assessed the competency of staff before they went out on calls by themselves. All staff were provided with a staff handbook, information contained in this told the staff what was expected of them.

Staff received regular supervision which allowed discussion about their practice, performance and any further training needs. Annual appraisal were diarised for staff working at the service. All the staff we spoke with told us the management team were there to help them and encourage them to develop their skills.

Staff rotas were created to ensure small teams of staff supported people. This made sure continuity of care was provided to people and their relations. People we spoke with and their relations appreciated this.

People who needed encouragement with eating and drinking were supported by staff who monitored their nutritional needs and ensured they were given choice and adequate food and fluids to maintain their wellbeing.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 people lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had undertaken training regarding consent and they spoke with people to gain their consent to provide their care and support. Staff told us that if people lacked capacity their appointed relatives and relevant health care professionals helped to make decisions about their care and support in their best interests. This helped to protect people's rights.

Staff contacted health care professionals to maintain people's wellbeing. They supported people to attend appointments to maintain their wellbeing.

Is the service caring?

Our findings

People told us the staff were caring and they respected their privacy and dignity. One person said, "The staff are brilliant, they are people I can trust. Staff cover me when getting washed to protect my privacy." Another person said, "The staff are very nice they all have a good attitude, they are polite. They protect my privacy and dignity and they are always cheerful."

Relatives confirmed staff were caring and supported their relations appropriately. We received the following comments, "The staff are very good indeed" and "The staff come in say 'good morning' with a smile on their face. I can trust them to take care of [Relatives name]. I could not be happier with them."

People were provided with information about the ethos of the service and how staff were able to support them and their relatives. The service was created to support families not just people living with dementia, old age or frailty. The care assessment and care planning records were easy for people and their relatives to understand and the support provided was holistic. Emphasis was placed on the fact that families needed to sustain their relationships with each other. Staff worked to make sure all parties were supported. Staff promoted people's diversity and the diversity of their relatives to provide bespoke support.

People's likes dislikes and preferences for their care and support were recorded and were understood by staff. The service was arranged to enable staff to have time to sit and talk with people and their relatives. Small teams of staff were allocated to support people which, fostered trust and helped develop positive working relationships. Staff were introduced to people and their relatives prior to the service commencing to make sure they all got along and were compatible. Staff told us they loved supporting people allocated to them and the continuity of care helped them develop a good working relationship. Staff told us, "I love supporting the people allocated to me" and "I love my work. It gives me great pleasure to care for my clients. We treat people as the individuals they are." Staff spoke with affection about their work and the people they supported.

We observed staff treated people with dignity and respect. Staff gained good eye contact with people and used gentle appropriate touch to aid communication which, helped to reassure people. Personal care was provided to people in their bedrooms with the curtains closed. Staff addressed people by their preferred names.

Advocates (independent representatives) were available to people locally to help them raise their views, if this was required. The Accessible Information Standards (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found that the service had met this standard as information was provided to people in a format that met their needs.

Is the service responsive?

Our findings

The service provided a holistic approach to people and their relatives. People were encouraged to remain as independent as possible and make decisions about their care and support. One person said, "The staff do everything I need them to do. The staff would get the doctor if I am not well." Another person said, "I have a flexible service and I could not be happier." Relative's told us the service was responsive and they benefitted from the service as well as their relations. One relative said, "The service is flexible and can provide extra support. It provides individualised care and does not just tick boxes. I get a phone call if there are any issues." Another said, "The staff do what you need them to do. It is a great service."

Pre-assessments were completed with people prior to agree their support from the service. This supported staff to understand their needs. Information was gathered from people's relatives, from the local authority, discharging hospitals and from relevant health care professionals. This allowed staff to create person-centred care plans and risk assessments for people. As people's needs changed this information was updated to make sure people received the correct care and support.

People's care records described their preferences for their care and support and what they could do for themselves to maintain their independence and choice. Information about all aspects of people's lives, their family history and hobbies were recorded so that staff had holistic information about their needs. Staff were introduced to people and read their care records before they supported them so that staff had holistic information about their needs.

Staff told us if they had concerns or if a person's needs changed they informed the registered manager and a re-assessment of their care records was undertaken. We saw when this occurred advice was sought from GP's, district nurses and health care professionals to maintain people's wellbeing.

People's care records described the care required during each call. Staff recorded the care provided in people's care records in their homes. Relatives wrote their comments in the care records including messages for the staff for example, about appointments or changes to call times that were required.

People's independence was encouraged and their hobbies and interests were recorded and were maintained and promoted by staff. Staff supported people to spend meaningful time and undertake activities with their family and friends for example, going out in the community to events.

The provider had a complaint procedure in place. This had pictorial guidance to help people understand the complaints process and timescales for dealing with issues raised. People we spoke with and their relatives told us they would complain, but had not needed to because they were very satisfied with the service they received. One person said, "I could raise a complaint." No complaints had been received. The management team told us complaints would be investigated and this information would be used to enhance the service.

People's end of life wishes were explored and written in their care plan. This provided staff with information to ensure people could receive dignified and comfortable end of life care. This type of care had not yet been

provided to anyone using the service. The provider and registered manager told this support could be provided to people. Staff told us people's wishes would be followed.

Is the service well-led?

Our findings

People told us they were happy with the service. One person said, "The service is wonderful" Another person told us, "I am looked after." Relatives told us the service was reliable and well-led. We received the following comments, "I am very happy with the service", "The service is wonderful" and "I could not be happier with Peggy's World."

The management team were open and transparent. People and their relations were placed at the heart of the service. The ethos was to provide a flexible holistic approach to care to enabling families to live well, whilst recognising and understanding what they needed to do to sustain their relationships and emotional wellbeing. Working in partnership with Admiral Nursing, the local authority and with relevant health care professionals was encouraged to support people and their relations to maintain their relationships and wellbeing.

The registered manager and directors of the company supported people using the service, their relatives and staff. A specialist Dementia Nurse provided bespoke support and advice to people and their family.

There was an on-call service provided by the registered manager out of office hours. People who used the service, their relatives and staff could gain help and advice anytime. People's call times were checked with staff rotas to ensure no calls were missed. The provider had policies and procedures in place to advise staff about what was expected of them whilst working for the provider. Data was stored securely.

People were asked for their views informally during care calls and by phone. Surveys were sent to people and those returned were reviewed and this information was shared with people, their relations and staff. We saw the results of surveys recently completed were positive.

Staff were asked for their views and suggestions about how the service could be improved. Staff meetings were held to share information, policies and procedures. Minutes of these meetings were provided for staff who were unable to attend so that they were kept informed. Staff told us they enjoyed working for the provider. One member of staff told us, "I really enjoy working here. There is a nice team and I get the support I want." Another member of staff said, "Staff meetings are held I attend and give my views."

Senior staff undertook 'spot checks' where they observed staff delivering care to people, reviewed the staff's record keeping, communication skills and compliance with the providers dress code policy. A director and the registered manager undertook calls and worked with staff to monitor and maintain the standards of service provided to people.

Audits and checks were undertaken. Areas monitored included people's care files, medication administration records and accidents or incidents that occurred. Where issues were identified action plans were created to address the shortfalls found and help to protect people's wellbeing. There was a schedule for all the checks to be undertaken throughout the year. Maintenance of the office took place to make sure the health and safety of all parties using this facility was protected.

The management team kept up to date with good practice ideas, for example they had implemented 'Lions Box's' [a box containing specific relevant information about people's care which paramedics were able to access, sponsorship by the Local Lions organisation.] Developments in the care sector were followed to make sure the service complied with current law and legislation. The management team worked positively with local authorities, commissioning and safeguarding teams and with the Care Quality Commission (CQC).