

Peakyminders Ltd Support Service

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Unannounced

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Service provided by:
Peakyminders Ltd

Service provider number:
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About the service

Peaky Minders Ltd is a care at home service which provides support to adults, including older people in their own homes in Aberdeen City and Aberdeenshire. At the time of inspection the service was supporting 41 people.

The service provides flexible packages of care and support to meet people's needs. The range of services can be adapted to suit a person's wishes and includes; personal care and support, support with domestic tasks, and shopping.

About the inspection

This was an unannounced inspection which took place between 13 June and 20 June 2025. The inspection was carried out by one inspector from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Spoke with 10 people using the service and nine of their family
- Spoke with 16 staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with visiting professionals.

Key messages

- All staff enjoy working for Peak Minders.
- People we visited were delighted with the carers and their polite, helpful manner.
- The management team were passionate about, and ensured they provided a high quality of care for, the service users and their staff.
- The staff were well trained for the roles they fulfilled.
- Relatives mentioned how safe they felt leaving the carers to do their work.
- The only thing some carers felt needed to improve was, occasionally the travel times between visits could be tight.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our leadership?	4 - Good
How good is our staff team?	5 - Very Good
How well is our care and support planned?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

There were significant strengths in the care provided and how this supported positive outcomes for people. Therefore we evaluated this key question as very good.

All the people we met told us they were happy with the service. One person told us, they "like the social as much as the physical help." Another person said, the carers "genuinely care about the whole person, it is not only about tasks."

Relatives we spoke to were all happy with the carers, and all but one was happy with the timing of visits. We were told, "I am very happy and trust the carers completely. I am happy to go out and leave the carers to get on." Another relative told us, "all of the carers are helpful and respectful. There is nothing I feels needs to improve or change."

One aspect which was mentioned a lot was the flexibility of the service and their carers. The service aimed to support people with what they required to remain living at home. This ranged from support with personal care, to walking the dog, cooking fresh meals, and keeping the house tidy. The service exceeded its aim by supporting people's whole life needs, in a prompt and supportive manner.

The delivery of care was very good. Carers knew people well, and interacted with them on an individual basis. The conversations and care tasks were natural and compassionate. The relationships which people had built with carers were obvious, with chat about important matters as well as some gentle joking. There was good communication when speech was difficult, for example by hand signals and gentle touch. This contributed to people feeling at ease with workers in their home.

Families told us that both carers and management work well with them, and were responsive and supportive. Some families were actively involved in supporting people and this was managed respectfully. As well as respecting and working with relatives, the service worked appropriately with guardians and powers of attorney. An example for one person was how the financial transactions were noted and receipts kept, and this was audited and sent to the power of attorney. This meant the power of attorney and solicitor were then able to audit and meet their legal obligations. The carers and families could check full information about who did what, and how, on the Birdie app as well as through notes and conversations in people's homes.

People and relatives told us the visits were on time and were not rushed. Carers knew people's preferences, for example not to go in the house when the client was using the phone, and this was respected. Some people had advice from health colleagues such as occupational therapist or speech and language therapist. This was respected and followed, as seen in people's care plans and the carers practice. One example of this was a person who used a mechanical aid to support their moving and we observed good technique with this. During their visits, the carers checked previous notes for people and monitored people's present needs. One example of this was a carer reading there had been a little difficulty the day before so asking about a person's stomach and bowels. This meant that people would get the best support for them at each visit.

Medication was usually understood and taken by the clients, sometimes with carers reminding them, or taking their medication box to them. A small number of people had their medication totally administered by the carers, and carers ordered or collected prescriptions for some people. Where staff were involved there were good recording systems, and a good system for reminding carers each week about ordering, so it was

not forgotten. This allowed people to not be anxious as they knew they would be supported with their medication.

Infection prevention and control was effective. The carers were diligent in washing their hands or using anti bacterial hand gel at appropriate moments. All carers carried gloves and aprons and small plastic bags (for disposal of used items in outside bins), and they used them correctly.

How good is our leadership?

4 - Good

We evaluated this key question as good because there were several strengths which were positive for people's outcomes and outweighed the areas for improvement.

The manager was described by people using the service, their relatives and staff as supportive and organised. There was a feeling of trust which was comforting for people who relied on the service.

The manager was keen to understand and improve all aspects of the service. One example of this attitude of continuous improvement was the hiring of an external human resources company to do an audit and suggest improvements. Some of the suggestions had been put in to action and one had been thought about and a decision made that it was not best for the service at the moment. This attitude of improvement was also shown through the way the manager dealt with incidents and comments/complaints. All of these, no matter how small they seemed, were taken seriously, recorded and dealt with quickly and appropriately. It was easy to understand the reasons why things had happened and how the service planned to avoid similar incidents in future. This gave people confidence to give feedback knowing the information would be used to help improve the service.

There were team meetings for the whole team, for the leadership team, and for each small team (such as the team for one person and the team working in one geographical area). These covered topics which had been identified as requiring further exploration or explanation. Topics came from areas such as everyday practice, trends picked up in spot checks and new guidelines. The topics could be suggested by anyone in the organisation. These were generally felt to be useful. They were not in a set and regular pattern and we talked with the manager about the advantages of developing a more regular pattern so that continuous improvement and updates would become a regular feature for everyone working in the service. The manager was receptive to this conversation and said they would think about that. As well as carers giving ideas for the staff meetings, the manager encouraged other people to be involved in leadership. Two of the carers were working in a senior position and had increasing involvement with everyday carer support. This was a dynamic response to increasing numbers of people using the service and a desire to ensure everyone was well supported.

There was an effective system to track all important events throughout the year to make sure that no important tasks were missed. Examples of these were; company car information, client review dates, staff training checks, spot checks for competency, supervision dates. This was done through a manual system and worked well because all these things were up to date. We discussed moving to an electronic system which could save time, promote consistency and accuracy, and ensure easy access for people. The manager agreed they would think about the advantages of this.

Staff competence was assured through a variety of spot checks, for example use of personal protective equipment, administration and recording of medication, and general care practice. These were well recorded and added to the manager's knowledge of a good service being provided to people.

An improvement plan was in place to ensure ideas for improvement were noted and tracked through to completion. This was in a good format and it was easy to see where ideas had been completed, for example tracking the staff training and implementing staff meetings. It mostly referred to ideas from the human resources audit and care inspection. We discussed expanding the use of this and taking more ownership to include their own ideas for development.

How good is our staff team?

5 - Very Good

There were significant strengths in the staff team and they supported positive outcomes for people, so we evaluated this key question as very good.

The carers were very happy working with Peaky Minders. One told us that, "Peaky Minders is a good company to work for", and another said, "the management are supportive, organised and understanding."

The workload was managed by splitting staff into small teams. This had several advantages:

- people had regular carers who they knew;
- carers were confident in their tasks;
- time was not wasted with excess travel;
- it was easier for staff to be responsive and flexible as they knew people;
- issues and ideas around a particular area could easily be explored and discussed.

People told us that they liked having a small staff team, and they got to know everyone.

The recruitment process ensured that carers were appropriately and safely recruited. Staff all had checks done prior to starting work for example; with their right to work in the UK, their safety to work with vulnerable people, their previous employers reference. This gave an assurance to people that they could trust the people who came in to their homes.

All staff received basic training with regular refresher training. There was a large number of basic courses covering all essential skills and knowledge. Most of this was online with the exception of client handling which was done in person. There was also availability for additional training if it was required, for example on diabetes if carers were working with someone with this condition. One carer did a lot of fresh cooking for people so they have done a level 3 cooking course. The manager tracks the carer's training and reminds them when they need to complete a course. At the time of inspection there was almost 100% completion over all courses for all carers. This meant people could feel safe with skilled and knowledgeable workers.

Support for staff was offered through an open door policy meaning anyone could chat with the manager when they felt they wanted to. Additionally there were supervision sessions which gave the opportunity for a 1:1 conversation and these were planned to be held annually. The focus of these 1:1 sessions was:

- good or poor practice that had been noted so there could be discussion and development;
- a chance for carers to bring up anything they would like to discuss;
- a good time to discuss up to date guidelines or any changes to practice.

The manager was keen to use these sessions in a positive way and potentially to avoid disciplinary action. An example could be if someone was continually late they would have a supervision session to discuss this and explore the reasons why. The manager aimed to have a compassionate approach and be supportive if there were legitimate reasons. The hope was that carers would be able to balance their lives and stay with

the company, and they would be supported to do this. This approach to helping and solving issues has contributed towards a stable staff team to support people.

How well is our care and support planned?

5 - Very Good

The plans for care and support had significant strengths and helped to provide good outcomes for people, so we evaluated this key question as very good.

The plans for people's care were available on the Birdie app and also as paper copies in people's houses. The plans were clear, easy to access and gave all the required information for carers to follow. We discussed the rationale for having 2 systems (paper and electronic) with the manager. We also discussed the need for complete accuracy in both to ensure safe practice for people and their carers. The manager said they will consider moving to online only which would lessen the likelihood of errors.

There were risk assessments completed as required, for example for eating and for moving, which gave in depth guidance to keep people safe. There was good use of guidance from multi disciplinary colleagues such as the occupational therapist, and also guidance on what to do things weren't right, which ensured best practice was being used to support people. People had a review of their plans every 3-6 months dependant on whether there had been changes, so the most up to date and suitable support was being given. The manner of writing was caring and personal, for example "hand can be sore, so please be gentle when washing and moving." The daily notes described which tasks had been completed and the emotional mood of the person. There were also nice reflective comments such as, "It's so nice that they're getting used to our routine."

Very important areas such as Do Not Attempt Cardio Pulmonary Resuscitation documents were clearly marked and their location described so they could be found easily if required. This was reassuring for everyone.

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To ensure people benefit from a culture of continuous improvement, the provider should develop an effective quality assurance process that provides better compliance and oversight and improves the outcomes and experiences for people.

To do this the provider should, at a minimum:

- a) Develop a service improvement plan based on self-evaluation.
- b) Maintain appropriate records and documentation to safeguard and support best practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This area for improvement was made on 13 December 2024.

Action taken since then

The service has an up to date improvement plan which shows areas for improvement and whether or not they have been met. There is a system of checking to ensure that best practice is adhered to, for example; observation of staff practice, supervision sessions, company car maintenance, staff training and others.

This area for improvement has been met.

Previous area for improvement 2

The provider should ensure people receive support in line with their agreed needs, wishes and preferences. This should include but is not limited to, ensuring people and those important to them are fully involved in planning and reviewing their support plans on a formal basis.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15); and

'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

This area for improvement was made on 13 December 2024.

Action taken since then

All families and people that we spoke to were happy with the amount of involvement they had. It was clear to see when reviews had taken place and that family were involved. The support was being delivered in line with the plans which were written as per people's wishes and needs.

This area for improvement has been met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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