

## Pee Wee's Personal Homecare Limited

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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 

### Overall summary

The inspection took place over two days on 28 and 30 September 2015. The provider was given short notice of the visit to the office in line with our current methodology for inspecting domiciliary care agencies. We told the provider two days before our inspection that we would be visiting. We did this because the manager is sometimes out of the office and we needed to be sure that they would be available.

Pee Wee Personal Home Care Limited is a domiciliary care agency registered to provide personal care for people living in their own homes. This was the first inspection of the service following registration with the Care Quality Commission. At the time of the inspection the agency was providing a service to 14 people living in their own homes. The service was supporting people with

# Summary of findings

a variety of care needs; including older people, and people with a mental health diagnosis. Care and support was co-ordinated from the office, which was based in Torrington. The service employed six care staff.

There was a manager at the service who was registered with CQC. 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 and associated Regulations about how the service is run.

The provider did not have adequate systems in place to ensure the safe handling, administration and recording of medicines to keep people safe. However, the provider was addressing this during the inspection and staff training had been organised.

The provider had not undertaken all the checks required to make sure people who were employed by the service were suitable to be employed before they started working with people using the service. There was a system in place to support new staff when they commenced employment, however staff would benefit from additional training, which the provider was organising at the time of the inspection.

The provider was embedding a system to monitor the quality of the service provided. There was regular contact with people using the service to see if they had any concerns or comments. The registered manager also carried out spot checks of the staff to ensure they were providing care safely. However, the audits or quality checks that were undertaken were not formally documented to evidence what had been identified, what required attention and who was responsible for ensuring any improvements. The provider had developed an action plan in July 2015 which set out the action they intended to take to strengthen how they monitored the quality of the service. This included the use of matrixes for training, reviews, and spot checks as well as implementing more robust forms of audit trails.

People who used the service said they received high quality care and all were happy with the care and support provided. People spoke highly of the staff and registered manager. Comments from people using the service and their relatives included, "I have very kind carers; always

cheerful...very polite...I can rely and depend on them..."; "This is really a brilliant, wonderful service"; "The service is really perfect...exceptional. We couldn't manage without them" and "...I thank my lucky stars I have them..."

Arrangements were in place to maintain staffing levels to ensure people received their agreed care and support. People confirmed the service was reliable; no visits had been missed, staff arrived when they were expected and stayed the agreed length of time. People said they had a regular team of staff caring for them, which had enabled them to develop good relationships.

People said they felt safe using the service and had no concerns about the way they were treated or supported. Risks to people's well-being were assessed and managed. Staff were aware of the signs of abuse and they knew what to do should they witness any concerns, or should concerns be disclosed to them. This helped to protect people from the risk of abuse. Measures were in place to monitor and respond to people's health care needs. Where appropriate people were supported with eating and drinking.

A complaints procedure was in place, which people confirmed they were aware of. People's concerns and complaints were listened to, addressed in a timely manner and resolved quickly.

People's needs had been assessed before their care had commenced. People and their relatives (where appropriate) confirmed they had been involved in creating and updating their care plans. All felt involved in making decisions about the care and support they needed.

People using the service and their relatives said the service was well managed and efficient. Comments included, "The manager is excellent...she listens and will accommodate any requests or changes" and "The manager and staff are very professional. We can't rate them highly enough..."

During our inspection, we found breaches in two areas of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Some areas of the service were not always safe.

The service had systems and processes in place to manage medicines, however these were not always followed meaning people may be at risk.

The recruitment process was not robust. All the required recruitment information and documents were not always obtained before staff started to work unsupervised with people.

The service had made sure there were sufficient staff to provide people with a regular team of care staff. Staff knew how to recognise and report any concerns in order to keep people safe from harm.

Risks to people's wellbeing and safety were being assessed and managed.

Requires improvement



### Is the service effective?

The service was effective.

Staff received some training prior to providing care and support to people who used the service. However, we found there were some gaps in the training staff received to ensure their skills; knowledge and competency were up to date. This was being addressed by the provider at the time of the inspection.

We found that staff we spoke with had a basic understanding of the legal requirements as required under the Mental Capacity Act (2005) Code of Practice. People were supported to make choices and decisions in relation to their care.

People were supported where necessary to ensure they had sufficient food and drink. People's health and wellbeing was monitored and responded to as necessary.

Good



### Is the service caring?

The service was caring.

People were happy with the care provided and could make decisions about their own care and how they were supported.

People said they were treated with kindness, compassion and respect and the staff knew them well.

Staff were familiar with people's individual needs and were able to describe how they maintained people's privacy and dignity.

Good



### Is the service responsive?

The service was responsive.

Good



# Summary of findings

People received individualised and person centred care which had been discussed and planned with them.

People's care and support needs were assessed before they started receiving support. Care records detailed people's preferences, needs, likes and dislikes.

Where people's needs changed, support was adjusted to accommodate these changes. People said the service was flexible and always reliable.

People and relatives were aware of how to make a complaint or raise a concern. They had information available in their care files detailing the service's complaints procedure. All said they would feel comfortable in raising any issues.

## Is the service well-led?

The service was well-led.

The provider had some systems for monitoring the quality of the service provided, but these were not always formally documented to evidence actions taken. However the provider was embedding systems and making improvements to strengthen their systems.

The service promoted a positive culture that was open and people said the registered manager and all staff were approachable and easy to talk to.

The registered manager was visible and known to people using the service; their relatives and staff. All spoke highly of the registered manager and her commitment to providing the right service to meet people's needs and preferences.

Good



# Pee Wee's Personal Homecare Limited

## 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.

The inspection visits took place on 29 and 30 September 2015 and was announced. The provider was given 48 hours' notice of the inspection because the service is small and the manager is often out of the office supporting staff or providing care. We needed to make sure they would be available during the inspection.

The inspection team consisted of one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

The provider also supplied information relating to people using the service and staff employed. We reviewed the completed PIR, previous inspection reports and other information we had received about the service including notifications. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with seven people who received a service; we visited five people, with permission, in their own homes. We also spoke with six relatives during home visits or on the telephone and we spoke with six members of staff, including four care workers, the registered manager and a company director. We received feedback from two professionals via telephone calls.

We reviewed a range of records about people's care and how the service was managed. These included five people's care plans and medicine records; three staff recruitment files, staff training records, complaints and compliments, incident reports, a selection of policies and procedures and records relating to the management of the service.

# Is the service safe?

## Our findings

Safe procedures for the management of medicines were not always followed and medicines records were not always accurately maintained.

All of the staff said that they had been provided with information, support and ‘on the job training’ about how to assist people with their medicines during their induction. The registered manager said staff did not dispense or administer medication; rather they prompted and reminded people to take their medicines as prescribed. The induction training manual re-enforced this approach. However, during the inspection we found practice was not consistent. One member of staff confirmed they assisted one person to dispense their medication and did on occasion assist with administration.

Some staff assisted people with the administration of eye drops. The ‘record of medication’ listed the name of the eye drops and staff signed to show the drops had been administered. However, there was no detail of how often the drops were to be administered; how many drops and whether to administer in both eyes.

Staff assisted several people to use prescribed creams; however, there were not always clear directions about when the creams should be used or where to apply the creams. The pharmacy instruction label on one person’s cream was illegible, meaning staff may be unaware of how and when to use the cream. We found creams and eye drops, which had a limited efficacy once opened, had not been dated to ensure they were not used past their ‘best before date’.

There were gaps in one person medication record. The instructions to staff stated the person required prompting daily to take their medicines, however there was a gap in the records of three days in August 2015 where staff had not signed to show the person had taken their medicine as prescribed.

The service had a comprehensive medicines policy and procedure, which stated ‘only care staff with appropriate certified training could administer medicines and that ‘workers competency must be assessed’. The registered manager and staff confirmed that they had not received ‘certified training’ as stated in the policy, nor were ‘competency checks’ completed with staff to ensure staff were managing medicines safely. However, by the end of

the inspection, the registered manager had arranged for all staff to undertake a certified distant learning course with a local college to ensure the safe management of medicines. The registered manager confirmed she would reiterate with staff that their role was to prompt people to take their medicines and not to dispense or administer.

**This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Appropriate employment checks were not always obtained before staff began work unsupervised. There were unexplained gaps in the employment records for two staff, which had not been followed up and the reasons for the gaps recorded. Three staff had worked unsupervised with people in their own homes prior to receipt of a satisfactory Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

**This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Staff personnel files reviewed did contain completed application forms; photo identification; confirmation of qualifications and experience and satisfactory evidence of previous employment concerned with the provision of health or social care. Where written references had not been returned by a previous employer, the company director had contacted them by phone and recorded written confirmation of satisfactory employment.

People who used the service and their relatives said they felt care and support was delivered in a safe way. One person said, “Pee Wee is the best service, brilliant! Never a missed visit, always on time, always smiling. This makes a difference...” Another person said, “The service is very good indeed. I have nothing but praise...” Relatives said, “The service is really perfect, exceptional. We couldn’t manage without them...we have every confidence in them”; “There is excellent communication with the manager and staff. We really value the service...” and “My relative is safe...staff are very professional. I can’t rate them highly enough...”

Care and support was planned and delivered in a way that reduced risks to people’s safety and welfare. Care records contained risk assessments, which identified and

## Is the service safe?

monitored areas of specific risks such as moving and handling and possible pressure damage to individual's skin. Where a hoist was used to assist two people, people said staff were competent, they felt safe and staff did not rush them. Staff said they had been shown how to use equipment in people's homes. This helped to ensure they had the knowledge to use equipment safely. Care records also contained environmental risk assessments which helped to identify any potential risks in the person's home that might affect the person or staff.

Care records included the arrangements for staff to enter and leave people's homes safely. In some cases this involved the use of a key safe, which people said worked well for them. All those spoken with said staff ensured the premises were secure before they left. People confirmed that staff wore a uniform and name badge so they could be confident staff worked for the company. One person said, "The red uniforms make them like little red robins! They are easy to identify."

Staff had a good understanding of people's needs and how to keep them safe. They were aware of any risk to individuals and said the care records held the necessary information for them to deliver safe care. All staff were aware of how to report any accidents or incidents relating to the delivery of care. Since registration there had been two incidents reported. One incident related to one person found on the floor when staff arrived early in the morning. The report showed staff had taken the correct action. The second incident related to a 'no response' when staff visited. The report showed that staff followed the correct procedure for when they visit but get no response, to ensure the person was safe.

As part of their induction training when they commenced employment with the service, all staff completed safeguarding awareness training in line with Devon County Adult Safeguarding board 'Awareness Level'.

Staff demonstrated they were familiar with the different types of abuse, they knew what their responsibilities were and how to report any concerns. All said they would report any concerns immediately to their manager. All staff were aware of external agencies they could report concerns to, for example the local authority or the CQC. This showed staff had an understanding how to protect people from avoidable harm and abuse.

The registered manager understood their responsibility to report any safeguarding concerns and we saw the correct procedure had been followed where a concern had been raised, although this was not related to the care delivered.

The service had safeguarding and whistleblowing policies and procedures in place; information was also available within the staff handbook for them to follow. Whistleblowing is one way a worker can report suspected wrong doing at work by telling a trusted person in confidence. Staff said they were aware of the whistleblowing policy as it had been discussed during their induction.

The registered manager confirmed that the service did not get involved in financial matters or transactions on behalf of people who used the service. A shopping service was provided for some people. The records showed that robust processes were in place for people who received assistance with shopping. This included a record of the money given, the purchases made and the change given to the person. One person said this service was useful for them as it was difficult for them to do their shopping. The system in place meant people were clear about the use of their money, and there was a clear record of how money had been spent.

The Provider Information Return (PIR) showed there had been no missed visits. People who used the service and their relatives said the service was reliable. All confirmed that no visits had been missed; visits were on time and staff stayed the agreed length of time for every visit. Comments included, "Time keeping is excellent..." This meant people received the care they required at the time they needed it.

There were enough staff to ensure the service provided was reliable and flexible. The registered manager and company director monitored and arranged staffing levels depending on the number of care hours provided each week and considering the care and support required by each individual receiving the service. The director used a weekly spreadsheet to show that each visit was allocated and who would be visiting. The registered manager had established two geographical areas, one within main town of Torrington, where care staff could walk to visits; and one for the outlining more rural areas, which staff would need to drive to.

People who used the service and their relatives said that staffing arrangements were well managed. People

## Is the service safe?

confirmed they had a regular small team of staff who they knew well. People said they always knew who would be visiting them and that they had never received a visit from an unfamiliar member of staff.

Staff said that there were enough staff to ensure all daily visits were made as planned. They confirmed their daily visits were planned to ensure consistency for people and

that they had enough time to travel between each visit and to spend the full time allocated to each visit. There was an out of hours 'on call' system in place. People using the service and staff were aware of who to call should there be an emergency or should they need to change the time of their visits when the office was closed.

# Is the service effective?

## Our findings

People who used the service and their relatives said they thought staff were 'professional, well trained and competent to do their jobs'. Comments included, "I have every confidence in the staff visiting me...they are well trained and understand my needs"; "Great service. I have no concerns"; "Staff know what they are doing...they are gentle and kind.." and "Staff are on the ball. They know how to use the equipment safely" and "We are more than happy with the standard of care."

We looked at how the service trained and supported their staff. The majority of staff had been employed by the service within the past four to six months. Records showed staff had induction training when they first started work. This included time in the office to familiarise them with the company's policies and procedures. New staff worked with the registered manager or experienced staff when new in post to help them to work safely and begin to understand people's care and support needs. Staff had a minimum of two weeks shadow shifts with experienced staff before working on their own; for some staff this period was extended. The registered manager said the length of shadowing depended on the individual member of staff's confidence.

All staff confirmed they had received induction training. They said this gave them an opportunity to meet the people they would be visiting as well as having the opportunity to observe what care or support was required. Staff said they were not expected to undertake tasks they were not confident to do. One staff said, "I feel I had brilliant support when I started. I am happy..."

New employees were completing the 'Care Certificate' as part of their induction and on-going training. The Care Certificate is a nationally recognised set of standards that health and social care workers 'adhere to in their daily working life'. The registered manager said all staff were going to complete the certificate over time to refresh their knowledge.

Staff had received 'on the job' training during their induction, working with the registered manager or company director. This included basic first aid; health and safety; infection control and moving and handling. The service also used some DVDs for staff training. Not all staff had received training relating to food hygiene or people's

health conditions. However, the registered manager recognised further training for staff was a 'priority'. The company director shared the staff training and development plan with us. This showed that all staff were due to complete the Care Certificate by December 2015. A 16 week safe management of medicines course had been booked with a local college for all staff, which was due to be completed by February 2016. All staff were due to complete certificates in 'common health care conditions' and end of life care by August 2016. These courses had been organised with a local college.

Staff said they felt well supported by the registered manager and company director. They confirmed they received regular supervision and support from the registered manager. They said they met one to one with the registered manager at the office; and that the registered manager regularly worked alongside them to observe their practice and provide support. The registered manager confirmed that she met regularly with staff and supervised and observed them when delivering care in people's homes. However, no records were kept of the supervision or observation sessions. The registered manager said she would address this immediately, and ensure records were kept. This would show how staff's performance was being monitored and what additional support and training they may benefit from.

Everyone we spoke with said staff always asked about their preferences and how they wanted their care to be delivered. One person said, "Staff always ask me how I want things done. I can ask them to do different things if I need to..." People said they had agreed and consented to the support and care provided by the service. Records showed people had been involved and consulted about various decisions about how and what care was to be delivered, and the timing of visits. People said staff checked regularly whether they were happy with the support being provided.

The Mental Capacity Act (MCA) 2005 provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people were assessed as not having the capacity to make a decision, a best interest decision was made involving people who knew the person well and other professionals, where relevant. The registered manager said none of the people currently using

## Is the service effective?

the service lacked the capacity to make decisions about the daily care and support provided. Consent to care and treatment forms had been signed by the person in four of the five care records we looked at.

Staff completed 'awareness' training on the MCA as part of their induction. The training completed was a Devon County Council 'electronic' learning programme. All but two staff had completed this training; the registered manager explained that further opportunities for staff to complete the training were being arranged. Staff had a basic knowledge of the MCA and how it may relate to their role. Staff said they would seek advice from the registered manager or guidance from a person's family, if they had concerns about a person. The service had relevant policies and procedures in place relating to the MCA to guide staff. There was also clear and practical guidance in the staff handbook, which all staff received.

Where people required support in relation to food and fluids, this was documented in their care records. The amount of help people required varied. Some people received ready-meals which staff heated in the microwave. Staff prepared meals and snacks for other people. Staff monitored and recorded what people had eaten. They said if they were concerned about a person's intake they would report to the registered manager and where appropriate and necessary concerns would be discussed with the next of kin. Where staff were involved in the preparation of food, people said staff always washed their hands and meals were served hot. People said staff discussed their meal choices with them and helped to prepare food requested.

One relative said that staff often had their meal with their relative. They said this made the mealtime much more sociable and that their relatives enjoyed the company of staff.

The service worked in partnership with people using the service, relatives and other health and social care agencies to ensure people's health needs were monitored and met. A community health professional said the service was "proactive" in raising any concerns when necessary or asking for reviews when needs changed. They added that communication with the service was good.

Staff had identified issues about the health need of one person during the inspection. Their relative said staff had recognised the beginnings of an infection, which they acted upon quickly and the necessary medical treatment had been arranged. This ensured the issue was managed and did not lead to further health problems. The relative said, "The staff are really on the ball..."

People's care records included contact details of relevant health care professionals, such as their GP. This meant staff could contact the GP if they had concerns about a person's health. Staff were able to describe the action they would take if someone was unwell, or if they needed urgent medical attention. One relative explained that staff had stayed with their relative when they had become unwell until they could get there. They added, "This was so reassuring..." Another relative said the registered manager had organised additional visits at short notice when their family member was unwell. They said, "We were so grateful for the support. We can't fault them..."

# Is the service caring?

## Our findings

People using the service and their relatives were very positive about the quality of the care provided and about the staff's approach. Comments included, "I am greeted with a great big smile every day, which cheers me up". "I can't praise staff enough; they are fantastic, very compassionate. We all have a good relationship..."; "We can't speak highly enough of each carer" and "The service is exceptional and very personal...". Two relatives said staff also provided advice and support for them, which they greatly appreciated. One said, "We can speak with the manager at any time. They are all very approachable..."

One relative explained that staff had brought a fish and chip supper to their family member (one of their favourite things) to celebrate their birthday, which they enjoyed greatly. The relative felt staff were very thoughtful and caring.

People using the service and their relatives confirmed that support was provided by individual members of care staff or a small team who knew them well. People said new staff were always introduced to them and new staff initially visited with a known and more experienced member of the care team. People said they had developed a good relationship with staff. One person said, "I have two or three regular carers. I always know who is coming and we all get along famously..." Another person said, "I have a regular carer...she has been excellent and helps me so much..."

Staff were present during some of the home visits we made. We observed that staff interacted in a kind and respectful way with people. Their manner was friendly and cheerful and they appeared to know each person well, including their preferred routines; and social and family history.

We asked people and their relatives if staff respected people's privacy and dignity; everyone said they did. One person said, "My carers are very respectful, especially when helping me to wash or shower..." Another said, "They (staff) are just lovely. They never make me feel embarrassed. They are very kind, never rush me. It is lovely having the girls coming in to help me..." A relative said staff were very good at ensuring personal care was done to a good standard, they said, "Mum always looks smart and tidy..." One relative said staff were respectful of their home and belongings. They added, "Staff get on well with us...they are a good little crew located locally."

Staff understood the importance of respecting people's dignity, privacy and independence. They gave examples of how they would promote people's dignity, including ensuring curtains were closed and people were suitably covered when delivering personal care. Staff were mindful that they were working in people's homes.

Staff helped people to be independent. One person said, "I like to be as independent as I can. Staff respect this and help when I need help..." Care plans provided information about the things people could manage independently and what care they needed support with. One person said, "They (staff) listen to me. They always ask if there is anything else they can do before they go...this is a top rated service."

People said they could express their views and all were involved in making decisions about their care and support. People also confirmed they had been involved in developing their care plans.

# Is the service responsive?

## Our findings

Everyone we met or spoke with praised the staff and the reliability of the service. One person described how staff helped with “the little extras.” They staff will always make sure the bins were emptied and that the person had enough milk or other supplies, they said, “They truly are lovely...I thank my lucky stars I have them...” When asked if any improvements could be made to the service people could not think of anything which could be improved upon. One person said, “What we were looking for we have found; caring, kind, approachable and reliable. They listen to mother’s instructions and promote and encourage her independence.”

We looked at the way the service assessed and planned for people’s needs, choices and abilities. Initial assessments were undertaken by the registered manager prior to the service commencing. This enabled the registered manager to speak with people about the service they wanted and to identify their care and support needs. Additional information was also obtained from health and social services where appropriate. People using the service and relatives (where appropriate) said they had been fully involved in the initial assessment and the development of their care plan. One person said, “The manager came to meet me, told me all about the service and we discussed what I needed. The service has been wonderful...helped me to stay at home...” A relative said of the assessment process, “The manager was very attentive to all the hospital and professional advice...”

Each person had a care plan, which contained information about the care and support the person required during each visit. This included the individual’s personal care needs; skin care; moving and handling requirements, food and nutritional needs and preferences, and support required with medication. There was evidence of regular

reviews which ensured the care planned and delivered was still suitable for the individual. People confirmed they were involved in the reviews of their care and asked for their feedback about the service or if there was anything else the service could provide.

The service had a complaints procedure, which was included in people’s care files in their home, along with a copy of ‘service users’ guide, which gave details of what to expect of the service. People we met or spoke with confirmed they were aware of how to raise any concerns or complaints they may have. They said they met regularly with the registered manager, who visited all people using the service at least once a month. One person said, “I can speak with (the registered manager) at any time if I need to...” Another said, “(The registered manager) is very easy to talk to. She listens, she cares...” None of the people we spoke with had made a complaint; nor did they raise any concerns with us about the care and support provided.

We looked at the complaints file to judge how effective the procedure was. There was a system in place to record any concerns or complaints raised, what action was taken and the outcome. The service had received two complaints since being registered. One related to a ‘personality’ issue between a person using the service and a member of staff. The other related to the timing of one person’s visits. Records showed both had been investigated and responded to and action taken to resolve the complaints so that people were satisfied.

We also saw several compliments received by the service, including one from the local social services team expressing their thanks for the care provided to one person whose care they had commissioned. A relative had written to say ‘thank you’ for the support given to their family member, they added, “...cannot praise highly enough the care. Such great support. Almost part of the family...”

# Is the service well-led?

## Our findings

As a relatively new registered service, the quality assurance systems had not been fully embedded. However, the registered manager and company director had recognised areas for improvement, including staff training and better monitoring systems. They had started to prioritise areas for development prior to this inspection and were acting on these.

The registered manager carried out regular quality assurance checks to ensure people who used the service were receiving safe care and support, and that people were happy with the service. People said they had regular visits and phone calls from the registered manager, who checked they were happy with the care and support they received and the staff visiting them. Comments included, “(the registered manager) often rings or calls in to see if everything is ok...it always is...” and “(the registered manager) visits me at least once a month to check I am happy...she always has time for me...”

The registered manager said they also carried out spot checks during staff’s visits to ensure people were receiving support safely and that equipment was used as directed. Staff confirmed this. The registered manager also worked with care staff delivering care and providing support and guidance. Staff practice and the quality of information in people’s care records was monitored during these visits. However, no records were kept of the checks undertaken or the outcome of the checks to help the service identify any areas for improvement or development.

People’s views and opinions were sought during regular telephone contact with the service, during visits and at regular care reviews; however there was no formal system in place to monitor the quality of the service. The registered manager explained that satisfaction questionnaires were available for people using the service, relatives and others; however these had not been used by the service as part of their quality monitoring. The registered manager recognised the value of using such methods for gaining people’s views and assured us they would implement the surveys by the end of October 2015.

The registered manager explained the care records and medicine records were reviewed regularly to ensure they were up-to-date; accurate and that staff were delivering the care and support expected. The registered manager said

where inconsistencies were found these were addressed; however there was no record to show this was the case. The current quality monitoring system did not identify the issues we found at this inspection in relation to the safe management of medicines and staff recruitment. The provider had developed an action plan in July 2015 which set out the action they intended to take to strengthen how they monitored the quality of the service. This included the use of matrixes for training, reviews, and spot checks as well as implementing more robust forms of audits. Following the inspection the provider informed us that this work had commenced and would be fully implemented by November 2015.

Accidents and incidents were monitored by the registered manager to ensure any incidents or accidents that could be avoided were identified.

The leadership of the service promoted an open and approachable culture, which was willing to listen and learn. People who used the service were aware who the registered manager was, and all said they saw her regularly. People described the registered manager as ‘kind, approachable, responsive and reliable’. People knew who to contact in the office; they had out of hours contact details and all felt confident their requests or concerns would be listened to and acted on. One person said, “She (the registered manager) listens and wants to get things right...” Another person said, “...is an excellent manager...the service is very well managed...I can depend on it.”

Staff were provided with the leadership they needed to develop good team working practices, which helped to ensure people received a consistent service. Staff praised the registered manager’s style of leadership and they had confidence in their ability to manage the service. Staff said they enjoyed their work; they received good support and the company was a good employer. Staff understood their role and responsibilities and could describe them clearly. They reported that morale was good. Staff reported that the ‘out of hours service’ was reliable and supportive. This ensured staff always had access to a senior staff member when they were working, to provide them with support and guidance or deal with any emergencies.

Staff confirmed ‘staff meetings’ had taken place however there were no records of the staff meetings, which could have been shared with staff unable to attend a meeting to ensure all staff were aware of any issues discussed. Staff said they were able to have informal chats with the

## Is the service well-led?

management team when they needed to talk something through or required additional support. During the inspection some staff visited the office to speak with the registered manager or director.

The registered manager had established good working relationships with other external professionals, and was proactive in sharing information and seeking guidance from other professionals. One health professional described the service as “proactive”.

Records that contained private and confidential information were stored securely at the registered office. There was a computer system which was only accessible by means of a password, which was limited to authorised staff only.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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

Regulation 12 (g) HSCA (RA) Regulations 2014

The proper and safe management of medicines

How the regulation was not being met:

The registered person had not made sure that care and treatment was provided in a safe way as there were not proper and safe arrangements in place for the management of medicines.

### Regulated activity

### Regulation

Personal care

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Regulation 19 HSCA (RA) Regulations 2014

Fit and proper persons employed

How the regulation was not being met:

The registered person had not ensured that information specified in Schedule 3 was available in respect of a person employed for the purposes of carrying on a regulated activity.