P & E CARE LIMITED

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Inspection report

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08 June 2017

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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

This announced inspection took place on 07 and 08 June 2017. This was the service's first inspection since their registration in June 2016. P & E Care Limited is a domiciliary care service providing personal care to people living in their homes. At the time of the inspection, 14 people were using the service.

The service did not have a registered manager in post since the last registered manager deregistered in August 2016. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider appointed a new manager in September 2016. The new manager had made an application to become the registered manager for the service. The manager demonstrated good knowledge of their responsibilities, people's needs and the needs of the staffing. The manager was supported by the director.

People and their relatives told us they felt safe with staff. The service had clear procedures to recognise and respond to abuse. All staff completed safeguarding training. The manager completed risk assessments for people who used the service which provided sufficient guidance for staff to minimise identified risks. The service had a system to manage accidents and incidents to reduce reoccurrence.

The service had enough staff to support people. The service provided an induction and training to staff, and staff were supported through regular supervision to help them undertake their role.

However, we found the rostering of people's home visits was not managed well in all cases and this required improvement. The service carried out satisfactory background checks of staff before they started working. Staff supported people so they took their medicines safely. However, one person's medicines administration record (MAR) and medicines care plans did not include information about their prescribed medicine, the dose required and the frequency of administration.

People's consent was sought before care was provided. The manager was aware of the requirements of the Mental Capacity Act 2005 (MCA). At the time of inspection they told us they were not supporting any people who did not have the capacity to make decisions for themselves.

Staff supported people with food preparation. People's relatives coordinated health care appointments to meet people's needs, and staff were available to support people to access health care appointments if needed.

People told us they were consulted about their care and support needs. Staff supported people in a way which was caring, respectful, and protected their privacy and dignity. Staff developed people's care plans that were tailored to meet their individual needs. Care plans were reviewed regularly and were up to date.

The service had a clear policy and procedure for managing complaints. People knew how to complain and would do so if necessary. Staff felt supported. The manager held regular staff meetings, where staff shared learning and good practice so they understood what was expected of them at all levels.

People and their relatives commented positively about staff and the service. Nevertheless, improvement was required around record keeping and identifying issues at audits. The service carried out unannounced spot checks at people's homes and telephone monitoring to get the feedback on quality of care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not safe consistently.

The service had enough staff to support people. However, we found the rostering of people's home visits was not managed well in all cases and this required improvement.

Satisfactory background checks of staff were carried out before they started working.

Staff supported people so they took their medicine safely. However, one person's medicines administration record (MAR) and medicines care plans did not include information about the prescribed medicine, the dose required and the frequency of administration.

People and their relatives told us they felt safe and that staff treated them well. The service had a policy and procedure for safeguarding adults from abuse. Staff understood the action to take if they suspected abuse had occurred.

The manager completed risk assessments and risk management plans to reduce identified risks to people.

The service had a system to manage accidents and incidents to reduce reoccurrence.

Is the service effective?

Good

The service was effective.

People and their relatives commented positively about staff and told us they supported them properly.

The service provided an induction and training for staff. Staff were supported through regular supervision to help them undertake their role.

The provider and staff knew the requirements of the Mental Capacity Act 2005 and acted according to this legislation.

Staff supported people with food preparation. People's relatives

coordinated health care appointments and staff were available to support people to access health care appointments if needed.

Is the service caring?

Good

The service was caring.

People and their relatives told us they were consulted about their care and support needs.

Staff treated people with respect and kindness, and encouraged them to maintain their independence.

Staff respected people's privacy and treated them with dignity.

Is the service responsive?

Good

The service was responsive.

Staff developed care plans with people to meet their needs. Care plans included the level of support people needed and what they could manage to do by themselves.

People knew how to complain and would do so if necessary. The service had a clear policy and procedure for managing complaints.

Is the service well-led?

Requires Improvement

The service was not well-led consistently.

People and their relatives commented positively about staff and the service. However, improvement was required around record keeping and identifying issues at audits.

The service carried out unannounced spot checks at people's homes and telephone monitoring to get the feedback on quality of care.

The manager held regular staff meetings, where staff shared learning and good practice so they understood what was expected of them at all levels. They kept staff updated about any changes to people's needs.

P & E Care 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.

Before the inspection we looked at all the information we held about the service. This information included the statutory notifications that the service had sent to Care Quality Commission. A notification is information about important events which the service is required to send us by law. The provider had sent us a completed 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. We used this information to help inform our inspection planning.

This inspection took place on 07 and 08 June 2017 and was announced. The provider was given 48 hours' notice because the service is a domiciliary care service and we needed to be sure that the provider would be in. The inspection was carried out by one inspector, and an expert by experience carried out phone calls to people and their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection we looked at five people's care records and nine staff records. We also looked at records related to the management of the service such as details about the administration of medicines, complaints, accidents and incidents, and quality assurance and monitoring. We spoke with three people and seven relatives about their experiences of using the service. We also spoke with two directors, the manager and three members of staff.

Requires Improvement

Is the service safe?

Our findings

The service had enough staff to support people safely. Staff we spoke with told us they had enough time to meet people's needs. The manager told us they organised staffing levels according to the needs of the people who used the service and in consultation with service commissioners. One person told us, "I receive calls on time, barring traffic jams." Another person said, "Yes, they [staff] are on time." A relative told us, "They [staff] always come on time. They can be a bit late but that's because of road conditions; if one of the girls can't come the manager will cover." Another relative said, "I do look at the book and the comments. I haven't noticed any missed visits."

However, we found the rostering of people's home visits was not managed well in all cases and this required improvement. Staff home visits rostering records showed that office staff had not always allowed enough time for staff to travel between calls when taking into consideration the distance between two home visits, the mode of transport, and any potential traffic delays. For example, we found that for a member of staff, the travel time between two visits by car was two minutes and by walk 12 minutes, but the service had not allocated any time between these visits. In another case, the service had allocated five minutes between visits, when the actual time required was eight minutes and this was insufficient time for staff to arrive at their visits on time. We brought this to the attention of the director and the manager, who then immediately had undertaken a comprehensive review of the rostering of people's home visits and addressed the travel time issues. Staff we spoke with told us they had enough time to meet people's needs.

Satisfactory background checks of staff were carried out before they started working. These checks included qualification and experience, employment history and any gaps in employment, references, criminal records checks, health declaration and proof of identification. This reduced the risk of unsuitable staff working with people who used the service.

Staff supported people so they took their medicines safely. One relative told us, "I arrange medicines with the pharmacy. They [staff] give my [loved one] the medication." Another relative said, "When my [loved one] was unwell, staff gave them their prescribed medicines."

The service trained and assessed the competency of staff authorised to administer medicines. The Medicines Administration Records (MAR) were up to date and the medicine administered was clearly recorded. The service had up to date 'when required' medicine (also known as PRN) medicines protocols. These advised staff when and under what circumstances individuals should receive their PRN medicine. There were also protocols for dealing with medicines incidents. Staff had a clear understanding of these protocols. The manager conducted monthly reviews of management of medicines and shared any learning outcomes with staff to ensure people received their medicine safely.

However, we found staff administered weekly pain relief patches to one person and completed their daily care record to reflect this, but their medicines administration record (MAR) and medicines care plans did not include information about this prescribed medicine, the dose required and the frequency of administration. We brought this to the attention of the director and the manager, who undertook a comprehensive review of

the person's medicine care plan and MAR to address these concerns. We spoke with the person's relative who told us the person received appropriate support with administration of medicines. They felt they could rely on staff to ensure that their medicines were administered safely. People had risk assessments in place where they wished to self-administer their medicines, to ensure they were safe to do so, and any potential risks had been properly considered.

People and their relatives told us they felt the service was safe and that staff treated them well. One person told us, "Yes I feel very safe, they [staff] assist me with my mobility equipment." A relative told us, "No concerns as far as I'm concerned they [staff] have acted well." Another relative said, "They [staff] have been great with my [loved one]. I have no concerns."

The service had a policy and procedure for safeguarding adults from abuse. The manager and all staff understood different types of abuse that could occur, and the signs to look for. Staff knew what to do if they suspected abuse. This included reporting their concerns to the manager, the local authority safeguarding team, and the Care Quality Commission (CQC). All staff told us they completed safeguarding training, the training records we looked at confirmed this. The director told us there had been no safeguarding concerns since the registration of the service in June 2016. Staff told us there was a whistle-blowing procedure available and they said they would use it if they needed to. One member of staff said, "If I come across any form of abuse or neglect to people, I shall report to the manager, if manager doesn't listen, I shall contact CQC. However, I haven't come across any so far."

Staff completed a risk assessment for every person when they started using the service. One relative told us, "Yes, we have got a folder with care records in the flat and a risk assessment is attached to it." Another relative said, "I know there is a risk assessment in the care folder." Risk assessments covered areas including medicines, moving and handling, nutrition and hydration. Assessments included appropriate guidance for staff on how to reduce identified risks. For example, where one person had been identified as being at risk when bathing, r a risk management plan had been put in place which identified the use of equipment and the level of support the person needed to reduce the risk. The manager told us that risk assessments were completed for every person prior to the start of the service, they were regularly reviewed, and when people's needs changed. We reviewed five people's records and found all were up to date with detailed guidance for staff to reduce risks.

The service had a system to manage accidents and incidents to reduce recurrence. Staff completed accidents and incidents records which included details of the action taken to respond and minimise future risks. The manager reviewed each incident and monitored them. Records showed that actions to reduce future risks were also discussed with staff.

Good

Is the service effective?

Our findings

People and their relatives told us they were satisfied with the way staff looked after them and that staff were knowledgeable about their roles. One person told us, "Oh yes definitely, they [staff] know what to do and my needs are met." One relative said, "Most certainly I'm sure they [staff] are trained before they come. They know what they are doing." Another relative commented, "Yes, they [staff] do know what to do. If they didn't, they would not be coming into the home."

The service trained staff to support people appropriately. Staff told us they completed comprehensive induction training when they started work, and a period of shadowing an experienced member of staff. The manager told us all staff completed mandatory training specific to their roles and responsibilities. The training covered areas from basic food hygiene, and health and safety in people's homes, to moving and handling and the administration of medicines. Records showed staff updated their training annually. Staff told us the training programmes enabled them to deliver the care and support people needed.

Records also showed that staff were supported through regular supervision. Areas discussed during supervision included staff well-being and sickness absence, their roles and responsibilities, and their training and development plans. Staff told us they worked as a team and were able to approach their line manager at any time for support.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. If the service wished to restrict the liberty of any person an application would have to be made to the Court of Protection. We checked whether the service was working within the principles of the MCA and established that the service was meeting the requirements of this legislation.

Staff understood the importance of asking for consent before they supported people. One person told us, "They [staff] ask me what I want them to do." Staff confirmed they sought verbal consent from people whenever they offered them support. The service had systems to assess and record whether people had the capacity to consent to care. At the time of our inspection, the manager told us that all of the people using the service had capacity to make decisions for themselves.

Staff supported people to eat and drink enough to meet their needs. One person told us, "In the morning they [staff] help me make me breakfast and in the evening they help me go to bed and they give me a drink to take medication; I have had no issues at all." People's care plans included a section on their diet and nutritional needs, to enable staff to meet their identified needs.

People's relatives coordinated their healthcare appointments and health care needs, and staff were available to support people to access healthcare appointments if needed. People's care records contained information about their healthcare needs, including contact details for relevant healthcare professionals, for example their GP. Staff told us they would notify the office if people's needs changed and they required the input of healthcare services or were due to attend appointments with their GP or at the hospital.

Good

Is the service caring?

Our findings

People and their relatives told us they were happy with the service and staff were kind and considerate. One person told us, "They [staff] know my needs and preferences, and they are caring." One relative commented, "They [staff] are very caring, in fact they out-shine the previous company."

Staff involved people and their relatives where appropriate in the assessment, planning and review of their care. One person told us, "Yes, I was involved in setting up the care plan and reviews with my family." One relative said, "Yes, I was involved in the setting up the care plan and the review of the care plan was done this week." Another relative commented, "Well we talked about the needs of my [loved one] and care plan when they [staff] went in and in the review the only thing that's changed is hours, everything else stayed the same." People's care records showed that they were involved in planning and review of their care.

Staff understood how to meet people's needs in a caring manner. One relative told us, "They [staff] totally respect my [loved ones] wishes. They are very, very good." Staff we spoke with were aware of people's needs and their preferences in how they liked to be supported. For example, one staff member told us "I ensure one person had their lunch order from a particular place of their preference." Another member of staff said, "I always give them choices. If they would like to eat in bed or in down stairs, what they would like to eat, and choice of clothes in which they feel comfortable."

People were supported to be as independent in their care as possible. Staff told us that they would encourage people to complete tasks for themselves as much as they were able to. One staff member told us, "I give them the right to make decision for themselves. I won't do everything for them and encourage them to do what they can do for themselves, like washing where they can reach, and they feel happy doing it." Another member of staff said, "I ask them if they want me to help in heating the food or they want to do on their own, this will give them choice and promote independence."

Staff described how they respected people's dignity and privacy and acted in accordance with people's wishes. For example, staff told us they did this by ensuring people were properly covered, and curtains and doors were closed when they provided care. One person told us, "They [staff] help me walk when I need to walk, they are very dignified." Staff kept people's information confidential. One staff member explained to us how they kept all the information they knew about people confidential, to respect their privacy. The service had policies, procedures and staff received training which promoted the protection of people's privacy and dignity.

Staff showed an understanding of equality and diversity. One member of staff told us, "One person has hearing problem. I always ensure I have eye contact with them when I speak with them." Staff completed care records for every person who used the service, which included details about their ethnicity, preferred faith, culture and spiritual needs. Staff we spoke with told us that the service was non-discriminatory and that they would always seek to support people with any needs they had with regards to their disability, race, religion, sexual orientation or gender. Records we looked at confirmed this.

Good

Is the service responsive?

Our findings

People and their relatives told us they had a care plan. One relative told us, "Yes, there is a care plan; there have been no changes since it has been in place." Another relative said, "Yes, when my [loved one's] needs change, they [staff] update the care plan. They are really responsive."

Staff carried out a pre-admission assessment for people to see if the service was suitable to meet their needs. Where appropriate, staff involved relatives in this assessment. This assessment was used as the basis for developing a tailored care plan to guide staff on how to meet people's individual needs. Care plans contained information about people's personal life and social history, their physical and mental health needs, allergies, family and friends, and contact details of health and social care professionals. They also included the level of support people needed and what they could manage to do by themselves. The manager updated care plans regularly and as when people's needs changed and included clear guidance for staff. We saw five care plans and all were up to date.

Staff discussed any changes to people's conditions with the manager to ensure any changing needs were identified and met. We saw that care plans were updated when people's needs changed. For example, when one person's needs changed and staff subsequently needed to administer their medicines, we saw the care plan was updated. Staff completed daily care records to show what support and care they provided to people. Care records showed staff provided support to people in line with their care plan.

People and their relatives told us they knew how to complain and would do so if necessary. One person told us, "I have not needed to complain; they [staff] do make it clear to me that they're open for me to make complaints or for me to call them." One relative said, "I haven't had to raise anything, because I deal with them on a regular basis." The service had a complaints procedure which clearly outlined the process and timescales for dealing with complaints. Information was available for people and their relatives about how they could complain if they were unhappy or had any concerns. The service maintained a complaints log, which showed that when concerns had been raised, these had been investigated and responded in a timely manner to the complainant to resolve the issues. The director told us they had not received any further similar complaints from people after these concerns had been addressed.

Requires Improvement

Is the service well-led?

Our findings

People and their relatives commented positively about staff and the service. One person told us, "I think, the service is well managed." Another person said, "They [staff] listen to my views, I'm sure they do." One relative told us, "Yes, as far as I'm aware the contact I have with them [staff] is all very efficient, they have always taken my calls." Another relative said, "They [staff] do a pretty good job we work well together."

However, we found improvement was required around record keeping. The service had an on call system to make sure staff had support outside the office working hours. However, the provider had not kept records to monitor the nature of out of hour's calls to see if there was any pattern and to improve the quality of the services people received. The director told us they would start recording immediately.

There was no communication record to show that the office staff had informed people when staff were running late to their scheduled home visits and this required improvement. The director told us that at the time of our inspection there was no call monitoring system in place to check whether staff attended people's scheduled calls on time. However, they informed people when a member of staff was running late by 10 minutes to their scheduled visit. The director further said that an electronic 'real time call monitoring tool' was expected to be piloted in the weeks following our inspection. In the interim, the manager said they would start a random manual call monitoring to check calls were being made at scheduled time. We shall assess the impact of the call monitoring system at our next inspection.

The service carried out unannounced spot checks at people's homes, telephone monitoring to get the feedback on quality of care, and audits covering areas such as care plans, risk assessments, management of medicines, and staff training. We noted that some improvements had been made in response to audit findings. These included the reviewing and updating of care plans and risk assessments to reflect people's changing needs.

However, improvement was required around identifying issues at audits. For example, the provider's quality audit had not picked the concerns we identified in relation to one person being administered a weekly pain relief patches by staff member.

The service did not have a registered manager in post since the last registered manager deregistered in August 2016. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider had appointed a new manager in September 2016 who had made an application and attended the interview to become the registered manager for the service. The manager demonstrated good knowledge of their responsibilities, people's needs and the needs of the staffing. The manager was supported by the director.

The manager held regular staff meetings, where staff shared learning and good practice so they understood what was expected of them at all levels. Records of the meetings included discussions of any changes in

people's needs and guidance for staff about the day to day management of the service, coordination with health care professionals, and any changes or developments within the service. We saw the manager interacted with staff in a positive and supportive manner. Staff described the leadership at the service positively. One member of staff told us, "They are the best manager I have had, and if I have any problem they are sorted immediately." Another member of staff said, "The manager works hard and is contactable anytime, even in the evenings."

The manager told us the service used staff induction and training to explain their values to staff. For example, the service had a positive culture, where people and staff felt the service cared about their opinions and included them in decisions. We observed staff were comfortable approaching the director and the manager and their conversations were friendly and open.