

P & E Care Limited

# P & E Care Limited

## 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

P & E Care Limited is a domiciliary care service providing personal care and support to people living in their own homes. The service was supporting 32 people at the time of this inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People told us they felt safe. Risks to people had been assessed and staff knew how to manage identified risks safely. There were sufficient staff employed by the service to meet people's needs. People told us staff visited them at the times they expected and that they had not had any missed visits. The provider followed safe recruitment practices. People received appropriate support, where required, to take their medicines. Staff worked in ways that minimised the risk of infection.

People were protected from the risk of abuse because staff knew the types of abuse that could occur and the action to take if they suspected abuse had occurred. Staff went through an induction when they started working for the service and were supported in their roles through training and regular supervision. People were supported to maintain a balanced diet and had access to a range of healthcare services when required.

Staff sought people's consent when offering them support. People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The provider worked with other agencies to ensure people received effective, high quality care. Staff were aware to report any incidents and accidents which occurred. The provider reviewed incident and accident records for any learning and to reduce the risk of repeat occurrence.

People's needs were assessed before they started using the service. They were involved in the development of their care plans, which reflected their individual needs and preferences. Staff treated people with care and consideration. People were involved in making decisions about the support they received. Staff treated people with dignity and respected their privacy.

People knew how to complain and expressed confidence that any issues they raised would be addressed by the provider. Staff supported people to take part in activities, to reduce the risk of social isolation. The registered manager demonstrated a good understanding of the responsibilities of their role. Staff spoke positively about the support they received from the provider and registered manager. They told us they worked well as a team and were well supported by the registered manager.

The provider had systems in place for monitoring the quality and safety of the service. People's feedback

was sought through regular conversations with the registered manager and an annual survey. The outcome of the most recent survey showed that people experienced positive outcomes from the support they received.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 14 August 2018) and there was a breach of one regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of the regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# P & E Care Limited

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The team consisted of one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

#### Notice of inspection

We gave the service two working days' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

The Inspection activity started on 23 July 2019 and ended on 26 July 2019. We visited the office location on the first day of activity and followed this up with calls to people and the registered manager of the last day.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority who commission from the service. We also reviewed the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people about their experiences of the support they received from the service. We also spoke with the provider's nominated individual, the registered manager and three care staff to help understand how the service was being run and what it was like to work there. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. These included four people's care records and staff records relating to their recruitment, training and supervision. We also looked at records relating to the management of the service such as the provider's policies and procedures, people's medicine administration records (MARs) and quality assurance information.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people had been assessed in a range of areas including moving and handling, falls, medicines and the environment. Guidance was in place for staff to follow where risks had been identified. For example, where one person needed support when mobilising, we saw detailed moving and handling guidelines were in place for staff to follow.
- Staff were aware of the areas at which the people they supported may be at risk and knew how to support them safely. For example, they were aware of people's medical conditions and how they should be managed and monitored. They also demonstrated a good understanding of the risk management guidelines in people's care plans and confirmed they followed them when providing support.
- Staff knew the action to take in the event of an emergency and had received training in first aid and health and safety. The provider had an out of hours on-call system to enable people or staff to contact them in the event of an emergency.

### Using medicines safely

At our last inspection we found improvement was required because there was no guidance in place for staff on how to support people with medicines which had been prescribed to them to be taken 'as required'. At this inspection we found the provider had made improvements and addressed this issue.

- Medicines were managed safely. People's need for support to take medicines had been assessed. Where support was required, this was identified in their care plans.
- Staff completed electronic medicine administration records (MARs) where they administered medicines to people. MARs included guidance for staff on any medicines which had been prescribed 'as required', for example, the maximum safe dose and frequency at which doses could be safely administered. This helped reduce the risk of unsafe medicines administration.
- People told us they received safe medicines support. One person said, "[Staff] help me to take my medicines each day; I get my tablets at the right times." People's MARs confirmed they had received their medicines in line with the prescriber's instructions.
- Staff received training in medicines administration when they started working for the service, which

included an assessment of their competency to administer medicines safely.

#### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff received safeguarding training. They were aware of the different types of abuse and the signs to look for that may indicate abuse may have occurred. All of the staff we spoke with confirmed they would report any concerns they had to the registered manager.
- The provider had safeguarding policies and procedures in place which included locally agreed procedures for reporting any allegations to the local authority. The registered manager demonstrated a good understanding of these procedures and knew to notify CQC of any abuse allegations, in line with regulatory requirements.
- Staff were aware of the provider's whistle blowing policy. One staff member said, "If I had any concerns I would report them to [the registered manager]. However, I know I could call the council or CQC if I didn't think the issue was dealt with properly."
- People were provided with safeguarding information when they started using the service, which included details of the different types of abuse that could occur and information on how they contact the local authority safeguarding team should they have any concerns they wished to report.

#### Staffing and recruitment

- The provider employed enough staff to safely meet people's needs. People told us they were supported by regular staff who visited them at the times they expected. One person said, "My carer arrives of time and stays for the duration." Another person told us, "They come at the right times; I've never had a missed visit."
- Staff confirmed they were able to meet the needs of the people they supported. One staff member told us, "I have travel time included on my rota and can cover everything in people's care plans in the time I'm with them." Another staff member said, "I have enough time to visit people at the planned times, but on the odd occasion that something happens and I'm running late, I let the office know so that they can update everyone on my rota."
- The provider carried out employment checks on new staff before they started work, following safe recruitment practices. These included checks on identification, previous employment, criminal records checks and seeking references to ensure staff were of good character.

#### Preventing and controlling infection

- People were protected from the risk of infection. Staff received training in infection control and food hygiene. They were aware of the steps to take to reduce the risk of infection. One staff member told us, "I always wash my hands before and after helping anyone, and I wear disposable gloves and an apron."
- The service maintained a stock of personal protective equipment (PPE) which staff had access to when required. All of the people we spoke with confirmed staff wore PPE whilst supporting them. One person said, "I need help to apply cream to my legs and [the staff member] always wears gloves and an apron."

#### Learning lessons when things go wrong

- Staff confirmed they were aware to report any incidents or accidents that occurred while they were working.
- The registered manager maintained a log of incidents and accidents records completed by staff. They told us that they reviewed the records on a monthly basis in order to identify any potential learning, or to ensure any actions identified following an accident had been carried out. Records showed that action had been taken following accidents to reduce the risk of repeat occurrence. For example, one person's care plan and risk assessment had been updated following a fall whilst they were in the shower.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- People's needs were assessed before they started receiving a service from the provider. The provider's assessments covered people's physical and mental health, any potential social needs and details of the outcomes they were looking to achieve from receiving support. This information helped identify their care needs and was used to form the basis of their care plans.
- The provider followed nationally recognised guidance from the National Institute for health and Care Excellence (NICE) when developing people's care plans. For example, they ensured people and their relatives, where appropriate, were involved in the planning and reviewing of their care and ensuring that care plans were person-centred.

Staff support: induction, training, skills and experience

- Staff received support in their roles through an induction and programme of training when they started working for the provider. The training programme covered areas relevant to people's needs and staff received periodic refresher training to ensure they remained up to date with current best practice.
- The staff induction programme included time spent reviewing the provider's policies and procedures, learning about their philosophy of care and time spent shadowing more experienced staff. One staff member, who had recently started working for the service, confirmed that they had also started working through the requirements of the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for staff new to working in health and social care.
- Staff told us they felt the training they received gave them the necessary skills to perform in their roles. One staff member said, "I've had plenty of training and feel confident in what I am doing." People also confirmed they considered staff to be competent in their roles. One person said, "They know what they're doing; I feel comfortable letting them help me."
- Staff were also supported in their roles through regular supervision and an annual appraisal of their performance. One staff member told us, "I meet with [the registered manager] regularly to discuss how I'm getting on and if I have anything that's worrying me."

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

- People's nutritional needs had been assessed and any support they required to maintain a balanced diet was recorded in their care plans. This took into account their expressed choices and preferences.
- Care plans also included additional information for staff where risks around eating or drinking had been identified. For example, we saw additional guidance in place for staff where one person had a particular medical condition, to help ensure this was managed effectively.
- People told us they were happy with the support they received from staff. One person said, "They help me

prepare my meals every day and I enjoy them." Another person told us, "They get my breakfast and lunch ready and always ask me what I'd like."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us they were able to manage their healthcare appointments independently but expressed confidence that staff would help them arrange or attend appointments if they needed them to.
- Staff monitored people's well-being and acted if they had any concerns about their health. One staff member told us, "I've had to call an ambulance for a client when they were unwell, and I stayed with them until it arrived." Another staff member said, "I would speak to someone in the office if I was worried about someone being unwell, or if it was a more significant concern I'd call their GP directly."
- The provider worked in partnership with health and social care professionals to help ensure people received prompt and effective care when needed. For example, they had alerted staff at the local social services team to concerns they had about one person's mental health and had contacted another person's local community nursing team when they identified potential issues with their skin integrity.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People told us staff sought their consent when offering them support. One person said, "They always ask how they can help and check that I'm happy." Another person told us, "They always check with me before doing anything."
- Staff received MCA training and demonstrated an understanding of how it applied to their roles. They told us that the people they supported had capacity to make decisions about the care they received. One staff member said, "I always explain what I'm going to do and make sure they understand and are happy. We can't force anyone to do anything; if someone repeatedly refused support, I'd report it back to the office."
- The registered manager confirmed that if they assessed a person as lacking capacity to make a decision about an aspect of their care, they would involve the person's relatives and any involved health or social care professionals, where appropriate, to ensure the decision was made in the person's best interests.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

Ensuring people are well treated and supported; respecting equality and diversity

- People spoke positively about the caring and considerate nature of the staff supporting them. One person said, "They're all darlings; there's not one I'd take exception too. They're all caring people and we get on very well." Another person told us, "My regular carer is fantastic; very kind and respectful. I hope that they stay with me for a long time to come."
- People had developed strong relationships with staff. All of the people we spoke with told us they had got to know the staff supporting them well, which had a positive impact on their well-being. One person said, "I'm very comfortable with the help I get and feel happy knowing [their regular staff member] is coming each day."
- Staff received equality and diversity training and told us they were committed to ensuring people were not discriminated against, in line with the requirements of the Equality Act 2010. One staff member told us, "I treat everyone in the way that I'd want to be treated."
- Staff worked in ways which took people's spiritual and cultural needs into account. For example, the times of one person's visits were rescheduled at key times during the year. This enabled them to observe important aspects of the practice of their faith and still receive the support they required.

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

- People were involved in making decisions about the support they received from staff. One person said, "We talked about the things I needed help with when I started using the service and that went into my care plan. The staff work flexibly with me each day, depending on how I'm doing and what I need help with." Another person said, "They know what's in my care plan, but are also happy to do any little extra tasks that I might need help with from time to time."
- Staff told us they encouraged people to make decisions for themselves wherever possible. One staff member told us, "Some clients are able to let me know exactly what they'd like me to do so I follow their lead. For other people I offer them choices so that they can choose. For example, I might show someone two or three items of clothing, so they can pick what they want to wear."

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respected their privacy. One person said, "The staff are all polite. We have a laugh sometimes, but they're always respectful." Another person told us, "My carer is very considerate and respects my privacy; I'm totally at ease with them."
- Staff were aware of the action to take to ensure people's privacy and dignity were maintained. One staff member told us, "I'll close the curtains and the door if I'm helping someone to wash or dress. I'll also make

sure they're covered with a towel or dressing gown while I'm supporting them, so that they don't feel exposed."

- People's care plans identified the things they could do for themselves as well as the areas in which they needed support. Staff told us they encouraged people's independence. One staff member said, "Some people have days where they're feeling better than on others and they can do more for themselves then. I always encourage them to do whatever they feel up to. I'll give them time to do things at their own speed but also reassure them that I'm there to help where needed."

- People told us staff encouraged their independence. One person said, "We do things together; if I'm getting washed or dressed, I do whatever I can manage, and they'll help me with the rest." Another person told us, "I like to do as much as I can for myself and my carer has always been fine with that."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had been involved in planning of their care to ensure their care plans reflected their individual needs and preferences. One person told us, "The registered manager came and did an assessment with me before I started using the service. We discussed what help I needed and how I liked to have things done, and that's covered in my care plan."
- People's care plans included information about the support they require and guidance for staff on how to manage any identified risks safely. Care plans also included details about their typical daily routines, life histories and likes and dislikes.
- People were supported by regular staff who knew them well. One person told us, "I have a regular carer who knows my care plan and knows me well." A staff member told us, "It can take a bit of time to build up someone trust but it helps having a regular group of clients who I visit during the week. I know them all and we get on very well."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and were recorded in their care plans. Staff were aware of people's communication needs and how to offer them support in ways they understood. For example, staff had been learning Makaton to enable them to communicate directly with one person they supported. Makaton is designed to support spoken language with the use signs and symbols to help people communicate.
- The provider sought to ensure information was available to people in formats they could understand. This included large print, audio and pictorial formats.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- Staff supported people to take part in activities which promoted their well-being and reduced the risk of social isolation. One person had been supported to attend an old-time music hall event and the provider had arranged a birthday party for another person. Staff had also supported a third person to go out for lunch and to attend a tea party on different occasions.

#### Improving care quality in response to complaints or concerns

- People received a copy of the provider's complaints procedure when they started using the service. This included information about what they could expect if they made a complaint, details of the timescales in which they could expect a response and how they could escalate their complaint if they remained unhappy with the outcome.
- People told us they knew how to make a complaint and expressed confidence that the registered manager would address any concerns they raised. One person said, "I've never had to complain but they gave me the information on how to do so when I started."
- The provider maintained a record of any complaints received which showed that where people had raised concerns, the issues had been investigated, acted upon and responded to appropriately.

#### End of life care and support

- None of the people using the service at the time of our inspection required end of life care. The provider confirmed they were committed to working with people, their relatives and any relevant healthcare professionals to ensure people were supported in a responsive and compassionate manner at the end of the of their lives.
- The provider also confirmed they were in the process of reviewing people's care plans to include information about any end of life wishes or preferences people had, where they were happy to discuss this. We will follow up on this at our next inspection of the service.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

At our last inspection we found improvement was required because the provider's audits had not identified or addressed the areas of concern which we found in people's risk assessments. At this inspection we found the provider had made improvements and addressed this issue.

- The provider carried out a range of checks and audits to monitor the quality and safety of the service and to help drive improvements. These included audits of people's care plans, incidents and accidents, medicine administration records (MARs) and staff recruitment records. Action had been taken to address any identified issues. For example, one person's care plan had been updated with their recorded consent on how staff should access their home as a result of a recent care plan audit.
- Senior staff also conducted regular spot checks on staff performance. These included checks on whether staff showed their ID on arrival, the timeliness of their visits, whether they followed people's care plans, medicines administration, and whether they treated people in a caring and respectful manner. The spot check records we reviewed indicated a positive standard of staff performance in all areas. This was confirmed by the feedback we received from the people we spoke with.
- The registered manager held regular meetings with staff to discuss good practice and to share any learning. Areas discussed at recent meetings included a review of the provider's no-reply procedure, a discussion on equality, diversity and human rights, and an update on supporting people to manage their medicines safely.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us that their use of the service had a positive impact on their lives. One person said, "I'm very happy with the service, it works well for me. The carers are all very reliable." Another person told us, "I get the help I need when I need it. They do a great job."
- Staff told us that the provider and registered manager had developed a supportive working culture at the service and that they were committed to ensuring people received the highest standard of care they could provide. One staff member told us, "The manager's door is always open, and she listens if I have a problem." Another staff member told us, "We get the support we need to do our best. If I'm worried about anything, I know I can speak to someone in the office about it and they'll help me."
- Staff also told us they worked well as a team. One staff member said, "We communicate with each other very well; if a group of us cover someone's visits we'd always update each other as to how they're doing and whether there are any tasks that might need following up on at the next visit."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service had a registered manager in post. They understood their responsibilities as registered manager under the Health and Social Care Act 2008. They were aware of the types of incidents they were required to notify CQC about and knew of the requirement to display their current CQC rating, which was displayed in the provider's office and on their website.
- Staff demonstrated a good understanding of the responsibilities of their roles, in line with the provider's policies and procedures. The provider had systems in place to help ensure staff were accountable for their performance, including discussions held during regular supervision sessions, and disciplinary procedures, should they be required.
- Staff had access to support and advice from the management team when they needed it, including an on-call number for use out of office hours.
- The provider and registered manager understood the duty of candour. They had been open in informing people's relatives where appropriate when any incidents or accidents had occurred.

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

- People told us they were in regular contact with the management team and were able to express their views about the service they received. One person said, "The manager checks in regularly to make sure things are going well." Another person told us, "I speak to [the registered manager] and [provider] regularly on the phone; they're both very helpful."
- The provider also conducted annual surveys with both people and staff to gain their views on how the service was run. The responses to the surveys showed that people's experience of using the service was very positive and staff were all proud of their work supporting people and their roles within the service.
- The provider sought to raise their profile and engage with the public, for example by taking part in sponsored events to raise money for charities working with people living with dementia.

Working in partnership with others

- The provider sought to develop positive working relationships with health and social care professionals to help ensure people received good quality care. The management team attended regular forums for domiciliary care providers run by the local authority to share learning and discuss current best practice in domiciliary care.
- The provider and registered manager welcomed monitoring visits from the local authority. The registered manager and provider acted on any feedback they received as a result of these visits. For example, one person's care plan updated in response to a recommendation the local authority had made following their last visit to the service.