

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?	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

Pee Wee Personal Home Care Limited is a domiciliary care agency registered to provide personal care for people living in their own homes. The agency provides services to people in Torrington and the surrounding areas. At the time of the inspection 23 people were being supported by the service. The service employed 14 care staff.

This inspection was undertaken on 13 and 21 July 2017. We gave the provider 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a service to people in their homes; we needed to be sure that the registered manager would be available at the office.

We last inspected the service on the on 28 and 30 September 2015. At that inspection we found the provider was not meeting all of the regulations we inspected. The need for improvement was identified in relation to the management of medicines and staff recruitment. At this inspection we found improvements had been made.

The service had a registered manager. 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.

People said they were safe using the service because it was reliable; staff were well trained and caring. Comments included, "I am more than happy with Pee Wee. They (staff) are all very pleasant and I trust them..." and "It is very nice having them (staff) coming in and out. It is rather reassuring..." A relative said, "The service is certainly safe. Never a problem. I know (relative) is very well cared for."

There were sufficient numbers of staff employed to provide people with their planned service. People said they had never experienced a missed visit; that staff arrived on time and stayed the expected length of time.

Staff were knowledgeable in relation to safeguarding people from abuse and they knew how to keep people safe from avoidable harm. Risks to individuals had been identified and there was guidance for staff on how to keep people safe. Where people were assisted with their medicines this was managed safely.

People's right to make decisions for themselves was respected and staff sought consent when delivering care and support. People were supported to remain independent and were fully involved in how they wanted their care and support to be provided.

People were supported to ensure they had a sufficient amount of food and fluid to promote their wellbeing. People received support from staff who understood and responded to their health needs.

The service provided was personalised and flexible. People liked the staff who provided their support very

much and felt their dignity was promoted and privacy respected. They told us, "This service is excellent. The staff are very friendly, always ask how I am..." and "Staff have a really good approach; they are empathic and they understand how my illness affects me. They are very caring. I can't fault them..."

The service was well managed by the registered manager and a director of the company.

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 ●

People had confidence in the service they received and felt safe and secure when receiving care and support.

People's individual risks were assessed and reduced as far as possible, whilst maintaining independence.

People were protected from harm because staff understood signs of abuse and how to report any concerns.

People were supported by staff who arrived on time, stayed for the required length of time and did not miss visits.

People were supported with their medicines in a safe way.

People were protected by a safe staff recruitment procedure.

Is the service effective?

Good ●

The service was effective

Staff felt supported by the registered manager and director. They had access to training to enable them to work safely and support people using the service.

People's rights under the Mental Capacity Act were met.

People were supported to have enough to eat and drink to maintain their health.

People received support with their health needs and had access to a variety of health professionals.

Is the service caring?

Good ●

The service was caring.

Staff knew the people they cared for as individuals and good relationships had been developed with the staff supporting them.

People felt happy and confident in the company of staff.

Staff were caring, empathic and friendly, and they showed respect to people and protected their dignity.

Is the service responsive?

The service was responsive.

Care plans were person centred and gave detail about the support needs of people. People were involved in their care plans, and their reviews.

There was a clear complaints procedure in place. People were confident that any concern or complaint would be addressed.

Good ●

Is the service well-led?

The service was well- led.

The quality assurance system had developed and improved and ensured the registered manager and director had a good oversight of the service and any areas for improvement.

People spoke very highly of the registered manager, who knew all people using the service and visited them regularly to make sure they were happy with the service.

Staff felt well supported and able to discuss any issues with the registered manager or director.

People and staff had the opportunity to improve the service as their views and opinions were sought and acted upon.

The manager understood their responsibilities with regards to the regulations, such as when to send in notifications.

Good ●

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager was available.

This inspection took place on 13 and 21 July 2017 and was completed by one adult social care inspector.

Prior to the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. The provider had 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.

On the first day of the inspection we visited the office and met the registered manager; director of the company and team leader. We reviewed three people's care records; staff training records, three staff personnel files and other records which related to the management of the service. During the inspection we visited three people in their own homes with their permission. We also spoke with six other people and two relatives by telephone. We spoke with six staff members and contacted five health and social care professionals for feedback about the service; including a community matron; community nurse; commissioner and occupational therapist.

Is the service safe?

Our findings

At the last inspection in September 2015 we found improvements were required in relation to staff recruitment and the management of medicines. We issued requirements and following the inspection the provider sent us an action plan which confirmed the action they proposed to take to achieve the necessary improvements. At this inspection we found improvements had been made and the provider was meeting the relevant regulations.

The Provider Information Return (PIR) stated that staff did not work alone until all the necessary checks had been obtained. We found this to be the case. Appropriate checks were carried out to help ensure only suitable staff were employed to work at the service. The provider checked that potential staff were of good character, which included obtaining relevant references and 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. There were no unexplained gaps in employment histories; where staff had taken time away from work, there were recorded explanations.

Peoples' medicines were managed safely. People received support to manage their medicines from staff who had been trained appropriately to ensure practice was safe. All staff responsible for assisting people with their medicines had completed a 16 week medicines course with a local further education college and had achieved 'safe handling of medicines level 2'. Staff competency was monitored by the registered manager and team leader during spot checks. The service had a comprehensive medicines management policy to guide staff, which was shared with staff during their induction. Staff told us they had good training, support and information in relation to managing medicines safely. People using the service confirmed they were happy with the assistance from staff, which mainly consisted of reminding or prompting people to take their medicines.

The recording and storage of medicines were safe and well managed. There were no gaps in the medicine administration records (MARs) so it was clear when people had been prompted or assisted with their medicines. Where people required assistance with prescribed creams, there were clear instructions for staff to follow regarding when and where creams should be used. Regular audits of the MARs were carried out by the registered manager to ensure people were receiving the agreed support with their medicines. The PIR confirmed that no medicines errors had occurred in the past 12 months.

People using the service and their relatives said the service was safe. One person said, "I think this is a very good service. I have no concerns and always feel safe when the girls are in the house." Other comments included, "I am more than happy with Pee Wee. They (staff) are all very pleasant and I trust them..."; "It is very nice having them (staff) coming in and out. It is rather reassuring..." and "The staff are very good. I couldn't wish for better." These comments were echoed by relatives. One said, "The service is certainly safe. Never a problem. I know (relative) is very well cared for." Another said, "We couldn't manage without them. It is a brilliant little service."

There were sufficient staff available to ensure planned visits were fulfilled. People and their relatives said the

service was very reliable, there were never missed visits, staff did not rush people and they always stayed for the agreed amount of time. They had a small group of regular staff who provided their care and support who they knew well. The Provider Information Return (PIR) stated there had been no missed visits (in the previous seven days of the form being completed) from 322 scheduled visits. The registered manager confirmed there had been no missed visits since the service had begun. People were very happy with the responsiveness of the service and the good time keeping of staff. If staff were going to be more than 15 minutes late to a visit, or in the event of an emergency, they contacted the office who then telephoned the person to inform them. Comments from people included, "They never forget me, never rush me. I feel safe as they never let me down..."; "This is a brilliant service. They are the seventh care agency I've had and I have never had a problem with them. They are reliable. I never worry. They are flexible with a time, which helps me. I've never had care like it..." and "It's an absolutely amazing service. I don't accept help easily but (the registered manager) has matched my carers for me and they are fantastic. I can set my watch by them and they never rush me." This meant people received the care they required at the time they needed it.

Staff were allocated to support people within a geographical area, which reduced travel time. Staff said they had sufficient time to allow for travel between people's homes and travel time was considered when planning the weekly rota. Staff were paid for the time they travelled between people's visits. Where people needed support between their visits or out of office hours there was an emergency number to call. The registered manager; director or team leader shared the on-call duties. People knew how to contact the service and a copy of the office number was recorded in people's care records. Staff said there was always a senior member of the service on the end of the phone if needed. One said, "They are the best managers you could ask for. They always respond. I love them!" This meant support and guidance was available to people using the service and staff 24 hours a day seven days a week.

People benefited from a safe service where staff understood their safeguarding responsibilities. Clear information was available to staff to ensure they were aware of how to respond should they suspect or see abuse taking place; or should a person using the service disclose something of concern to them. Staff understood that any concerns or allegations of abuse or poor practice must be reported to the registered manager. Staff were aware of the external organisations they could contact should they have any concerns, including the local authority and the CQC. The registered manager was aware of their responsibility to report any concerns to the local authority safeguarding team. A commissioner said, "There have been no safeguarding or incidents reported to us, nor complaints. I currently have no concerns about Pee Wee."

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. Assessments of risk had been carried out in areas such as mobility, and skin integrity. Measures had been put in place to reduce these risks, such as specialist equipment to help people move around their home, or referrals to specialists such as the occupational therapist or community nurses. Risk assessments had been regularly reviewed to ensure that they continued to reflect people's needs. We spoke with two people who required a hoist to move them safely. Both said staff were competent and they felt safe with staff. Staff said they had been trained how to use equipment in people's homes. An occupational therapist who had worked with the service said, "(The registered manager) is very good at communicating with us and is succinct about what is needed and any changes to people's needs." They confirmed staff used "safe techniques" when assisting people. 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.

No accidents or incidents had occurred as a result of the delivery of care and support. However, where people had experienced an accident, such as a fall, records showed staff had reacted quickly to ensure people received the correct help and support.

The provider had an emergency plan that covered incidents such as adverse weather that may have an impact on visits to people. This meant disruption could be kept to a minimum and people's care and support would not be compromised in the event of an emergency.

Is the service effective?

Our findings

People were supported by trained staff that had sufficient knowledge and skills to enable them to care for people. People using the service; their relatives and professionals expressed their confidence in the staff's abilities and competencies. Comments from people included, "I have full confidence in the staff. They are very professional and well trained.(The registered manager) ensures that" and "The staff have been well trained by (the registered manager)." A relative said, "They (staff) are highly professional and know their job."

Staff had relevant training and support to be able to undertake their roles and responsibilities safely. There was an induction process in place for new staff. New staff, and those without a formal qualification in care, were supported to complete the Care Certificate, a nationally recognised training framework for care staff. The aim was for full time staff to complete the Care Certificate within 12 weeks; however, the service only employed part time staff. This meant the staff were completing the Certificate within 16-20 weeks. The registered manager had a schedule in place to ensure staff completed this training in a timely way. As well as the Care Certificate, new staff were supported to shadow experienced staff for as long as they needed, until they felt confident and comfortable enough to work unsupervised. One member of staff said, "I have had had great support from (the registered manager and director)." Another said, "I felt the support was very good and I felt confident after my induction. You are never just left to get on with things."

Staff had received training in core areas of health and safety as well as areas to meet the needs of the people they supported. For example, moving and handling, first aid, food hygiene, infection control, and medicine management. Some staff were being supported to complete courses related to dementia care, end of life care and common health problems in partnership with a local college.

Staff received supervision on a regular basis; this was through one to one meetings and observations that were completed when the registered manager or team leader accompanied them on visits. Records showed staff were encouraged to discuss any concerns or training and support needs. They also received feedback about their performance. Staff said they felt supported by the registered manager, director and team leader. One said, "(The team leader) is brilliant. She always responds even on her day off..." another said, "(The registered manager and director) are always there for advice and reassurance. I never feel alone because of that..."

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. We checked whether the service was working within the principles of the Act and found they were.

The registered manager said none of the people currently using 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 care records we reviewed. Staff had an understanding of the Mental Capacity Act (2005) and how this applied to their practice. People confirmed staff always sought their consent before providing care

and support.

People's medical history and health needs were recorded in care records along with the contact details of GPs and other health care professionals. This meant staff could contact health professionals if there were concerns about a person's health. People's health needs were monitored, for example where they were vulnerable to developing pressure damage. One person said "My health has improved since having Pee wee, even my specialist said so..." The person felt this was because the service was reliable, flexible and very caring, which reduced their stress levels. They added, "Nothing is too much trouble for them..." A relative said, "They (staff) are quick to notice the slightest change...we are very pleased with the service."

Records confirmed staff worked with health professionals. For example, the community nurses, occupational therapists and physiotherapists if there were concerns about people's health or the equipment being used, or if people's mobility needs had changed. Health professionals said the service was proactive in contacting them should they have any concerns about people's changing health. For example during the very hot weather the registered manager had sought advice from the community matron. One professional said, "We have appropriate and timely contact with the service when they have concerns." Another said, "They (staff) are quick to alert us to us any concerns, like pressure damage. We have no concerns and no problems with Pee Wee."

Where people required support in relation to food and fluids, this was documented in their care records. Some people required prompting and supporting at mealtimes, which staff were aware of. Staff recorded people's food and fluid intake where necessary so it could be monitored. Staff said if they were concerned about someone's dietary intake or weight loss, they would alert the registered manager. If necessary referrals were made to professionals, such as GPs or speech and language therapists for support and guidance.

Is the service caring?

Our findings

We received very positive feedback about the caring nature of the staff from everyone we spoke with and met and all were more than happy with the service provided. Comments from people using the service included, "The girls are all perfectly polite and friendly...I am more than happy..."; "Staff are very good to me. They work hard...but always smiling and happy"; "This service is excellent. The staff are very friendly, always ask how I am..." and "Staff have a really good approach; they are empathic and they understand how my illness affects me. They are very caring. I can't fault them..." A relative said, "The staff are absolutely lovely..."

Staff had developed positive relationships with people and were consistently considerate and sensitive in their approach. People told us, "The girls are always cheerful and I am always happy to see them..."; "The staff are very caring and interested in me, which is nice. I look forward to seeing them. (The registered manager) is a lovely lady. Nothing is too much for her. Can't praise them enough..." and "Staff are absolutely amazing. The lady who comes to me was put on this earth just to help people, she is so tuned in. I am very grateful for having them..." Staff were aware of the preferred routines and likes and dislikes of the people they supported. They spoke about people in a respectful, caring and knowledgeable way.

The registered manager ensured staff were always introduced to people and staff worked with regular staff before working alone with new people. People said this was very important to them. One person said, "I don't want strangers here in my home helping me. (The registered manager) always makes sure staff are introduced to me first." This was echoed by all the people we spoke with. People also commented on the placement of staff saying the registered manager and director had ensured a "good match" for them. One person said, "I have been so lucky with the staff allocated to me, they are excellent. (The registered manager) matched us well." Another said, "(The registered manager and director) chose staff well when recruiting. She (the registered manager) has a good sense of who will be good and who will suit each service user." Another person told us, "I am so lucky with the care staff that come to me. You hear such horror stories but I haven't experienced anything like that. They really are wonderful people..."

People's privacy and dignity was respected. People said staff always respected them and their homes. They said staff always gave a knock before entering the house, even if they had keys. One person said, "They are very good like that. They don't take things for granted..." People said staff were mindful of their privacy and dignity when assisting with personal care. One person explained they had been unsure about accepting help with showering at first but they added, "They put me at ease. They (staff) are amazing...kind and caring and we can have a joke. They are the loveliest ladies..." Another person told us, "Staff are so thoughtful and aware of these things (privacy and dignity). It is like having an extended family with the girls..."

People were encouraged and supported to maintain their independence. People's care plans guided staff about how to ensure they were encouraged to do as much as they wanted themselves so they retained control. One person explained they had always been very independent, they said, "She (staff) helps without making it look like she is helping." The person explained they were very reluctant to accept help at first. However, due to staff's approach they were able to allow staff to help them with their daily activities. The

person added, "I am really thrilled with the service..." Another explained how their condition meant their abilities could fluctuate from day to day and that staff were sensitive to this and adapted their approach. They said, "The service has made such a difference to my life. My husband is very pleased too..."

People said the service was flexible and "always" willing to help with extra chores or duties. For example, one person said staff helped them with their ironing, particularly when they were not feeling well. They added, "They are so thoughtful and they know my health ebbs and flows. ...they know when I might need some extra support. I don't even have to ask..." Another person said staff were willing to "go above and beyond" and offered to help with chores such as feeding their animals (very important to the person); emptying their bins or hanging out the washing. One person said, The staff are wonderful with my dog and cat, which is important to me..." Another said, "I am so lucky with staff...they are excellent..." Another person told us the company director changed their lights bulbs for them; they added, "That is so handy for me. I really appreciate it..."

The registered manager ensured confidentiality was maintained and that staff understood their responsibility to maintain people's confidentiality. One person explained this was very important to them. They added, "I live in a small village and the last agency I had were appalling...always gossiping. But with Pee Wee confidentially is excellent. Never any tittle tattle or gossip. I can confide in them. This gives me confidence in them..."

Is the service responsive?

Our findings

People benefited from a responsive, reliable and flexible service, where a small team of consistent staff, who got to know their needs and preferences well, delivered their care. One person said, "I have no problems at all with this service...I am very happy." Another said, "The service is excellent and has never let me down..." A commissioner said Pee Wee is responsive to broker requests for a provider particularly in Torrington (an area we sometimes struggle with). I currently have no concerns about Pee Wee."

People's care and support was planned with them and the registered manager spent time with them finding out their care and support needs, and how they wanted this to be provided. The registered manager carried out people's needs and risk assessments before the care began. One person said, "My care was planned collaboratively with me. (The registered manager) listens. Any queries, problems or requests (the registered manager) will sort for me..." Another person said, "My care plan was done with (the registered manager) – she went to great care to make sure everything was in there and staff know about my needs..."

The registered manager had visited people prior to offering a service to discuss their needs and preferences to ensure these could be met and to explain what they could expect from the service. Everyone was aware of their care plan and where it was kept. They confirmed they could read it at any time. One person had added some information to their care records about their health condition; to help staff understand how this impacted on them.

People's care plans were person centred and informative. They provided staff with detailed information about people's preferred routine, likes and dislikes as well as their personal care needs and medical history. Care plans included information about the individual's skin care needs; moving and handling requirements, food and nutritional needs and preferences, and support required with medication. There were detailed instructions about the support to be provided at each visit. For example, one person received three care visits a day and there was a separate care plan for staff to follow on each of these visits. Care plans were reviewed by the registered manager along with the person and/or relatives at least three monthly.

Staff said care plans contained sufficient information to enable them to deliver safe care. They said communication about any changes was very good and they were in contact with the registered manager, team leader or director on a daily basis. The daily care records for each visit showed the care and support delivered; any food or drink prepared and taken by the person; as well as information about any observed changes to the person and details of when staff arrived and left.

People appreciated the social aspect of the visits from the staff. They commented on how friendly and polite staff were. Several people said they were able to share a joke and a laugh with staff and that their visits cheered them up. People said staff always had time for a chat and seemed genuinely interested in them. One person said, "I look forward to their daily visits..."

People knew how to raise any concerns or complaints and they were confident any concerns would be addressed by the service. The provider Information Return (PIR) showed no complaints had been received

by the service in the past 12 months. No concerns or complaints had been received by CQC since the service was registered. A commissioner told us no negative feedback had been received by them. They added, "There have been no safeguarding or incidents reported to us, nor complaints."

The service had received several thank you cards and messages from people using the service and family members. Comments included, "Can't thank you and your team enough...it's absolutely fab to see the difference in her..." and "I just wanted to let you know how absolutely impressed I was with (staff member)...a great ambassador for your business..."

Is the service well-led?

Our findings

At the last inspection the quality assurance systems had not been fully embedded as the service was relatively new. At this inspection we found formal quality assurance arrangements were in place to help monitor the quality and safety of the service.

There was an effective quality assurance system in place to audit care practices and drive continuous improvement within the service. These included a range of audits and spot checks, for example, checks of the environment, medicines records, care records, accidents and incidents. Where issues were identified records confirmed that action had been taken. For example where staff signatures were missing on records, this was discussed with staff and they were reminded to ensure records were completed. The service used a 'time and attendance' system to monitor visit times and ensure visits were undertaken at the agreed time and that staff stayed for the allocated time.

The service was managed by an experienced and qualified registered manager. They had achieved a level 5 qualification in leadership and management since the last inspection. People using the service; relatives; professionals and staff spoke very highly of the registered manager and her commitment to providing a person centred, reliable service. Comments from people included, "(The registered manager) is wonderful. A very caring and hard working person..."; "I know (The registered manager) very well. You can talk to her. She listens. The care is very good and just what I need..." and "(The registered manager) and (director) run a very good service. You can count on them. The whole thing is well managed in my opinion..."

The company director was also involved in the day to day running of the service and together with the registered manager they provided direction and leadership to the staff team. The leadership of the service promoted an open and approachable culture, which was willing to listen to people's views and requests in order to provide a good service. Everyone we spoke with knew who to contact at the service if they had any queries or concerns. People said there was good communication with the service and they were confident any suggests or requests would be acted on. Staff felt well supported by the management team. They felt communication was very good; they could visit the office and speak with the registered manager or director at any time and they said the out of hours service was "excellent", ensuing support was always available to them. Comments included, "This is the best job ever...": "I really enjoy my work..." and "They (management team) are excellent; they know what they are doing and are very well organised..."

People's views and opinions of the service were sought; a survey on the quality of the service was sent to all users and the registered manager recorded their feedback at regular care reviews. The results showed people were happy with the service and all aspects were highly rated. Comments included, "Excellent all round service, thank you..." and "I would like to add a huge thank you for the wonderful care you provide..." Where one person felt the timing of their visit could be improved the registered manager reviewed the rota to accommodate their preference. The registered manager knew each person using the service personally and regularly provided care and support to them. They used their care visits as a time to gain informal feedback as they were keen to continually improve the service. One person told us, "They (the service) should get an award for the best care agency as they work so hard to care for people like me".

Regular 'spot checks' were carried out in people's homes to ensure staff arrived on time, followed the care plan, used equipment safely and treated people with dignity and respect. Verbal feedback was also sought from people using the service during these visits. The registered manager or team leader observed staff practice and provided guidance to them to ensure best practice was followed when delivering care and support.

Staff were involved in how the service was run. Although no formal team meetings took place, due to the small staff team, staff were able to talk to the registered manager; team leader and director daily and to each other. Information was regularly shared with the staff team via staff's mobile telephones. Memos and emails were also used to ensure effective communication between the team. Staff frequently "popped" into the office to discuss any concerns or changes, which provided them with an opportunity to meet the management team. As the registered manager was very 'hands-on' they worked regularly with staff and staff described a supportive working atmosphere. Staff were clear about their roles and responsibilities and told us they enjoyed working for the service. All staff said the registered manager and director were approachable and they felt listened to and supported if they raised any issues.

People's information was treated confidentially. Personal records were stored securely in lockable filing cabinets in the office. Records held on the computer system were only accessible by staff authorised to do so as the computers were password protected. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them. The service was registered with the Information Commissioner's Office due to the nature of the personal information kept.

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken. They had also completed the Provider Information Return when it was requested, and the information they gave us matched with what we found when we carried out this inspection.

The service worked in partnership with the local authority commissioners (people responsible for purchasing the service) and health and social care professionals. The registered manager attended a local 'care group' organised by health and social care professionals for providers, to enable them to discuss any concerns or emerging issues. Comments from professionals included, "We have no concerns. (The registered manager) attends the care group meetings...the service is well managed and they alert us to any concerns in a timely way..."