

P & E Care Limited

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Inspection report

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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 inspection took place on 5 June and was announced. We gave the registered manager two working days' notice of the inspection to ensure they would be available to meet with us. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. Not everyone using P & E Care Limited receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection the service was providing personal care and support to 27 older adults in the London Borough of Bromley.

The service had a registered manager in post. 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.

At our last inspection we found improvement was required to ensure staff had sufficient time for travel between calls, and to the management of people's medicines because one person's MAR did not accurately reflect the medicines staff were supporting them with and this had not been identified by the provider's medicines audits. We also found that improvement was required in regard to record keeping at the service.

At this inspection we found the provider had acted to address the issues we identified at our last inspection. However, we also identified a breach of regulations because risks to people had not always been comprehensively assessed and there was not always detailed guidance in place for staff on how they should manage identified risk safely. We also found that whilst people received safe support with their medicines, further improvement was required because there was not always guidance in place for staff on the support people needed to take medicines that had been prescribed to be taken 'as required'. Additionally, improvement was required to the provider's systems for monitoring the quality and safety of the service because audits of people's care records had not identified any concerns with people's risk assessments.

There were sufficient staff deployed by the service to meet people's needs and people told us they were satisfied with the timings of the visits they received. The provider followed safe recruitment practices when employing new staff. People were protected from the risk of abuse because staff received safeguarding training and were aware of the action to take if they suspected abuse had occurred. Staff were also aware of the provider's whistle blowing policy and told us they would use it if they had concerns. The provider monitored incidents and accidents and acted to reduce the risk of repeat occurrence. Staff were aware of the action to take to reduce the risk of the spread of infection and people told us staff followed safe infection control practices.

People's needs were assessed in order to ensure the service's suitability. Staff sought people's consent when offering them support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this

practice. People were supported to maintain a balanced diet where this was part of their assessed needs. Staff received an induction when they started working for the service and were supported in their roles through regular training, supervision and an annual appraisal of their performance.

People were able to access a range of healthcare services with the support of staff if needed. The provider worked with other agencies to ensure people received effective care. Staff treated people kindly and with dignity. They respected people's privacy and involved them in decisions about the support they received. People received care which reflected their individual needs and preferences. Staff encouraged people to maintain their independence where possible. The registered manager told us they would look to provide appropriate support to people at the end of their lives, although none of the people using the service required end of life care at the time of our inspection.

The provider had a complaints policy and procedure in place and people confirmed they knew how to complain. The registered manager maintained a complaints log detailing the action taken to address any complaints and people confirmed any issues they had raised had been dealt with to their satisfaction. People's views on the service were sought through the use of surveys and quality assurance visits and the provider acted to address any issues identified as a result of their feedback. All of the people we spoke with told us they were happy with the service they received.

The provider ensured the rating of the service was on display at the service and the registered manager submitted notifications to CQC, in line with regulatory requirements. People, their relatives and staff spoke positively about the registered manager and the management of the service. The provider held regular staff meetings to update staff on service developments. The provider worked openly with other agencies, including a commissioning local authority in order to provider a good quality service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Risks to people were not always adequately assessed and there was not always detailed guidance in place for staff on how identified areas of risk should be safely managed.

People were supported by trained staff to take their medicines, but there was a lack of guidance for staff when people were prescribed medicines on an as and when basis

Staff followed safe infection control practices when supporting people.

There were sufficient staff deployed to meet people's needs.

The provider followed safe recruitment practices.

People were protected from the risk of abuse because staff received safeguarding training and knew the action to take if they suspected abuse had occurred.

Staff were aware to report any incidents and accidents that occurred in the course of their work. The registered manager monitored incident and accident reports and acted where appropriate to reduce the likelihood of repeat occurrence.

Requires Improvement 

Is the service effective?

The service was effective.

The provider assessed people's needs to ensure the service's suitability to provide them with support.

Staff received an induction when they started work and were supported in their roles through regular training, supervision and an annual appraisal of their performance.

People were able to access a range of healthcare services in order to maintain good health.

The provider worked with other organisations to ensure people

Good 

received effective care.

People were supported to maintain a balanced diet.

Staff sought consent from people when offering them support and demonstrated an understanding of how the Mental Capacity Act 2005 (MCA) would apply if people lacked capacity to make a decision for themselves.

Is the service caring?

Good ●

The service was caring.

People told us staff were kind and treated them well.

Staff treated people with dignity and respected their privacy.

People were supported to maintain their independence.

People were involved in making decisions about the support they received.

Is the service responsive?

Good ●

The service was responsive.

People had been involved in the planning of their care and were supported by staff in line with their individual needs and preferences.

The provider had a complaints procedure in place which gave guidance to people on how to raise concerns. People knew how to complain and expressed confidence that the provider would address any issues they raised.

The service was not currently supporting anyone at the end of their life, however the registered manager told us they would liaise with relevant healthcare professionals if necessary.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The provider had systems in place to monitor the quality and safety of the service, but improvement was required to ensure these were effective in identifying and addressing issues.

The service had a registered manager in place who demonstrated a good understanding of the responsibilities of

the role.

People and staff spoke positively about the management of the service and the working culture.

The provider had systems in place for seeking the views of the people they supported, and made improvements to the service based on the feedback they received.

The provider worked with other agencies to provide a high-quality service.

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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 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.

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity was carried out on 5 June 2018. We visited the office location to see the registered manager and office staff; and to review care records and policies and procedures. We spoke with the registered manager, the provider's nominated individual and three staff. We looked at a range of records including six people's care plans, four staff files, staff training and supervision records, people's medicines administration records (MARs), audits and other records relating to the management of the service. Following the inspection site visit we spoke with five people and two relatives by telephone to gain their views of the service.

The inspection was carried out by one inspector. Prior to the inspection we reviewed the information we held about the service. This included details of notification submitted by the provider. A notification is information about important events that the provider is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also contacted a local authority who commissioned services from the provider to seek their views and used this information to help inform our inspection planning.

Is the service safe?

Our findings

People and their relatives told us they felt safe when being supported by staff from the service. One person said, "I've not had any safety concerns; the staff all do a good job." Another person told us, "We've had no problems; I feel safe with the support I get from the carers." A relative commented, "The staff treat [their loved one] well. The service we've received has been quite safe; they're reliable and we've not had any accidents." However, despite this positive feedback we found risks to people were not always adequately assessed and there was not always detailed information for staff in people's risk assessments on how to manage areas of identified risk safely.

The registered manager conducted risk assessments which covered areas including moving and handling, medicines and the health and safety of people's living environments. However, these had not always been completed in full or did not include sufficient detail to provide clear guidance on how to support people safely when managing areas of risk. For example, one person's moving and handling risk assessment identified tasks related to their mobility that they were unable to manage independently, but did not include any guidance on the support they required when mobilising.

We raised this issue with the registered manager who updated the person's risk assessment to confirm that two staff, a hoist and a sliding sheet were required to support the person to mobilise. However, the updated assessment still lacked detail. There were no guidelines for staff describing the person's routine when being supported to mobilise, and no information regarding the sling that staff should use with the hoist, for example the type of sling and how it should be attached to the hoist when being used to ensure the safety of person being hoisted. The risk assessment also lacked any information regarding the hoist staff were using when supporting the person. For example, there was no record of when it was next due to be serviced, or who was responsible for arranging this, to ensure it remained in good working order and was safe for staff to use. Whilst staff we spoke with demonstrated an understanding of how to safely hoist people, the lack of detailed guidance for staff working unsupervised in people's homes meant people were placed at risk of receiving unsafe or inconsistent care.

In another example, we found that sections of the provider's environmental risk assessments had not always been accurately completed. One person's risk assessment identified the use of kitchen appliances as being 'not applicable' when the details in their care plan suggested staff may need to use some kitchen equipment. We also found that a section of the provider's risk assessment form intended to provide information on how utilities, such as gas or electricity, could be turned off in people's homes in the event of an emergency had not been completed correctly in six people's assessments.

Additionally, we found that action was not always promptly taken to ensure people's care plans and risk assessments were updated where their conditions had deteriorated, to ensure staff were aware of how to support them safely. For example, one person's risk assessment stated that they could manage their skin care independently and did not identify any issues with their skin integrity. However, the daily notes completed by staff each day during the month prior to our inspection identified that the person currently had skin integrity concerns which were partly being managed by the application of a prescribed cream. The

lack of an updated care plan and risk assessment meant that staff unfamiliar with the person's needs may not be aware of the importance of careful monitoring of their skin integrity carefully when supporting them. There was also no further guidance in place on how the risk of the person developing pressure sores was being managed safely, for example through the use of pressure relieving equipment or by repositioning the person periodically.

These issues were a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, the provider sent us information confirming they had updated one person's care plan to include the need for staff to monitor their skin integrity. We also spoke with a relative of the person in question, who told us that staff had been proactive in letting them know about any changes in their loved one's conditions and that they had referred any issues to relevant healthcare professionals, where appropriate. The provider also confirmed they would be looking to review and update the environmental risk assessments for all of the people using the service. We will check on the outcome of this at our next inspection.

Staff received training to manage people's medicines and were checked by a member of the management team to ensure they were competent in medicines administration. People told us they received support to manage their medicines safely where this had been identified as a part of their care plan. The provider had implemented electronic medicine administration records (MARs) which the registered manager explained could be reviewed remotely in real time to confirm administration. The MARs we reviewed were up to date and confirmed that people had received their medicines as prescribed.

However, improvement was required to ensure appropriate guidance was in place for staff on the support people required with any medicines they needed to take 'as required'. For example, one person's care plan identified them as having been prescribed medicine to be taken 'as required', but there was no guidance for staff on the circumstances in which administration may be required, the maximum dose, or the frequency at which the medicine could be safely administered. The medicine was also not listed on the person's MAR to enable staff to record whether the person had taken or refused it during their visits.

We raised this issue with the registered manager who told us that they thought the medicine was no longer prescribed to the person because it could be bought without prescription, although the person may still need to take it on occasion. They told us they would update the person's care plan and MAR to include information about the medicine following our inspection. We also spoke with a relative of the person in question who was unable to tell us if the medicine was prescribed or not, but said that they were not aware of any problems relating to the support their loved one was receiving with their medicines.

At our last inspection we found improvement was required because whilst the service deployed a sufficient number of staff to meet people's needs, the scheduling of staff calls did not include sufficient time for travel between each visit to enable staff to visit at the planned times. At this inspection we found that the provider had addressed this issue.

People and their relatives told us that staff visited them at, or close to, the times they had agreed with the provider. One person said, "I have regular carers and they come at the right times." Another person told us, "The timings of my visits have been sorted out; they come at the times I expect." A relative said, "We're happy with the timings of the calls; they're never wildly out." Records showed that staff rotas were planned to include travel time between each call, which had been calculated based on the distance between each visit. Staff confirmed they had enough time to travel between each call so that they could support people

without rushing.

The provider had an on-call system in place to enable people or staff to contact them outside of office hours in an emergency. People told us they were able to speak with senior staff when needed by telephone. The provider also had a business continuity plan in place which included guidance for staff on how to ensure the continued operation of the service in the event of an emergency, for example, if the IT systems in the office weren't working or how to prioritise people's calls in the event of bad weather which may affect travel.

The service followed safe recruitment practices. Staff files contained completed application forms which included details of each staff member's previous employment history, as well as details of checks having been carried out in areas including proof of identification, right to work in the UK, criminal records checks and references which helped ensure their suitability for the roles they had applied for.

People were protected from the risk of abuse. Staff completed safeguarding training in order to help protect the people they supported. They were aware of the different types of abuse and signs that may suggest abuse had occurred. They were also aware of the provider's safeguarding and whistleblowing procedures and confirmed they would follow these if needed. One staff member said, "If I suspected someone had been abused, I would report it immediately to my manager. If for some reason they didn't act, then I know I can speak with social services or CQC."

Staff were aware of the action to take to reduce the risk of infection when supporting people. One staff member told us, "If I'm supporting someone with personal care, I always make sure I wash my hands before and after, and that I wear a fresh pair of gloves and an apron whilst helping them." People we spoke with also confirmed staff wore gloves and aprons when supporting them.

Staff were aware to report any incidents or accidents that occurred. The registered manager maintained an incidents and accidents log and confirmed they reviewed the details with a view to reducing the risk of repeat occurrence. Records we reviewed confirmed this. For example, where staff had reported an incident in which one person's medicines had run out we saw the registered manager had followed this matter up with relatives, the person's GP and their pharmacist to arrange for their prescribed medicines to be delivered automatically each month in future.

Is the service effective?

Our findings

People and their relatives told us that staff were well trained and able to support them effectively. One person said, "I'm very happy with the service. The staff are professional and do a good job." Another person said, "They [staff] are competent and go out of their way to help me." A relative commented, "The staff are quite competent in supporting [their loved one]; far better than the agency we used previously."

Staff told us, and records confirmed, that they received an induction when they starting working for the provider. This included time spent reviewing the provider's policies and procedures, and people's care plans and a period spent shadowing more experienced colleagues. Staff with no prior experience working in adult social care were also expected to complete the Care Certificate during their first months working for the service. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings.

Staff also received training in range of areas considered mandatory by the provider which included moving and handling, safeguarding, infection control, health and safety and dementia awareness. This training was refreshed periodically to ensure they remained up to date with current good practice and during our discussions with staff they were able to describe how they put their training into practice. For example, one staff member described the steps they took to promote good hygiene whilst preparing food for people which was in line with recognised safe practice, and told us, "I'm happy with the training I've had; it covers all of the areas I've needed to do my job."

Staff were also supported in their roles through regular supervision and an annual appraisal of their performance. One staff member told us, "Supervision's helpful; it gives me a chance to discuss any problems I might be having with work, or personally, and it also allows the manager to give me feedback on anything they might want me to do differently."

The registered manager assessed people's needs before they started receiving support from staff, to ensure the service's suitability. These assessments considered people's physical and mental health and included discussion on each person's goals or expected outcomes from using the service. People told us that the support they received from staff was delivered in line with nationally recognised guidance. For example, people confirmed that the care they received was person centred and reflected recommendations made in guidance issued by the National Institute for health and Care Excellence (NICE) on delivering personal care to people living in their own homes.

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 so that they can receive care and treatment when this is in their

best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

Staff received training in the MCA and demonstrated an understanding of how people should be supported to make decisions for themselves wherever possible. The registered manager told us that whilst some of the people using the service were living with dementia, they were able to make decisions about the care that they received independently. They also told us that if they identified a person as lacking capacity to make any significant decision about their care and treatment then they would seek to involve family members and social care professionals, where appropriate, in making the decision in their best interests, in line with the MCA.

Staff told us they sought people's consent when offering them support. One staff member said, "I always talk to people about what I'm doing with them to make sure they're happy. If they weren't I wouldn't do it. For example, if they didn't want to have a wash on a cold morning, I might try and encourage them, but would respect their choice and then check if they'd like to have a wash at a later visit." People confirmed staff sought their consent. One person told us, "They [staff] would never make me do anything I didn't want to do." Another person said, "They always check I'm happy with what they're doing."

People's care plans included information for staff on any support they needed to maintain a balanced diet, where this was part of their assessed needs. They also included information about any known risks associated with eating and drinking, for example if people were allergic to certain foods. Staff told us that they discussed people's meal options with them before preparing what they wanted each day and this was confirmed by people we spoke with. One person told us, "The staff make what I want when they visit; I direct them on what I'd like to have and am happy with their help." Another person said, "They make sure I stay hydrated and always leave me drinks that I can have between visits."

People told us that they were able to manage their healthcare appointments independently or with the support of relatives, although they expressed confidence that staff would support them in this area if needed. Staff monitored people's healthcare conditions and relatives confirmed they had been informed of any changes that may mean their loved one required support from a healthcare professional. For example, one relative told us, "They [staff] told me one that they thought I should call the GP to see [their loved one] and it's a good thing they did as [their loved one] had an infection and was admitted to hospital later that day."

The provider worked with other organisations to deliver effective care to people. Records showed that the service worked closely with local authority commissioners to ensure people's care packages were implemented in a timely manner where they had been assessed as needing support. This also included staff reporting any changes in people's conditions to local authority social care professionals, where they had an impact on the level of support that was required, so that people's needs could be reviewed and care packages amended promptly where required.

Is the service caring?

Our findings

People and their relatives told us that staff were caring and considerate in their approach when supporting them. One person said, "The carers are kind; we have a bit of banter and enjoy a laugh together." Another person told us, "They treat me very well and have gone out of their way in making sure I'm looked after." A relative said, "The staff are caring; always happy to help and have a pleasant manner."

Staff knew the people they supported well. They were aware of people's likes and dislikes, and the things that were important to them. One staff member told us, "I have a fairly consistent rota so have got to know the people I support. Because of this I think they're comfortable with me and the support I give them." People confirmed they were supported by a regular group of staff. One person told us, "I see the same staff each week, except for when they're on holiday and things like that. We get on well."

People described examples where they felt staff had shown them kindness. One person told us that on a recent occasion they needed support to go the toilet in the middle of the day when they were not due to have a visit. They explained they contacted a member of staff who happened to be nearby so stopped by directly to provide them with the help they needed. Another person spoke positively of their relationship with a member of the management team who they told us regularly contacted them to see how they were getting on, showing an interest in their overall well-being.

Staff treated people with dignity and respect. One person told us, "They've done a great job with recruiting the right people; the carers are polite and have the right attitude." Another person said, "They've all been very friendly; they've never been rude or made me feel uncomfortable." A third person commented, "They're very supportive; I can be slow with some things but they never rush me so I'm able to go at my own pace."

Staff described the steps they took to maintain people's privacy and dignity. One staff member told us, "I always make sure we have privacy when I'm supporting someone with personal care by keeping the door and curtains closed." Another staff told us, "I always ring the bell before entering anyone's home and call out when I go in to make sure they know I'm there. If I'm helping someone to have a wash, I'll keep them covered up as much as possible with a towel and check at each stage to make sure they're comfortable with what I'm doing." People confirmed their privacy was respected. One person said, "The staff give me privacy when I need it but never go too far away, in case I need them."

Staff encouraged people to maintain their independence. One staff member told us, "I always ask people about the things they can do for themselves when I'm supporting them as it can vary from day to day." One person told us, "They encourage me to do as much for myself as I can. For example, I still shave myself every day and they only help me with things I can't manage."

People were involved in making decisions about their care. Staff told us they sought to give people choices wherever possible when offering people support. For example, one staff member described showing a person they supported different meal options from the fridge each day so that they could pick the one they wanted them to prepare. Another staff member told us, "I always ask [people] what they would like me to

help them with, even if we've developed a routine, because their preferences might change." The feedback we received confirmed this. For example, one relative told us, "There have been days when [their loved one] hasn't felt like getting up when the staff are here, so rather than prepare a bath, they offer [their loved one] a wash in bed instead." One person told us, "They always ask me what I'd like them to help me with, so the decisions are mine."

Is the service responsive?

Our findings

People and their relatives told us they had been involved in discussions about the support they required and that they received care from staff which reflected their individual needs and preferences. One person said, "The manager came round at the start and we talked about what I needed help with. On the odd occasion I've thought of other things I'd like help with, I've called them and they've been happy to make amendments." Another person told us, "The staff I see have got to know me well and understand the way I like them." A relative said, "We were involved in the planning of the care and the staff have provided help in the areas we asked for."

People had care plans in place which had been developed from an assessment of their needs conducted by the provider and the local authority where they had commissioned the service. Care plans contained information about people's desired outcomes from using the service, and details of the support they required which covered areas including nutrition and hydration, personal care, medicines and support to mobilise.

Staff were aware of the details of people's care plans and could describe people's preferences in the way they liked to receive support. They were also aware to report any changes in the needs of the people back to the provider so that the registered manager could reassess them and update their care plans where required. People told us, and records confirmed that their care plans had been reviewed periodically, in line with the provider's procedures to ensure they remained up to date and reflective of their current needs.

The provider was committed to working in ways which met people's needs in respect of their race, religion, sexual orientation, gender or disability. One staff member told us, "I always try to treat people the way I would want to be treated if I was them, so that means having consideration for things such as their culture or religion. For example, one person we support won't eat certain foods because of their religion so we'd always consider this when preparing meals, although in practice it's not an issue as they buy the food we prepare." In another example, the registered manager had identified TV programmes specific to one person's faith that they watched and enjoyed during the day.

From April 2016 all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand, so that they can communicate effectively. The provider had an accessible information policy in place which affirmed their commitment to ensure people were provided with information about the service in a format which met their needs. This included for example, providing information to people in large print or braille.

The provider had a complaints policy and procedure in place, a copy of which was provided to people when they started using the service. This contained information on what people could expect when they made a complaint, including the timescales in which they could expect a response, as well as details on how they could escalate their concerns if they remained unhappy with the outcome.

People told us they knew how to complain and had confidence that any concerns they raised would be dealt with appropriately, to their satisfaction. One person said, "I've not had any reason to complain, but I would speak with the manager if I needed to." Another person told us, "I'd speak with someone in the office if I was unhappy with something, but they're always checking to make sure I'm happy with things so any minor issues are sorted out as we go along." The registered manager maintained a record of complaints which included details of the action taken to resolve any issues raised. For example, one person had complained about the timing of their morning call and records showed this had subsequently amended when planning staff rotas, in line with their expectations. We spoke with the person in question who confirmed they were currently happy with the timings of their visits.

The registered manager told us that the service would seek to co-ordinate with people's GPs and the local hospice team to ensure people received appropriate end of life care, should this be required. However, at the time of our inspection, none of the people using the service required end of life support.

Is the service well-led?

Our findings

At our last inspection we found improvement was required because medicine audits had not been effective in identifying an issue relating to the safe management and recording of the administration of one person's medicines. At this inspection we found that whilst this issue had been addressed, further improvement was required to the provider's systems for monitoring the quality and safety of the service to ensure they were effective in identifying issues and driving improvements.

The provider conducted checks and audits in a range of areas including people's medicines, care plans, checks on staff records and spot checks of staff performance whilst supporting people. Action had been taken to address issues where they had been identified. For example, one person's care plan had been updated following a change in the support they needed to take their medicines as prescribed as a result of the findings of a recent audit.

However, improvement was required because the provider's audits had not identified the issues we found at this inspection in regard to information that was missing from one person's environmental risk assessment and the lack of detail in people's moving and handling risk assessments. We raised these issues with the registered manager who told us they would be reviewing and updating people's care plans and risk assessments where required following our inspection.

At our last inspection we found improvement was required because the provider had not always maintained accurate records relating to the provision in the service including details of any out of hours contact with staff and details of visit timings where staff were running late. At this inspection we found the provider had acted to make improvements in these areas. The service had implemented an electronic system for monitoring the timings of people's visits which was monitored by the management team. The provider had also introduced an out of hours contact log which was completed by the on-duty staff member who recorded the details of any contact made with the service when the office was closed.

The service had a registered manager in post who demonstrated an understanding of the requirements of the role and their responsibilities under the Health and Social Care Act 2008. They were aware of the events involving the provision of the service which they were required to notify CQC about and records showed they had submitted notifications accordingly, in line with regulatory requirements. They were also aware of the legal requirement to display their current CQC rating which we saw was displayed on a wall of the registered office.

People and their relatives told us they felt that the service was well managed. One person said, "I have every confidence in the management team; they deal with everything very efficiently." Another person told us, "I know I can always speak to the manager if there's anything I need to discuss; the ladies in the office are all very helpful."

Staff also spoke positively about the registered manager and the management of the service. One staff member told us, "The manager is very easy to talk to and keeps in touch. If I had a problem, I know I could

talk to her." Another staff member said, "I feel they [the management team] work transparently. They're always prepared to listen to me and are very supportive."

The provider held regular team meetings with staff to help keep them informed of any service updates and to ensure they were aware of the responsibilities of their roles. Areas discussed at a recent meeting included team working, timeliness of visits, data protection and the service's electronic call monitoring system used to confirm arrival and departure times at people's homes.

The provider sought people's views on the service they received through quality assurance visits and the use of surveys. Whilst only a small number of people had responded to the most recent survey, the feedback the service received indicated a high level of satisfaction with the service which was reflective of the views of the people we spoke with. We reviewed a sample of the provider's quality assurance visit records and noted that one person had raised issues indicating they were unhappy with the support they were receiving. The registered manager told us they had taken action to address these issues and we confirmed this with the person following our inspection. They told us, "I'm happy with the service; my carer does a very good job and if I have any problems the manager sorts them out."

The provider worked closely with external agencies to provide a high-quality service to the people they supported. The registered manager told us they welcomed feedback from other agencies which may help drive service improvements. For example, they told us they were happy to receive visits from social care professionals working for a local authority who commissioned their services and would always seek to share any information requested by the local authority safeguarding team if requested to do so, in the interests of protecting the people they supported. We contacted the commissioning local authority for their feedback and they confirmed that they could visit the service when they wished and that the provider had acted on any feedback they had offered to make improvements.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people had not always been assessed and there was not always adequate guidance in place for staff on how to mitigate identified risks.