Kent Senior Care Ltd

Home Instead Senior Care

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

This inspection was completed on 7 and 8 August 2018 and was announced.

Home Instead Senior Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to a range of people including older adults. Not everyone using Home Instead Senior Care receives a 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 there were 14 people using the service.

People were kept safe from potential harm and abuse, by a staff team who had received training in safeguarding. Risks had been assessed and minimised where possible, with people being supported to take positive risks. There were sufficient numbers of staff to meet people's needs. Staff had been recruited safely. People received their medicines when required and by competent staff. The risk of infection was reduced by staff who had been trained in infection control, and used personal protective equipment. There were systems in place to learn and improve when things went wrong.

Before a service was provided, an assessment of people's needs was completed. Staff received the training and support to provide effective care. Staff worked in partnership with healthcare providers to provide consistent support when people moved between services. People had access to healthcare professionals and were supported to maintain good health. People were supported to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible; the policies and systems in the service supported this practice. The principles of the Mental Capacity Act were being complied with and any restrictions were assessed to ensure they were lawful, and the least restrictive option.

People were treated with kindness and compassion by a staff team that knew them well. People received emotional support when they needed. People, and where appropriate, their relatives were consulted around their care and support and their views were acted upon. People's privacy and dignity were respected, and staff promoted people's independence.

People received personalised care responsive to their needs. People's care plans were written with them, and people told us they reflected their needs. There was a complaints policy and form, available to people. Complaints had been utilised to improve the service.

There was a registered manager in post at the time of our inspection. 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.

There was an open and inclusive culture within the service which was shared by people, staff and managers.

There was a robust governance system in place helping to provide a high quality service. People, their families and staff were engaged and involved in the running to the service. Systems were in place to ensure the service learnt and improved when things went wrong. The registered manager and provider had formed strong relationships with healthcare professionals and local health providers.

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.

People were safeguarding from potential harm and abuse.

Risks to people, staff and the environment had been assessed and minimised.

There were sufficient numbers of staff to meet people's needs. The provider had followed safe recruitment procedures.

People received their medicines safely.

People were protected by the prevention and control of infection.

Lessons were learnt and improvements made when things went wrong.

Is the service effective?

Good

The service was effective.

People's needs were assessed before they received a service, and were delivered in line with good practice.

Staff received the training they needed to deliver effective care.

People were supported to eat and drink sufficient amounts to maintain a balanced diet.

Staff worked across organisations to deliver effective care when people moved between services.

People were supported to have access to healthcare services and live healthier lives.

Staff understood their responsibilities under the Mental Capacity Act and worked within the principles.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and caring.

People were involved in the development of their care plans and decision making in relation to their care.

Staff respected people's privacy and dignity and encouraged their independence.

Is the service responsive?

Good

The service was responsive.

People received person centred care, responsive to their needs.

People were aware of how to raise complaints and concerns.

The registered manager was able to demonstrate who they would ensure people had a pain free dignified death.

Is the service well-led?

Good

The service was well-led.

There was an open empowering culture shared with staff and the provider, promoting good outcomes for people.

There were effective systems in place to monitor the quality of the service.

People's views were actively sought, and used to improve the service.

There were systems in place to continuously learn and improve the service.

The service worked effectively with other agencies.

Home Instead Senior Care

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.

Inspection site visit activity started on 7 August 2018 and ended on 8 August 2018. It included visits to two people in their own homes. We visited the office location on 7 and 8 August 2018 to see the registered manager, and office staff; and to review care records and policies and procedures. The provider was given 24 hours' notice because the location is a domiciliary care agency and we needed to be sure that someone would be at the office. The inspection was carried out by two inspectors.

The provider completed a Provider Information Return (PIR). The PIR 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 reviewed other information we held about the service. This included notifications of incidents that the registered persons had sent us. These are events that happened in the service that the registered persons are required to tell us about.

We spoke with the provider, the registered manager, the training and recruitment manager, and the care co-ordinator of the service. We spoke with three care givers. We looked at six people's care plans and the associated risk assessments and guidance. We looked at a range of other records including four staff recruitment files, the staff induction records, training and supervision schedules, staff rotas and quality assurance documentation and audits. Following the inspection we spoke with two relatives.

The service had been registered with us since 6 August 2017. This was the first inspection carried out on the service to check that it was safe, effective, caring, responsive and well led.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe using the service. One person told us "Just to know that someone is coming makes me feel safe."

People were protected from potential abuse. Staff had received training in safeguarding, and staff were able to identify signs they would look for if they had concerns about a person. One staff told us "If someone's behaviour changed I would always phone it into the office." Staff told us they were confident that the management would act on any concerns raised to them. One staff member told us "I was concerned about someone and phoned it into the office, they acted and the person went into respite care." The registered manager told us they had built a relationship with the local authority safeguarding team, and was able to call them with any concerns, and made referrals to them as necessary.

Risks relating to people's care and support had been assessed and minimised. People's care plans had personalised risk assessments relating to all areas of life. Risk assessments had been implemented for bathing, medicines, falls and skin integrity and were understood and followed by staff. Risk assessments were person centred, and focused on the person's ability highlighting areas they required support and areas people were more independent. For example, one person was at risk of choking, but liked to rinse their mouth out with warm water following cleaning of their teeth. Staff were advised to put limited water in a cup for the person, and test the temperature of the water on the person's cheek to ensure they were happy, before supporting the person to ensure they did not have too much liquid to rinse their mouth and cause them to choke. Other risks were assessed by staff during calls; we observed one staff gently reminding the person to put their life line on, with both of them sharing a joke at the same time and laughing together.

Risks to the environment had also been assessed. Before people received a service, the registered manager assessed the environment to make sure it was safe for staff and those being supported. People's care plans included detailed descriptions of their houses; parking arrangements and any potential hazards to be aware of. The registered manager and provider had completed the necessary health and safety checks on the registered office.

There were enough staff to meet the needs of the people using the service. The service operated a consistent recruitment campaign to ensure that when they started providing care to a new person, there was sufficient staff to meet the person's needs. The provider used an electronic system to match staff to people, highlighting where staff had previously worked with a person. The provider told us they aimed to ensure people received care from consistent staff. They ensured people were introduced to one or two staff to cover in place of sickness or annual leave. Where this could not be facilitated, the registered manager or training and recruitment manager attended the visit. All the people and their relatives we spoke with told us they received care from a consistent staff team, and that the staff arrived on time. A relative told us "Previously we had another provider. They were good but they couldn't find the staff. Often someone wouldn't come until three hours late. We are very pleased with the punctuality [with Home Instead Senior Care.]"

We reviewed staff rotas and observed that travelling time was accounted for, to ensure staff had sufficient time to spend with people at their visits. The registered manager informed us that generally staff did not travel out of their area, unless they chose to. This helped to ensure staff arrived to their visits on time. One person told us "They get here on time, and check out on time." The provider implemented a mobile application that logged staff visits, and allowed them to 'book on and off'. The registered manager told us staff were still adapting to this process and the use of technology. The office team were responsible for covering 'out of hours' to ensure staff and people had a point of contact outside of business hours. Any issues that happened over night were discussed in the morning 'huddles' (office staff meetings) to ensure the staff team were all up to date. People, and their relatives told us they received a rota a week in advance so they knew which staff were covering the calls.

Staff had been recruited safely. There was a recruitment manager who was responsible for sourcing and recruiting staff to work with people, and ensuring full checks had been completed before staff worked with people. The provider told us they looked for staff who were 'caring' and 'bought into the ethos' of the organisation. Full recruitment checks had been completed before staff started working with people, including proof of identity, a full employment history and two references from previous employers. The provider completed a Disclosure and Barring Service (DBS) criminal records check for each staff member. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services.

Some people received support from Home Instead Senior Care with their medicines. Staff had received appropriate training in medicines prompts and administration, and those supporting people with medicines told us they felt competent to do so. The training and recruitment manager completed medicines competencies with staff. A member of staff told us "I've never had a client refuse [their medicines]. You have to respect them, you can't force them. I would report it to the office." Medicines Administration Records (MAR) were completed when staff supported people with medicines; we reviewed a sample of these, and saw there was no gaps indicating people had received their medicines when needed. Staff supported some people with prescribed creams. Where this was the case, there was guidance in the care plan, and the MAR detailed how and where to administer the creams, which included body maps. One person told us "I came out [of hospital] with a bed sore. It wasn't good when I came out, and it's nearly all gone. They [care givers] put cream on it, if they didn't, it wouldn't be as good as it is now."

Staff had received training in the prevention and control of infection, and told us how they minimised the potential spread of infection at people's homes. Staff received a bag from the provider, containing Personal Protective Equipment (PPE) to ensure they always had a stock available. One person told us "They [staff] wear gloves and aprons to help with creams and personal care." We observed staff wearing PPE when visiting people, and supporting some people with cleaning. A relative told us "They keep the bathroom and kitchen nice and clean. They ensure the bedding is checked and changed if needed, with the agreement of [person]."

The provider and registered manager had a robust system for reporting and recording any accidents and incidents. This included documenting the action taken, the follow up completed by the registered manager and any learning as a result of the issue. For example, in response to a missed signature on the MAR, the provider implemented a laminated 'reminder card'. The 'reminder card' which included prompts for staff of things they must do before leaving the person's house, such as signing the MAR. The registered manager and provider were responsible for reviewing and analysing the incidents for any patterns and trends, and shared the learning in team meetings with the whole staff team.

Good

Is the service effective?

Our findings

People and their relatives told us they received effective care. One person told us "They're excellent, we can't fault them" another person told us "There's not a thing I would change about them. I can reply on them right to the dot." A relative told us "It's a very good service, especially as I can compare it to others; I value the care givers their punctuality and that it's the same staff."

People's needs had been assessed by the registered manager and provider, and care was delivered in line with current good practice. Before the person received a service, the registered manager or provider completed an assessment of their needs. People were asked if they wanted their loved ones involved during the assessment. The assessment completed considered people's background, history, likes and dislikes, and their daily routines. Food and hydration needs were documented along with the person's mobility. During the assessment, the registered manager and provider would start to work on risk assessments for people's further needs. The registered manager told us that the person would then be discussed with the staff team, who would start to consider the best staff to support the person. Staff would be introduced to people by the registered manager or provider, before they supported the person. After the first visit, the registered manager would follow up with the person making a courtesy call to ensure everything was as they wanted. A quality assurance visit would then be scheduled for four weeks from the service being provided followed by six monthly reviews. People told us there was a 'thorough' assessment process, one person told us "Right away I knew they were the ones for me. They came down to meet me, they seemed so caring. They knew what I wanted, and what I needed."

People were supported by a staff team that had appropriate skills, knowledge and experience to deliver effective care. Staff that did not have a background in care completed the care certificate as part of their induction. The care certificate is a nationally recognised system for ensuring that new care staff know how to care for people in the right way. People and their relatives told us they had confidence in the skills and knowledge of their staff. We observed staff speaking clearly, bending down to speak to people at the same level as them and sharing multiple caring interactions. Staff members told us the training they received with Home Instead Senior Care enabled them to complete their roles. Staff told us "The training and induction process from start to finish is great" another told us "Training and updates are great." Training was delivered in person as well as some courses being completed online. The recruitment manager was responsible for completing competency spot checks and observations on staff to ensure staff were competent in their roles. Staff told us they received additional training when requested, for example one staff told us "I would like to get more training on the medication side of things. I haven't got any clients I support with medicines currently." The staff went on to confirm this had been raised at a team meeting that day, and the recruitment manager had already booked training for them.

People were supported to eat and drink sufficient amounts to maintain a balanced diet. People's care plans contained detailed guidance for how best to support people and we observed staff supporting people, giving them options in relation to food and drinks and their preferences. Risks to people had been identified relating to their eating and drinking, they were recorded in care records. There was clear guidance for staff on how to support people best, and what action to take to reduce any risks. At the time of the inspection,

the people being supported did not have complex nutrition or hydration needs. However, the registered manager was able to tell us about the steps they would take to support people if they did, such as referring to a dietician or the local Speech and Language Therapist team. Staff told us of the importance of ensuring people had sufficient amounts to drink, especially during warm weather. One staff member told us they drank a glass of water with one person because they said, 'if I have to drink one so should you'. People were encouraged to maintain their independence, one staff member told us "[person] likes to make a coffee, you have to let them keep their independence." Relatives told us the communication between staff, the person and them was 'excellent.' A relative told us "Anything urgent they call us. For example, the care giver recently found their food trays in the oven and garden, and they had not really eaten. We could then follow up. It's reassuring for us that they're ok and being looked after."

There were suitable arrangements in place to ensure people received effective care when they were referred to or moved between services. People's care files had accessible information that could be shared with the relevant healthcare professionals, for example if the person needed to go into hospital. This included information relating to any allergies the person may have, information on how that person communicates and any medicines the person was taking. One person transferred to a new healthcare provider, and staff worked with the local authority to offer a smooth transition between the services. The registered manager told us this included introducing the new provider to the person, offering for them shadow the current staff and offering an extended handover to ensure the person's daily routine was not disrupted.

People were supported to access healthcare services and receive ongoing healthcare support. One person was discharged from hospital with physiotherapy exercises to complete at home to continue their rehabilitation. The exercises were clearly detailed in the person's care plan, and when asked if staff support them to do the exercises the person told us "They wouldn't let me forget my exercises. I wouldn't be where I am without the exercises." Another person told us they were supported by staff to attend a doctor's visit where they had a small procedure. They told us "I was pleased they came in with me, it was nice to have someone with me." A relative told us a staff member noticed a healthcare condition for their relative, informed the relative and organised a doctors visit. The person needed further healthcare input in the form of a further appointment the following day, and medicines which the registered manager supported them to attend, and collect the medicines. The relative told us "All of that was amazing."

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 law 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 make 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. The procedure for this in community settings is via application to the Court of Protection.

We checked that the service was working within the principles of the MCA, and found that people's right to make decisions were promoted and staff were working within the principles of the MCA. Staff we spoke with had a good understanding of the need for consent, one staff member told us "You always have to ask. Give people choices and options. If they are not in the mind to answer, you could try writing it down, sometimes they get that, or ask later." The registered manager and provider understood their responsibility to ensure mental capacity assessments had been carried out when concerns were identified. For more complex decisions, we saw evidence that multi-disciplinary team were involved, such as the mental health team and GPs.

Good

Is the service caring?

Our findings

People and their relatives told us staff were kind and caring. One person told us "They're friendly, always there to help if I need anything." Another person told us "The staff are caring and trustworthy."

People and their relatives told us staff had time to spend with people, and give them emotional support when needed. One person was anxious about not their having their passport, and not being able to travel. Staff supported the person to get a new passport, and then reminded them where their passport was when they felt anxious. The registered manager told us this helped to reduce the person's anxieties. Another person told us that when they are concerned they have forgotten something, staff reassure them. The person told us "They remind me if I worry about something. They remind me that it's all in hand." People and staff told us they had time to spend with people. One person told us "The staff are very good, chatty. We always have time to sit down and have a cup of tea." Staff told us they enjoyed chatting to people, and getting to know about people's backgrounds, history and talk to them about their families. A staff member told us that during a visit the previous week, one person wanted the staff member to join them and their friend in the garden for lunch, which they did. We reviewed one person's documentation that detailed how important their cat was to them. When we spoke with the person, they told us that staff were kind and caring towards their cat, and that they appreciated that. A relative told us "The evening carer [person] really likes. They said they wish they could be their daughter or granddaughter." We observed one staff member interacting with a person's relative, as requested by the person. Staff and the relative had a relaxed, conversation, and there was a feeling of familiarity. One person told us "They're very good with family, they make them a cup of tea."

People were encouraged and supported to express their views and make decisions about their care. At the time of our inspection, no one was receiving support from an advocate, as people received support from relatives. An advocate is someone who supports people to express their views and wishes, and stands up for their rights. The registered manager had plans to increase people's knowledge about advocacy, following a workshop they had completed. People told us they were involved in their initial needs assessments, and on-going care reviews. One person told us about their care review and an improvement that was suggested for them, "They're very good like that, they ask me and if they think of something, they may suggest it." Another person told us they liked the service to liaise with their relatives about changes, concerns and reviews. This person told us that they were happy with their relatives being involved in every step of the process. This information was clear within the person's documentation and there was clear communication between the parties. The person told us "[My relative] calls them quite a bit. They always seem pleased when they've spoken to them [Home Instead Senior Care]."

Staff treated people with respect and dignity. One person was being supported with personal care following a fall, and asked to have staff support them whilst washing to increase their confidence. Staff told us that once the person had showered, they would leave them to get dressed, but stay close enough that they could support if the person needed it. Another staff member told us they turn to one side during personal care, so that they remind there to support, but were not "watching every move". Staff told us they always knocked on doors, and made their presence known when they arrived at people's houses.

People told us the visits from Home Instead Senior Care supported them to maintain their independence, and stay at home where they wanted to be. One person told us how care givers supported them when they were first discharged from hospital, supporting them with food preparation. The person was able to tell us how they have re-gained enough strength to make meals for themselves again, and how grateful they were for the staff support. Staff told us they ask people what support they want, to ensure they support people to be as independent as possible.

Staff told us they enjoyed working for the provider, and felt valued. One staff member told us "It is nice to be part of a team. To have your wellbeing considered." Another staff member told us they received flowers and a card from the provider on their birthday. One care giver had been nominated by the provider to win an award at the provider national conference. Staff told us the best thing about their job was "It's rewarding. To make someone's day is lovely. It's nice to see them smiling and well looked after." Another staff member told us "It's great to be able to help people stay at home, in their own surroundings, its best for the clients."

Good

Is the service responsive?

Our findings

People and their relatives told us they received person centred care responsive to their needs. One person told us "Staff do things exactly how I like." Each person was involved in creating a care plan specific to their needs, focusing on their strengths and highlighting the support they needed, and how they wanted it to be delivered. Care plans contained information highlighting people's daily routines and preferences with a focus on the aims for the person and supporting them to maintain their independence. For example, the water temperature people liked was documented, where people liked to get dressed following their shower, and regular prompts for staff to ask the person's consent before moving on to the next part of the routine.

People and their relatives told us staff provided person centred care. One person liked to have their night wear ironed, and we observed staffing doing this, with the person telling us "It's lovely." A staff member told us how they adapted the care they deliver depending on who they were supporting; "[person] likes their clothes put back a certain way, in a certain place. Another person won't eat if you're in their sight so you have to give them space." One person told us that staff put their clothes on the radiator whilst they showered to ensure they were warm following the shower, which they liked.

The provider told us throughout the inspection that they aimed to support people to "maintain independence, and support them to remain at home where they wanted to be." People were supported to do this through regular care reviews and monitoring of the service they received. There were systems in place to regularly check on the quality of the service, and review the person's needs. Formal care reviews took place every six months. People told us they were involved in reviews, and a relative told us they were very happy with the service review. One relative was able to tell us that during the last review, they agreed for the registered manager to support with medicines collections, for the person as a precaution in case the relative was unable to collect them. Following the review, the registered manager had implemented a contingency plan, agreed by the supporting pharmacy for such emergencies. The relative told us this "gave them such a relief". One person told us they reviewed their care plan regularly, and felt it was a true reflection on them and the support they wanted. A relative told us they ask their loved one to read the carers daily notes to them to ensure they are aware of any changes.

People and staff engaged in tasks together, directed by the person. For example, a staff member told us that during a recent call the person had asked them to join them and a friend in the garden for lunch. Another person told us that staff supported them to go shopping and that "It is nice to have someone with you if you feel unwell." A relative told us their loved one attended a club three times per week, so it was important staff were on time, and able to support their loved one to be ready to attend their commitment. The relative told us that the person had not been delayed by the staff, and that their loved one and they were very happy, as this supported the person to be sociable and promoted their independence. People told us that staff support them to do the things important to them, such as watering the garden, whilst chatting and that they had formed good relationships with the staff.

Complaints and concerns had been documented and responded to appropriately. The registered manager and provider kept a log of all complaints received and the action taken to resolve the complaint. There was

a complaints policy in place, which provided people with information who they could escalate their complaint to, if required including the local authority safeguarding team and the local government ombudsman. There had been two complaints logged in the previous 12 months to our inspection. Documentation we reviewed confirmed that the complaints had been resolved accordingly and within the timescales covered in the provider policy. People and their relatives told us they knew how to raise concerns, and make complaints. One person told us "I would call the staff and tell them if I wasn't happy with something, I am sure they would change it." Staff we spoke with were aware of how to support people to raise concerns and complaints but had not had any issues to raise.

At the time of our inspection, the service was not supporting anyone at the end of their lives. The registered manager was able to describe how they would support people to have a comfortable and dignified death. The registered manager informed us they were due to attend end of life training in September, and that until this time they would not support anyone who was at the end stages of their life. The registered manager understood that it could be a difficult subject to approach with people and their families, and planned to bring this conversation into the initial assessment to ensure people's wishes were known as soon as they started to receive the service.

Good

Is the service well-led?

Our findings

People and their relatives told us the service was well-led. One person told us "I think the service is absolutely fabulous." A relative told us "I would absolutely say the service is well run. The documentation is good, and we get regular reviews. They feedback to us any concerns. I value that they are proactive if they see anything that needs addressing."

There was 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. The registered manager was aware of their responsibility to comply with our registration requirements. The registered manager had notified the Care Quality Commission of important events as required. The registered manager was also aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support.

The provider has a clear vision, to 'change the face of aging' and a personal goal to be 'the most admired care provider in the area' which were shared by staff. The provider told us they "Genuinely wanted to help people to remain at home and keep their independence." The provider told us the culture of the service was "Very person centred where all the team members are driven with the mission to care." The provider and registered manager were responsible for monitoring the culture of the service, which people and staff felt was empowering and person centred. Staff told us they enjoyed working for the service, one told us "It's almost too good to be true, I am privileged to work for the outfit." Another staff said, "It's run very professionally." We observed staff talking to each other with mutual respect and fondness.

The registered manager and provider told us they worked well together, and the registered manager told us they were well supported by the provider. The registered manager told us "It's overwhelming how much they support you and how nice people within the organisation are. I can speak openly with the provider. They are always there to support me." The registered manager was a part of the registered managers forum locally, and told us of good practice they had learnt from the most recent forum, and how they were looking to embed that practice within their service. For example, as a result of an advocacy presentation delivered, the registered manager had been working on improving information currently available for people about advocacy, and the different options available. The registered manager also kept their skills up to date by attending national conferences held by the provider twice a year, and sharing the learning with the team. The provider was a dementia champion, and has been involved in a local project team looking at creating a dementia friendly village. A dementia champion is someone who encourages others to make a positive difference to people living with dementia by giving information about the personal impact of dementia.

People's views were actively sought and used to improve the service. People were asked their feedback during their first visit call, their four week quality assurance visit and then during six monthly reviews. The registered manager kept a log of any compliments received, from people, relatives and healthcare professionals. Comments included that the service had been "amazing and supportive of their needs" and

"[staff] are great and they feel lucky to have them on the team" and that "they would highly recommend the service." Plans were in place to send out questionnaires to people using the service, family members and healthcare professionals once the service had been running for a year. Staff had regular team meetings and supervisions where they were able to discuss any concerns or ideas for improving the service. Staff told us "We have regular meetings, if we have a problem we can call the office" and "The communication is second to none, you get updated by a call text or email."

The provider had an effective quality monitoring system in place to ensure the service continuously improved and achieved sustainability. Regular audits and checks were carried out by the registered manager and provider on all aspects of the service to make sure practice was safe and effective. The registered manager and provider were responsible for reviewing any trends in data and implementing action and improvement plans as a result. In addition, further quality audits were completed six monthly by the providers central quality team.

The registered manager had formed good relationships with the local authority, local GP services and other healthcare professionals. The provider had built links with other services and business within the community. For example, the provider was a part of the Shepway business advisory board, and delivered a presentation about being a care giver. The provider also attended local healthcare events and conferences, one of which focused on early intervention in the community, and the positive impact that could have on potential hospital admissions and cost implications to the NHS.