My Life (Carewatch) Limited

My Life Living Assistance (Folkestone)

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

The inspection took place on 20 and 21 February 2018 and was announced. We gave the registered manager short notice because the location provides a domiciliary care service and we wanted to ensure the registered manager was available.

This was My Life Living Assistance (Folkestone) first inspection since they registered with the Care Quality Commission (CQC) in October 2016.

Not everyone using the service 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.

My Life Living Assistance (Folkestone) provides personal care and support to people in their own homes in Dover, Deal, Ashford, Romney, Hythe, Sandgate and surrounding areas. At the time of the inspection the service was providing care for 172 people. This included younger and older adults, people living with dementia and people with a learning or physical disability. It also provided a live in care service.

There was a registered manager at the service. 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 and their relatives told us they felt safe with the people who supported them. Staff files showed the recruitment system was robust and people employed had been checked via the Disclosure and Barring Service (DBS) to ensure they were suitable to work with vulnerable people.

The service had a relevant and up to date safeguarding policy and procedure and all staff had had training in safeguarding. People were protected from abuse by staff who were knowledgeable and had the right skills to meet their needs.

People said they received good quality care and that staff treated them with dignity, respect, kindness and care.

Systems were in place to make sure people received their medicines safely, which included key staff receiving medicine training and regular audits of the system. People told us they always received their medicines at the appropriate times.

Staff rotas showed there were enough staff to meet the needs of the people who currently used the service. There was an electronic call monitoring service in place and an out of hours on call system which helped ensure visits were not missed.

New staff received an induction which helped ensure they had the skills they required, before they started to support people in their own homes. Staff undertook face to face training in essential areas and shadowed experienced staff.

Staff were provided with training in infection control and food hygiene and understood their responsibilities relating to these areas. Systems were in place to reduce the risks of cross infection.

Risk assessments relating to people's health needs and the environment helped protect the health and welfare of people who used the service. People were supported to maintain good health. Where staff had identified concerns in people's wellbeing there were systems in place to contact health and social care professionals to make sure they received appropriate care and treatment.

Care plans included relevant information about people's health and well-being. People's nutrition and hydration needs were clearly documented, along with any allergies and special dietary needs. Care plans were person-centred and people's choices for their care and support were respected.

The service was working within the legal requirements of the Mental Capacity Act 2005 (MCA 2005). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; they understood the need to obtain consent when providing care. Staff had completed training in relation to the MCA 2005.

People told us and records showed that independence was promoted. There was a service user guide which included relevant information about the service.

People and, where appropriate relatives or representatives, were involved in reviewing care needs and felt their views were listened to. People received care and support which was planned and delivered to meet their specific needs.

Staff told us they felt very well supported by the management team. They said regular supervisions and appraisals were provided in line with the registered provider's policies.

Staff said communication at the service was very good and they felt able to talk to the registered manager and make suggestions. There were meetings for staff where they could share ideas and good practice.

There was an up to date complaints policy and procedure and complaints were dealt with appropriately. People and their relatives told us they could contact the management team when they needed to.

The service was well managed by a team who used various monitoring and audit systems to maintain effective governance. The views of people and staff were sought via telephone calls and quality assurance surveys, as part of on-going review of the service's performance.

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.

There were systems in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adults and whistleblowing procedures.

The recruitment system was robust and there were enough staff to meet the needs of the people who currently used the service.

Where people needed support with their medicines, staff had been trained and had their competencies checked so people received their medicines safely.

Risks to people or staff were assessed and appropriate actions were taken to mitigate them.

Staff received training in infection control and understood their responsibilities relating to these areas.

Is the service effective?

Good

The service was effective.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Staff received a thorough induction. The provider had an on-going programme of training in place. Staff practice was monitored and they received support through supervision.

The service worked well with external agencies when necessary.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Staff understood the requirements of the Mental Capacity Act (MCA 2005) and considered people's best interests.

Is the service caring?

Good

The service was caring.

People who used the service and their relatives made positive comments about the staff and told us they were treated with kindness and respect.

People felt involved in their day to day care and said staff respected their dignity and individuality.

People felt well cared for by staff who encouraged them to remain as independent as they could.

People benefitted from staff who were positive about their jobs.

Is the service responsive?

Good

The service was responsive.

Care records were person-centred and people's choices for their care and support were respected.

People and their relatives were involved in care decisions and reviews and felt listened to.

Risk assessments and care plans were reviewed on a regular basis.

Regular feedback was sought from people who used the service via telephone calls and quality assurance surveys.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Is the service well-led?

Good

The service was well-led.

A registered manager was in place. They were approachable and had a visible presence in the service.

The service worked in partnership with other agencies and strived to build positive relationships with local organisations.

The provider had strong emphasis on continuous development and improvement using new technology systems.

People and their relatives could contact the management team when they needed to and staff felt well supported by management.

There were effective systems in place to monitor the service and exercise proper governance.

My Life Living Assistance (Folkestone)

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.

This inspection took place on 20 and 21 February 2018 and was announced. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that the registered manager would be available to assist with the inspection. The inspection was carried out by one inspector supported by an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Inspection site visit activity started on 20 February 2018 and ended on 21 February 2018. It included making telephone calls to people who used the service. We visited the office location on 20 February 2018 to see the registered manager and office staff; and to review care records and policies and procedures. Telephone interviews by the inspector and the expert by experience were carried out between 20 and 21 February 2018. This was so we could gain feedback about people's experiences of the service.

We contacted representatives of the local authority who funded people supported by the service, for their feedback. We received positive feedback from one health care professional .

The service had submitted 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. We looked at the information provided in the PIR and used this to help us plan the inspection.

Prior to the inspection we reviewed all the current information we held about the service. This included any notifications that we received. Notifications are reports of events the provider is required by law to inform us

about. We also reviewed the responses from questionnaires sent out by CQC to people who used the service, staff and community care professionals.

During the inspection we spoke with the registered manager, one quality officer, two senior care staff and five care staff. We contacted 15 people receiving care and four of their relatives. We examined a sample of ten care plans and other documents relating to people's care. We looked at a sample of other records related to the operation of the service, including eight recent recruitment records, training and supervision, staff handbook, service user guide, meeting minutes, audits and quality assurance.

We also viewed the safeguarding, recruitment, equality and diversity, infection control, medicines, complaints and promoting privacy, dignity, respect and choice in care policies.

Good

Is the service safe?

Our findings

People felt safe when receiving support from care staff. One person said, "I always know who is coming; I know all of them." Another person said, "Absolutely, I feel 100% safe. They have never missed a visit and if they running late they always call." People said that as staff wore uniforms and identity badges, this helped them identify the staff when they visited. One person said, "It is the same team everyday." Another person commented, "I feel safe with all the girls [staff]." Other comments include, "I can trust them", "Oh yes I feel safe. They are very nice people" and "I feel safe with them in my house."

Relatives also said their family member was safe in the care of the staff. Their comments included, "Yes, certainly we feel they are safe" and "I've been amazed by the calibre of person they employ." Feedback from a health care representative was positive. They told us, "There are no concerns. They have contacted us promptly whenever this was required."

The service's recruitment procedures were robust and systems were in place to check that staff were of good character and were suitable to care for the people who used the service. Retention of staff was good and supported continuity of care. All staff recruitment files checked included an application form, full employment history, interview records, two written references, proof of identity and terms and conditions of employment. Disclosure and Barring Service (DBS) checks were in place. A DBS check helps a service to ensure people's suitability to work with vulnerable people.

The registered manager explained that the service had an on-going recruitment campaign in order to ensure staff levels were maintained at all times. This helped the service to take on new packages of care when needed and ensured that staff days off, holidays and sickness were covered. Staff were encouraged to recommend a friend and were given financial incentive if their friend was successful in their application.

There were sufficient numbers of care staff to meet the needs of people. People and their relatives told us that care staff visited within timescales agreed at the start of the care package and at on-going reviews, staying the length of time it took to meet their needs. We looked at rotas which showed there were enough care staff to meet the needs of the people who currently used the service. We saw that care staff had time to get from one visit to the next in the time allotted.

There was a relevant and up to date safeguarding policy and procedure and all staff had had training in safeguarding. The staff handbook contained guidance about recognising, responding to and reporting abuse. Staff members were able to give examples of what may constitute a safeguarding concern and they were confident to report any issues. Staff felt confident to raise any concerns with a senior member of staff. The registered manager had contacted the local authority safeguarding team when they had concerns about people so that action could be taken to help keep them safe. There was a safeguarding concerns log where details of the concern, actions taken and outcomes were clearly documented. There was a whistle-blowing policy in place and staff told us they knew how to raise any concerns confidentially with management and felt it would be actioned.

We saw records of applications submitted to the Office of the Public Guardian (OPG); to check that enduring power of attorney (EPA) and lasting power of attorney (LPA) were registered and whether there were any court appointed deputyship order in place . An Enduring Power of Attorney is a document appointing a person to manage the property and financial affairs of another person. LPAs have now replaced EPAs, which only allowed people to appoint Attorneys to make decisions about property and financial matters on their behalf. The registered manager told us that applications were submitted for all existing and new clients joining the service, to ensure people were safeguarded against fraudulent claims and false representations. People's consent had been obtained prior to the service making the applications.

From speaking with staff, it was evident that they had a very good understanding of people's individual needs. Staff were aware of how to keep people safe. Staff explained to us how they met people's needs, evidencing safe procedures. For example, how they moved and handled people who had limited mobility. Staff explained how the occupational therapist was involved in people's moving and handling assessments and how staff were trained on the correct procedures. Staff were aware of the moving and handling support plans and risk assessments and ensured these were followed. For example, by making use of slide sheets when repositioning people.

People's care records included risk assessments which identified how the risks in their care and support were minimised. This included risk assessments associated with risk of falls, the risk of developing pressure sores, nutritional risks or potential risks arising from the home environment. Any incidents or accidents were recorded and reviewed to identify any potential learning. People who were vulnerable as a result of specific medical conditions or dementia, had clear plans in place guiding staff as to the appropriate actions to take to safeguard people concerned. This helped to ensure that people were enabled to live their lives as they wished whilst being supported safely and consistently.

Systems were in place to provide people with their medicines safely, where required. The medicines policy and procedure was comprehensive and included reference to relevant legislation, such as the Mental Capacity Act 2005 (MCA 2005). There were protocols for the administration of medicines given as and when required (PRN) and homely remedies. There was guidance around controlled drugs (CDs). These are prescription medicines which are controlled under the Misuse of Drugs legislation. There was guidance for staff around how to correctly complete medicines administration record (MAR) sheets.

People's care plans provided guidance to staff on the support each person required with their medicines. MARs were appropriately completed which identified that people were supported with their medicines as prescribed. Staff were provided with medicines training and the management team carried out competency checks on the staff and audited people's MAR records to ensure any potential discrepancies were identified quickly and could be acted on. This included additional training and support where required.

Where people required assistance with their medicines they told us that they were satisfied with the arrangements. One person said, "They give me my medicine on time." Another person said, "They help me with my tablets, otherwise I would forget." A relative commented, "They watch over [person] whilst she takes her medicines."

Staff had access to smart phones, which were fitted with customised software; enabling easy management of people's schedules, appointments and log visits automatically. The service used an electronic scanning system, whereby each time staff had to sign in and out of people's home when they had attended to provide care and support. This alerted the office staff whether the call had been attended and if there were any delays. This ensured missed call did not happen as the system alerted management to an overdue call in 'real-time', enabling them to act to address the problem in a timely way. The system also alerted staff of any

concerns in the premises and environment, for example, dark alleys or poor lighting. Staff had access to people's information and were able to record any changes in needs or other important information that staff needed to be aware of when attending the next call. One staff said, "The system has helped us by allowing us to spend more time with people."

Accidents and incidents reported were reviewed by the registered manager to ensure all appropriate steps were taken to minimise risks. Accidents and incidents recorded in the last 12 months had all been fully recorded and investigated with actions taken to reduce the risk recorded. Staff were aware of the reporting process for any accidents or incidents that occurred. Staff said that learning points and communication about accidents, safeguarding and other incidents were discussed at regular staff meetings and supervisions.

There was an up to date business continuity plan in place which covered sudden unexpected short staffing. This included details of how staff should manage different kinds of foreseeable events. There was an out of hours on call system which could be used by people who used the service, their relatives or staff. This also helped ensure visits were not missed.

People were reassured that the staff always wore gloves and aprons when supporting with personal care as part of infection control management. One person said, "They wear clean uniforms and wear gloves." A relative said, "The staff wear gloves and dispose of them afterwards." The infection control practice of staff was monitored as part of regular spot checks by the management team. Any issues identified were raised in supervision or discussed as learning points.

Good

Is the service effective?

Our findings

People felt the care staff were providing them with good care and support. People's comments included, "They are warm and friendly. All have a sense of humour and they are amazing", "They are all well trained and I trust them implicitly. They are always referring to notes if they are shadowing" and "I know them now. I take them for granted but I feel relaxed with them."

People and relatives said there were no issues regarding care staff leaving before the allocated time. People said they received consistent care from familiar staff and that staff arrived on time. People's comments included, "Their scheduling works well and they arrive on time every day. Even when there was a flu epidemic they didn't let us down once", "The girls are all well trained and we can have a good conversation about anything" and, "They have been our absolute life line."

Staff told us they mainly supported the same people and this ensured consistency. They said they were given adequate time to travel between visits and if they were delayed this was reported to the office so the next person was informed in a timely manner.

There was a thorough induction programme in place for all new staff. This included mandatory trainings, orientation to the service and a shadowing period with a more experienced member of staff. The probation period could be extended if needed to ensure new staff were fully competent to begin to work alone. Staff were required to complete the Care Certificate within this period. The Care Certificate is a set of standards that health and social care workers are expected to adhere to in their daily working life. Whilst out shadowing, staff completed the competency elements part to the 'Care Certificate' which cross referenced into their knowledge workbook. Staff were presented with a certificate of recognition after completion of the programme. Staff were also given a handbook which contained guidance about their roles and responsibilities.

Further training was on-going and staff were required to complete regular refresher courses for mandatory subjects, such as moving and handling, safeguarding, and medicines administration. Staff training was provided by an in-house trainer and was up to date. Staff also undertook specialist training related to the needs of the people they were supporting. For example, dementia and epilepsy awareness. Staff said they could request any supplementary training and they felt this would be facilitated.

Staff felt very well supported by the management team. There was a well organised system in place for all staff to receive formal one to one supervision with their line manager. We saw records of regular staff supervision sessions and staff confirmed these took place. Supervisions offer the opportunity for staff to discuss work issues on a one to one basis. We saw that issues discussed included workload, schedules, updates, training and development. Actions were recorded where relevant. Each staff member also had an annual appraisal with the registered manager, where they could reflect on the previous year's achievements and look at any development and training needs for the coming year.

Senior staff carried out spot checks of staff whilst they were visiting people who used the service. Spot

checks were completed on average every three months and also included a medicine competency check. We saw evidence of these being completed in the staff files we checked. Staff told us these checks were mostly unannounced and they were given feedback after the checks about any action they needed to take to improve the service provided to people.

People's care needs were assessed, planned for and delivered to achieve positive outcomes in line with best practice and current legislation. This took into account their physical, mental and social needs and were regularly reviewed and updated. The service worked closely with other professionals involved in people's care to ensure that their individual needs were consistently met. This included occupational therapists, district nurses, speech and language therapists (SALT) and the local authority. This provided access and the opportunity to network and share information with healthcare colleagues to effectively co-ordinate people's care.

There was an emergency checklist, referred to as 'emergency grab sheet', in place for each person. This gave a summary of each visit together with the person's contact details, emergency contact details, any communication difficulties experienced by the person, medical history, medicines, allergies and if a person had a "Do not resuscitate" (DNR) protocol in place.

Care plans included relevant information about people's health and well-being. People's nutritional and hydration needs were clearly documented, along with any allergies and special dietary needs. Agreed tasks were documented and people or their representatives had signed their agreement to the care plan. The service ensured information was accessible to as many people as possible. The registered manager told us that literature about the service could be produced in large print, easy read and various languages to accommodate people who used the service.

Some people required support with meals, preparation and cooking. We saw this was reflected in their care plans, which also confirmed people's likes, dislikes choices of meals and how staff could deliver their individual care and support. This approach assisted staff to have up to date information that supported people's own choices. One person said, "They help me with my meals, just the way I like."

People were supported to maintain good health and to have access to healthcare services. One person told us, "When I was not feeling well, they suggested I see my doctor and they helped me to contact my GP." A staff described how they were quick to act when they spotted an injury a person had been unaware of, which required medical attention. They said, "I called the emergency services, assisted the person to stay in a safe and comfortable position. I then contacted their family and the office to inform them of what had happened." We saw referrals had been made to district nurses, occupational therapists and GPs when these were required.

The Mental Capacity Act 2005 (MCA 2005) 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 2005 for people living in their own home, this would be authorised via an application to the Court of Protection. We checked whether the service was working within the principles of the MCA 2005.

We found people's mental capacity had been assessed and staff were aware of how this impacted on people who used the service. Staff were also knowledgeable on Deprivation of Liberty Safeguards (DoLS) and decisions being made in people's best interest if they lack capacity to make a specific decision or choice. Staff explained to us how they would support people to make choices. One staff member said, "I always give people plenty of choice, talk them through the process and give them time to respond."

Good

Is the service caring?

Our findings

People had developed positive and caring relationships with the care staff who supported them. This was reflected in the complimentary feedback we received. People told us that the care staff treated them with respect and kindness. One person said, "They are kind and quite caring. They are there to help me if I'm having difficulty with anything." Another person said, "Yes, they have a caring approach and are cheerful." A third person commented, "They are wonderful, they are all nice and kind." Other comments included, "They respond quickly and do things that I don't ask for, and that's good" and "the staff are caring and respectful."

Relatives commented, "They seem caring and respond quickly. I can't fault anything", "The carers are all very willing to help all the time", "I am pleased to give them a star. Very pleased with them" and "[Person] looks forward to them coming and it takes the pressure off me."

Staff were positive about their jobs. One staff member said, "I love my job. I love going out to support people and help brighten up their day". Another staff told us, "I love my job; I feel well supported." Other comments included, "My job means everything to me; I am passionate about caring for people and supporting staff so they can provide the best care."

The registered manager told us that people and staff were sent Christmas and Valentine's cards to make them feel valued and loved, which was particularly meaningful for people who lived on their own or did not have families. We saw a thank you card from a person who had received a Valentine's card; expressing that they were very happy as it was the first valentine card they had ever received. Staff also said this gesture made them feel valued.

Staff knew about people's individual needs and preferences and spoke about people in a caring and affectionate way. All of the staff, including the management and staff based in the office, spoke about people with consideration. People felt involved in and consulted about their day to day care and in setting up their care plans, which reflected their needs. Comments from people included, "They follow my care plan; we understand each other well", "they know what they are doing; they do things without me having to keep telling them" and "they ask me before they do anything, which I like."

Staff understood how some people's day to day preferences and wishes were linked to their culture, religion and values. People's care plans considered their physical, emotional and spiritual needs. Care plans provided clear guidance for staff to follow, so people were supported in ways which took their individual needs into account. This included people's physical and sensory needs. Any cultural or other specific needs would be identified at assessment and included in the care plan. Care plans had been regularly reviewed and people's views on the care they received had been sought. Staff completed equality and diversity training as part of their induction.

People told us staff always maintained their dignity and respected their privacy by ensuring they knock before coming in and that people were kept covered as much as possible while personal care was provided. One person told us, "They always respect my privacy and knock before coming in." Another said, "My privacy

is respected." Staff described clearly how they helped maintain people's dignity, including working at their pace, to their instructions and ensuring they remained as covered as possible. A relative said, "They give [person] plenty of time to rest and get his breath back." Staff referred to treating everyone how they would like to be treated. Daily notes contained details of the care provided, and showed staff had upheld people's dignity and privacy when providing care and support.

We saw from care plans we looked at that independence was promoted and the service worked with people to help them reach their best potential. This was also evident from discussions with staff and management. One person told us, "They help me to be more independent; sometimes all I need is a little encouragement." One staff told us, "I encourage people to participate in their care, at the same time I am aware of their needs; I encourage them to butter their bread or put coffee in their cup. It may seem little but to them it means a lot."

There were policies and procedures in place with regard to confidentiality and data management. People who used the service were asked to give consent to information being shared, to ensure these policies were followed. There was a service user guide, which included information about; the service, staffing structure, health and safety, confidentiality, people's rights, equality and diversity, complaints and compliments, safeguarding and data protection. There was also a statement of purpose in place, which included the aims, objectives and principles of the service, what services were provided and for whom. There was information about the responsible person, people's rights and choices, complaints and contact details.

The registered manager informed us that the service was not currently supporting anyone using specific communication technology, but would incorporate these into people's care plans if applicable. Key information was made available in alternative formats where necessary. For example, pictorial care plans and an easy-read complaints procedure. People received regular information about the service and company. A newsletter was shared with people, which contained information about any recent changes and updates about the company.

Good

Is the service responsive?

Our findings

People were involved in planning and reviewing their care and said their care plans reflected their diverse needs. They told us senior staff visited them to complete care plans and then regularly reviewed and updated these. One person told us, "Reviews take place every six months." Another person said, "Very good and easy to deal to with, I can't fault them. They are really, really good at what they do. I would certainly recommend them." A relative said, "Yes, we do feel involved in the planning of care and support."

People described how when they first made enquiries about using the service they were visited by the quality officer to undertake an assessment of their needs. The registered manager spoke to us of how they wanted the service to be truly 'person centred'. They said people or their selected representative were included in recruitment panels, where possible, so that a bespoke service could be provided. This was applicable mainly for the live-in care packages. People confirmed they received a good service which met their expectations.

Care files included information about the person's background, medical history, family circumstances, hobbies and interests, routines, what they needed help with, their likes and dislikes. There was also a section about what would make the person feel safe and things that the person would like staff to consider. People's care files and review records showed their care had been reviewed with them or an appropriate representative involved as much as they wished. Care plans reflected people's individuality, diversity and made reference to their personal wishes and preferences. For example, a person stated that they would like staff to be discreet if they had visitors at the time of the care visit.

The service cared for people at the end stages of their life. This involved working with a range of other professionals such as district nurses, GP's and the local hospice. A plan of care was put in place to help ensure that the person has a comfortable, dignified and pain free death, in accordance with their wishes.

Regular feedback was sought from people who used the service via telephone calls and quality assurance surveys. We saw that recent feedback had been positive about the service delivery. The registered manager told us that the feedback helped drive improvement to the service. For example, following feedback they were looking at different ways of obtaining people's views, including holding customer focus groups, to try to ensure the best information was collected.

There was an appropriate, up to date complaints policy and procedure. The complaints procedure was outlined within the service user guide so that all people who used the service and their representatives would be aware of how to raise a concern. We looked at the complaints file where complaints were logged and we saw appropriate follow up actions had been taken. In the last 12 months, the service had received five complaints all of which had been investigated and resolved, with lessons learnt to avoid further reoccurrence and to develop the service. The registered manager demonstrated how they took immediate action if people indicated they were not happy with the care received. For example, by adjusting people's visit times. This swift response had reduced the number of formal complaints received. Records reflected how the service valued people's feedback and acted on their comments to improve the quality of the service

provided. This
included additional communications or providing staff with additional training where required.

People told us, "If I wanted to complain I've got their number", "we know all about it [complaint procedure] and have all the numbers if we need to but we don't need to as we are quite happy", "I know how to complain if needed. When I have contacted the office, they have been very helpful" and "I can't fault them; they do everything the way I want."

The service had also received compliments and positive feedback from a number of people. Comments from these included, '[Staff] is very friendly; it is like having another family member' and 'Girls [staff] are so good'. There was a note thanking a particular staff for assisting a person into his Army uniform so he could head off to conduct recruiting duties.

Good

Is the service well-led?

Our findings

People and their relatives spoke positively of the staff and management team. People's comments included, "It's a pretty good service", "I would certainly recommend them" and, "They provide a brilliant service, all of them."

The service had a registered manager in post as required. The registered manager was also the registered manager at the provider's other service in Canterbury. The registered manager explained that they split their time equally between the two services they managed, although if one service needed more input at a particular time, they would spend more time there. The registered manager was supported by quality officers, care co-ordinators and senior care staff in the day to day management of the service. The registered manager was familiar with their responsibilities and conditions of registration. The provider and registered manager kept CQC informed of formal notifications and other changes. The management team at the service provided a good balance of skills, experience and knowledge.

The registered manager said they felt well supported by the provider. They said, "Senior management are very responsive and support the managers to ensure we run an excellent service." The registered manager attended monthly event which was held at the provider's head office and included the quality management team, the regional director and the CEO of the company. The purpose of these meetings was to share any good practices and discuss any barriers faced by the registered managers.

The registered manager was effective in promoting a positive ethos, a person centred and inclusive culture in the service. Morale was good; the management team and staff were clear on their roles and responsibilities and how they contributed towards the provider's vision and values. Staff said they felt the service was well-led and that the registered manager was accessible and listened to them. One staff member said, "Communication is great amongst all staff; we work well as a team." Another staff said, "The manager is supportive to everyone in the team. She leads everyone and makes the staff want to achieve their best." Other comments from staff included, "The registered manager is very positive and proactive" and "Management is supportive, open and they are doing a great job."

Staff felt well supported and referred to team meetings, supervision and appraisals as supportive. One staff said, "Supervisions and appraisals are very helpful, very supportive. The manager listens, which I really appreciate." Other staff said, "I find the supervisions, appraisals and meetings helpful; they help us improve" and "It gives us a chance to evaluate our practice and aspirations. We review, consolidate and set targets for the following year." We saw records of the staff meetings which included discussions about mental capacity, best interest meetings, nutrition and hydration, recruitment and training. Important information was disseminated to staff via memos.

The service worked in partnerships with various organisations, including the local authority, speech and language therapists, occupational therapists, community nurses and, GP surgeries to ensure they were following correct practice and providing a high quality service. One health care professional commented, "The staff are approachable and quick to respond."

The service had organised and participated in fundraising events; raising money for local charities and local causes. The registered manager informed us that the company's staff had also volunteered with the local women's refuge centre to help motivate and support women who had been victims of domestic and other kinds of abuse. There were plans in progress to explore further volunteering opportunities that the service could participate in.

Staff values and behaviour were monitored via periodic spot checks when their practice was observed by one of the senior staff. We saw records of regular observations of staff competence which were undertaken. There were observations relating to communication, medicines administration, dignity, care and corporate values, health and safety and infection control. Any issues identified were recorded and actions taken to address these. Similarly there were a number of unannounced spot checks carried out to ensure staff were doing what they were required to do.

We looked at the arrangements in place for quality assurance and governance in all areas. Quality assurance and governance processes are systems which help providers to assess the safety and quality of their services. We saw the registered manager checked people's care plans, risk assessments and daily logs to ensure they were up to date and completed to a good standard. They showed us their action plan which identified the areas that had been prioritised to ensure people received a safe quality service.

The provider's quality assurance systems had recently been reviewed and further developed to enhance the quality of service provided . The provider launched a new system, quality improvement plan (QIP), which was used to capture information on the service self-assessment, regulatory inspection, internal audit, local authority monitoring inspections and health and safety inspections. The system also captured information on staff training and highlighted any shortfalls, which was then fed into an action plan. The provider's quality team had oversight of this and monitored actions taken by the registered manager to address any areas of concerns and provided any additional support if required. As part of the quality assurance system's review, the service will receive an internal audit and follow up quality review at least annually or more frequently if deemed necessary. If the service scored less than 70% in the internal audit they would be re-audited within two months.

The provider had recently introduced a new system called 'Optimise' and had plans in place to roll out the system across all their locations. Optimise is a scheduling application that automatically allocates future visits to create the best possible plan. This will help to reduce the distance between visits, increase the amount of time available to spend with people and ensure an appropriate amount of travel time is applied. The system will ensure a reduction in travel time, improved quality through care visit duration, continuity and increased staff efficiency.

People were regularly asked for their views about the service and their feedback was used to make improvements in the service. This included opportunities through regular care review meetings, telephone monitoring calls and quality satisfaction surveys where people could share their views about the service they were provided with, anonymously if they chose to. We looked at the last quality satisfaction and responses from people about their experience were positive. Feedback received showed that people felt valued, involved in the planning of their care and knew who to contact if they had any concerns or complaints. People who had raised any concerns or issues had been contacted by the senior staff and action had been taken to rectify their concerns. This showed the service listened to people and took on board their comments and feedback.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can

be informed of our judgments. We found the provider had displayed their rating at the service and on their website.