

# Dartford Home Care Ltd

# Home Instead

## 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

### About the service

Home Instead is a domiciliary care agency (DCA). The service provides personal care to people living in their own houses and flats in the community. At the time of our inspection 30 people were using the service, some of whom were living with the experience of dementia.

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

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

People and their relatives were complimentary about the service. People told us they would recommend the service to others because it was well-led. The management and leaders were passionate about providing an innovative and excellent service. Care and support was 'person centred' and the management team supported, motivated and appreciated staff. The service had established good links in the community and had partnered with key organisations including charitable organisations in giving back to the local community. The service operated with a positive atmosphere, and an inclusive and open culture which encouraged people and their relatives to feedback on the standard of care provided.

People received care and support which was safe and personalised to their needs. Staff understood their responsibility to protect people in their care from abuse and neglect, and to report any concerns they had. Risks to people had been identified, assessed and appropriate management plans were in place which provided staff with guidance on how to mitigate risks. Medicines were managed safely, and staff followed appropriate infection control procedures to minimise the risk of infections to the people they supported. Enough staff were available and deployed to meet people's needs.

A comprehensive needs assessment was carried out to ensure people's needs could be met. People were supported by staff who had been supported through induction, training, supervision and an annual appraisal. They were supported to maintain good health; eat healthily and access healthcare services when required. 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 by staff who were kind and caring, respected their privacy and dignity, and promoted their independence. They were empowered to make day-to-day decisions for themselves and to make their own choices about how they would like to live their lives. Staff understood the Equality Act 2010 and applied this to the way they worked.

People and their relatives knew how to make a complaint if they were unhappy and told us their concerns and complaints were addressed promptly. People's communication needs had been assessed and met. People were supported to maintain and develop relationships with those important to them to minimise the

risk of social isolation. The service encouraged people to be engaged in social and leisure activities to keep them stimulated.

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

Rating at last inspection

This service was registered with us on 17 October 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on when the service was registered.

Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Home Instead

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was completed by two inspectors. Following their visit to the location office, an Expert by Experience completed telephone calls to people and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### Notice of inspection

We gave a short period notice of the inspection because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

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

#### During the inspection-

We spoke with one person who used the service out of the four contact numbers we were provided; calls to the other numbers were unsuccessful. We also spoke with 11 relatives about their experience of the care provided. We spoke with the five members of staff, including a recruiter, a scheduler, the registered manager

and two providers, one of whom was the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included six people's care records and multiple medicine records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, staff training, accident and incident records, audits and minutes of meetings were reviewed.

After the inspection –

Following our inspection, we spoke with four care workers and two professionals in charitable organisations on the telephone to gather their views about the service. We also reviewed a variety of information provided by the service.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff kept people safe from the risk of abuse and neglect. Relatives confirmed their loved ones were safe and they had no concerns of abuse. A relative said, "My loved one is being kept as safe as can be."
- Staff received training in safeguarding adults and were clear about their responsibilities to report any concerns of abuse to the office and management team. They also knew of the provider's whistleblowing policy and said they would escalate any concerns of poor practice to senior managers, the local authority or CQC. One member of staff told us, "I will report to the office and document it and follow it up."
- The registered manager knew of their responsibility to report any allegations of abuse to the local safeguarding team and CQC. At the time of this inspection, the provider had identified one concern of neglect which they had reported to the local authority safeguarding team to ensure they took appropriate actions to maintain a person's safety.

Assessing risk, safety monitoring and management

- People were kept safe from the risk of avoidable harm. Risks to people's health and welfare were identified, assessed and well-managed.
- Potential risks to people were assessed in areas including dehydration and malnutrition, medicines, moving and handling, falls and the person's home environment. Risk management records included guidance on how staff could prevent or mitigate individual risks. For example, one person's care plan instructed staff to ensure a rubber shower mat was placed in the shower and highlighted the need for the use of grab rails and a shower seat, to help reduce the risk of the person falling whilst showering. The guidance also included the level of support staff should provide when helping the person into or out of the shower.
- Risks were reviewed regularly to ensure people's changing needs were identified and safely managed. Where required, risk management records were updated to ensure staff had access to up to date information they needed to safely care for people.

Staffing and recruitment

- Enough staff were available and were adequately deployed to meet people's individual needs. People were supported by regular staff who knew them well. One person informed us, "I did have different care workers for a while, but it has settled now, and I get regular care workers." A relative informed us, "The care workers always turn up on time unless there is a traffic jam or such like and then they phone me to let me know."
- People told us they did not feel rushed and staff informed us they had enough travel time between visits most of the time. A member of staff commented, "90% there is travel time but when there is any traffic it can make you slightly late."

- Staff rotas confirmed care and support was delivered at the time planned for and the right numbers of staff supported people's needs.
- Staff absences and leave were covered in-house. Appropriately trained office staff covered some of these shifts where required.
- The service followed appropriate recruitment practices and satisfactory pre-employment checks were completed before new staff began working at the service. These checks included reviewing employment histories, identification, right to work in the United Kingdom, criminal records checks and acquiring satisfactory references.

#### Using medicines safely

- Medicines were managed safely. A relative commented, "Our relative is on loads of medication that the care workers give, the care workers are very careful and have a daily checklist that they follow which is reassuring to us."
- People, their relatives and staff were all responsible for managing medicines depending on the agreement in place. Records showed that staff had completed medicines training to ensure they had the knowledge and skills to safely manage medicines. Staff told us they felt confident supporting people with their medicines and if they had any concerns, they would report them to the office.
- The level of support people required with their medicines was recorded in their care plans and accessible to staff. People had medicines administration records (MARs) in place which staff completed to evidence the support they provided.
- Senior staff carried out weekly and monthly medicines audits to ensure people were receiving their medicines as prescribed by healthcare professionals.

#### Preventing and controlling infection

- People were protected from the risk of infections. A relative informed us, "All their care workers are very good with the PPE measures; definitely adhering to them and always washing their hands."
- Staff had completed infection control training and had access to personal protective equipment (PPE), such as aprons, masks and gloves to help reduce cross infection risks. A staff member mentioned, "I have full PPE and if I work with another staff, we both have full PPE."
- The provider had an up to date infection prevention and control policies and procedures in place which provided staff guidance on how to minimise the spread of infections and diseases.
- The provider required staff to partake in weekly COVID-19 testing to minimise the risk of an outbreak and records were maintained to support this.

#### Learning lessons when things go wrong

- The provider had systems in place to ensure lessons were learnt from any accidents or incidents. They had policies and procedures on reporting and recording accidents and incidents which staff adhered to.
- Where incidents and accidents had occurred, they were recorded, and the information reviewed to ensure appropriate actions were taken to reduce the risk of re-occurrence. Care plans were updated, and any lessons learnt were shared with staff teams to prevent repeat occurrences.

# Is the service effective?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Before people began using the service, senior staff carried out a comprehensive assessment of their needs to ensure the service was suitable for them.
- These assessments contained information about people's physical, mental and social care needs; their likes, dislike and any preferences they may have. The information gathered at these assessments was used to help develop people's care and risk management plans.
- The management team informed us they used this information to match people with the staff who supported them, for example where they had a similar interest or cultural background to ensure people received personalised care.

Staff support: induction, training, skills and experience

- Staff were supported through an induction, training, supervision and appraisals where applicable.
- New staff completed an induction programme which included the Care Certificate where required. This is a nationally recognised programme for health and social care workers. Office staff introduce new care staff to people they would be supporting. New care staff also worked alongside more experienced staff until they felt confident and competent to lone work.
- Staff had completed training courses in areas the provider considered mandatory. These courses were a mixture of online and face to face training sessions and covered areas such as safeguarding, manual handling, basic life support, dementia awareness, medicines management, nutrition and fire safety.
- Staff also completed training in areas specific to the needs of people they supported, such as Parkinson's awareness and catheter and stoma care, to ensure individual needs were met. A member of staff told us, "Their training is on point."
- Staff were supported through regular one to one supervision sessions to monitor their performance and to provide additional support where this was required.

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

- People were supported to eat and drink enough for their health and wellbeing. A relative informed us, "The care workers make notes on the app for things like whether my relative ate all their meal, and that is a great help."
- Care records included information about people's nutritional preferences; their likes, dislikes and guidance on how staff should support them. For example, where a person was vegetarian, there was information for staff about the types of food they preferred.
- People were independent with their meal preparations; however, where required, staff supported them to cook and encouraged healthy meal choices. Staff ensured each person's preferred dietary and cultural

needs were met. The provider informed us where people had reduced fluid intake, they purchased 'Jelly drops' to encourage hydration. Jelly drops are sugar-free treats, made of 95% water designed to increase fluid intake for people, especially those living with dementia

- Staff had completed food and nutrition training and knew of the level of support to provide with people's eating and drinking. They informed us they would always ask people to make a choice and would report any concerns such as people refusing to eat to the office; so healthcare professionals could be contacted.

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

- Staff supported people to access healthcare services where required. A relative informed us, "I like the fact that the service gives me feedback on my relatives health as soon as they have any concerns such as my relative having a sore and they got the GP to check it straight away."

- People and their relatives were responsible for coordinating their own healthcare appointments. However, where an arrangement was in place or additional support was required, staff provided this. For example, in an emergency, staff stayed with people until the emergency services arrived. They also supported people to attend hospital or GP appointments where no other support was available.

- People had regular staff that knew them well and monitored their wellbeing. Care plans included information on people's health conditions and staff were trained to identify any decline in their health and wellbeing. Staff told us they would contact emergency services or their office if they had any concerns about a person's wellbeing.

- The service created and implemented their own 'Lions message in a bottle' scheme. This encouraged people to keep their personal and medical details on a standard form placed in a bottle and stored mostly in the fridge, where it could be easily found in the event of an emergency. This helps emergency service personnel to save time in identifying an individual, their health conditions and to safely treat them. Staff updated this form regularly to ensure people's information was kept up to date.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Staff understood the need to work within the principles of MCA and sought people's consent before supporting them.

- People and their relatives where applicable had signed consent forms to demonstrate they had agreed to receive care and support from the service.

- People using the service could make day-to-day decisions about their care and support needs including the food they would like to eat and how they spent their day.

- However, where people were unable to make specific decisions for themselves, the service had documented their lasting power of attorney to ensure they were involved in making specific decisions in their best interest.

# Is the service caring?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff were kind and caring towards people they supported. One person said, "I know that I am being well looked after." A relative informed us, "All the care workers are marvellous, really good people, they look after my relative really well." Another commented, "They are all wonderful, 100% first class carers. Even staff who are new to my relative are the same standard as their regular carers. This company employ the best carers."
- Staff understood people's needs and treated them with dignity and respect. A relative mentioned, "Staff are all very friendly. What I am impressed with is the fact that they talk to my relative first and then us, they treat us as individuals and respect my relative."
- People's life histories were included in their care plans and staff used this information to get to know people and to build positive relationships with them. One person told us, "The carers are all lovely and friendly. They always have time to chat with me and we have a good laugh."
- The service understood the importance of working within the principles of the Equality Act 2010 and staff had completed training in equality and diversity. For example, staff supported people with culturally appropriate meals and sought to support them in line with their beliefs and preferences.

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

- People and their relatives were regularly consulted and felt involved in making decisions about the support they received. A relative informed us, "I was really impressed with how thorough they were discussing my relative's care plan. They have taken our request onboard."
- People were provided with choice and control of their day to day lives. For example, they chose the food they ate, clothes they wore and how they wished to spend their days.
- People were provided with a service user guide and other important information about the service so they could make informed decisions for themselves. A relative commented, "I think that the service would rather over communicate than under communicate."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and their rights to confidentiality was upheld
- Staff knew how to maintain people's privacy and dignity and gave us examples, such as closing the curtains and blinds, knocking on doors and seeking people's consent before supporting them.
- Staff knew the importance of maintaining confidentiality and told us information about people was shared on a need to know basis only
- People's independence was promoted. One person told us, "When I first started having the care workers, I could not do a lot for myself, they have helped me to become more independent again. I can self-medicate now, and staff check that I have taken my medicines."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People's care and support was personalised and tailored to their individual needs. The service focused on providing 'person-centred' care and support and achieved positive outcomes for people.
- People were involved in developing their care plans which provided staff with detailed guidance on how their needs should be met. Care plans contained information about people's physical, mental and social care needs; including details of their health conditions, any allergies, preferences, their likes, dislikes and the level of support they required.
- Care staff told us they were able to access people's care plans using a digital application which they also updated with information about the support they provided at each visit. This enabled information to be accessible to both relatives and office staff in real-time. A member of staff commented, "The App that we carry has 99% of the information on there, which is very good."
- Where staff identified concerns, they contacted the office and/or updated the digital application. Office staff carried out daily reviews of care notes and followed-up on any concerns raised or identified.
- Care plans were kept under regular review and were updated when people's needs changed.
- Daily care notes showed the care and support people received had been in line with their care and support planned for.

Meeting people's communication needs

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

- People's communication needs were assessed when they first started to use the service. Care and support plans included information about people's preferred mode of communication.
- Staff knew the level of support to provide to ensure people communicate effectively. A member of staff informed us, "For one person, I have to initiate the conversation; if not, they would not speak to you."
- The management team informed us people using the service all understood information in standard formats at the time of our inspection. However, they had previously supported a person who was non-verbal to communicate effectively using whiteboards and gestures. Where required, information would be provided to people in other formats to meet their communication needs.

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

- People were supported to maintain and develop relationships with those important to them to minimise

the risk of social isolation. For example, we saw that one person's care plan included details of a regular time each day which they liked to speak with their relative.

- People were supported to enjoy social and leisure time in line with their preferences. Care plans included things that were important to people including how they would like to spend their day. People were encouraged and where required supported to engage in gardening, walking, knitting, reading the newspapers or watching television. A relative informed us, "We pay for two hours instead of one hour so that staff can take my relative out for things such as to the hairdressers or for some fresh air."
- People also received an activity book from the provider. The summer activity book included colouring, crosswords, quizzes, poem writing and summer recipes. This gave people ideas of additional activities they could participate in. The service also sent people a pack of sunflower seeds during the national gardening week so they could engage in gardening together with staff where this was possible.
- The provider told us they tried to match staff personalities with people's preference. For example, one person liked the same music with their care worker.

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

- The service had a complaints policy and procedure in place to ensure complaints were handled effectively. The complaints policy was made available to people and contained information on how to report any concerns or complaints. It also included details on the timescales for response and how to escalate any complaints if they or their relatives were unhappy with the outcome.
- The service maintained a complaints log and action was taken to address any complaints or concerns raised to ensure people were satisfied with the service provided. A relative informed us, "The service is very proactive and have acted quite quickly when I have raised concerns."
- Likewise, people and their relatives were complimentary about the standard of care and support received. The provider had received many 'thank you' messages from people and their relatives, some of which were displayed in the office.

#### End of life care and support

- At the time of this inspection, no one using the service required end of life care or support. However, an advanced care plan was in place to ensure people's last wishes were respected. Advance care planning offers people the opportunity to plan their future care and support, including medical treatment, while they have the capacity to do so.
- The registered manager informed us they previously supported people with end of life care needs and had worked with them, their relatives and health and social care professionals including the palliative care team so the person's end of life care needs and wishes would be met.
- Staff had completed end of life care training, to ensure they had the knowledge and skills to support people where required.

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care

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

- There was a positive, inclusive and an open culture. People, their relatives and staff were empowered and given opportunities to make contributions to improve the service delivery. This included regular calls to people and their relatives to check on them and the service they were receiving
- The management team demonstrated a commitment to provide meaningful, person-centred, high-quality care by engaging with people and their relatives regularly and by acting on any feedback received to ensure people were satisfied with the service.
- People and their relatives were complimentary about the service and its leadership team. One relative commented, "I would absolutely recommend this company if you have the money. I would not go back to the previous company we used as the difference in the systems this care provider has is so much better. We are reassured that our relative is getting the best care we can get for them now."
- Staff spoke positively about their managers and told us they felt listened to, supported, motivated and appreciated in their role. Each care worker had signed a 'Care worker pledges' which described their commitment to provide the best possible care to people they support. For example, by promoting a positive team culture, and providing person centred care.
- Managers and leaders were involved in the day to day running of the service and people knew who they were and how to contact them. A relative informed us, "I have found that [manager's name] and [manager's name] are very contactable. I would not hesitate to pick the phone up and talk to them if I had any issues over my relative's care."
- The service had won several awards and recognition of achievements. This included, 'Best start up homecare service for a franchisee' in 2021. The service was rated by an independent social care review organisation as the number one care provider in the local area. A local authority, had also awarded the care workers a "Special Pandemic Hero Award Certificate," for "going above and beyond in helping those that most need it during the COVID 19 crisis." A survey carried out by an independent survey provider awarded the service as one of the best employer's in health and social care in the year 2020 and 2021.
- The service had several initiatives to show staff they were valued and appreciated which promoted staff wellbeing and retention. This included thank you cards, gifts such as advent calendars, sunflower seeds, sun creams and body mist, personalised mugs and handmade chocolates to acknowledge staff performance and to celebrate with them on special occasions such as birthdays, Christmas and Valentine's day. Staff also receive a 'smile box' which contain a variety of items to appreciate them.
- Staff achievements were recognised and celebrated. For example, when a care worker found a member of the public collapsed on the street and engaged their basic life support training to support the person until

the emergency services arrived, this care worker received a 'hero award' to recognise their contribution to saving a person's life.

- Numerous compliments from people and their relatives were displayed on a board in the office to ensure staff knew they were appreciated. For example, one relative wrote, "Thank you for the care given and kindness shown to my father over the last few months – couldn't have been better." Staff confirmed they received recognition of praise certificates in the post when people and their relatives complimented them.
- An 'employee assistant programme' which was a free confidential helpline was available to staff to support them with any life challenges they may be facing. Each member of staff was provided with wellbeing toolkit to help support their mental wellbeing. The service also sought for professionals who specialise in mindfulness to engage with staff and to improve on their mental wellbeing and self-care during difficult times including that of the COVID-19 pandemic.
- Staff were encouraged to bring their whole selves into work which promoted an inclusive culture. For example, the service celebrated Pride and staff skills for gardening and baking and mug printing were all promoted.

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

- The service empowered people to make decisions about their care in a meaningful way. There was a robust communication system in place to ensure that people's experiences were captured and where required improved upon. For example, each person received a 24-hour courtesy call after they started using the service. The care worker also received a similar call to gather their views about the care package. The management team told us they repeated this process after two weeks and again after six months. This enabled the service to identify any issues early and address them promptly.
- People, their relatives and staff views were captured through an annual survey. The service took part in a Home Instead national survey known as 'Pursuing Excellence and Quality' carried out by an independent survey provider, and the results were positive.
- Information analysed from these surveys were used to develop and improve on the service. For example, in response to the 2020 staff survey, the provider offered all staff an opportunity to enrol in level 2 and 3 in Health and Social Care diploma and various accredited short courses after their initial three months working at the service. A member of staff informed us they recently started working in social care, therefore they had plans to complete these training courses so they could build and sustain a professional career in this sector.
- The service held regular staff meetings to share relevant information and gather staff views about the service. Staff told us the management and leadership team encouraged them to contribute to the agenda and provide feedback after the meeting. They were also encouraged to contribute to the various topics discussed during the meeting. The service also operated a closed social media group used to share information with staff and to gather their feedback about the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service was well-led. There was a registered manager in post who understood their regulatory responsibility to meet the requirements of the role and they knew they had to notify CQC of any significant events that occur at their service.
- There was an organisational structure in place and staff understood their individual roles, responsibilities and contributions they made to the service. The registered manager and the directors of the service had an effective oversight of the service, they demonstrated an in-depth knowledge of the service provided.
- There was a robust quality assurance system in place which included daily, weekly, monthly, quarterly and annual quality checks which included monitoring of visit and visit notes, management of medicines,

accident and incident records, staff training and development, care plans and staff files. The directors of the service also carried out their own audits in these areas to ensure the service continued to operate in the ethos and values it was built on. Unannounced checks were carried out on staff practices to ensure they adhered to best practice guidelines.

- These quality checks ensured issues were identified quickly and acted on to achieve best outcomes for people. For example, office staff were able to detect from one person's care notes that their health condition was deteriorating. This was because their GP had taken them off a medicine but had not referred them to the community health team to regularly monitor them. The service identified this and liaised with appropriate healthcare professionals to ensure their health needs were safely met. A relative told us, "My loved one self-medicate, when care staff noticed they had taken too many painkillers the office was onto it straight away and wanted my relative to be taken to hospital with drugs overdose; we have all now agreed a set routine for how the tablets are to be hidden and the time and amount recorded when they are given."
- The service was regularly audited and supported by their national office quality assurance department to ensure the quality of the service was maintained. Where any concerns were identified, an action plan was in place to address those concerns. Any lessons learnt were used to improve on the quality of the service. For example, staff were currently being supported with a refresher course in medicines management due to a prompting and recording issue identified.
- The service was proactive in promoting staff professional development. Where possible staff were supported with further qualifications in Health and Social Care. Staff had also been offered various external courses including City and Guilds assured dementia training and an end of life training programme.
- The service had an effective out-of-hours system in place and managers took turns to provide additional support and guidance to people, their relatives and staff especially during evening and weekends where this was required.
- There was clear evidence to demonstrate there was continuous learning at the service. For example, where a care package was completed, the service sent out an end of service feedback form to ensure people and their relatives views were gathered to improve on the quality of the service.
- Staff received regular newsletters and were part of a closed social media group where information such as COVID-19 government guidelines were communicated to ensure they were up to date in their knowledge and maintained best practices.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility under the duty of candour that they needed to be open, honest and to take responsibility when things go wrong.
- The managers and leaders had enabled people and their relatives' access to their electronic care plans and daily care notes of each visit. This live system enabled both people, relatives and office staff to receive real-time information which promoted openness and transparency.

Working in partnership with others

- The service had established good links in the local community and had worked in partnership with key organisations including health and social care organisations, charities and other agencies to provide joined up care and to improve people's experiences. For example, during the COVID-19 pandemic, the service supported a person to arrange a consultation with a healthcare professional for their hospital bed to be assessed through a video link. This ensured the risk of infection was minimised and the person received appropriate healthcare support.
- The service was part of a wider network and partnered with other Home Instead offices and the national head office. This enabled them to share information and best practice which contributed to good standards of care and support for people.

- The management team informed us they were members of Home Care Association, Kent Integrated Care Alliance, Kent Registered Manager group and Skills for Care where they received regular updates and attended regular meetings to ensure they were up to date with current legislation, standards and follow evidence-based research.
- The service also ran various voluntary sessions in the local community. For example, they had contributed to raising awareness of dementia within the local community by acting as dementia champions. They had volunteered to encourage and inspire the public to learn about dementia and the support to provide those living with dementia. The service also carried out community cardiopulmonary resuscitation (CPR) training to ensure that the public knew what to do in the event of an emergency.
- The service supported a range of charities by raising funds for them, for example through charity walks and cake sales. For example, a member of staff took part in a memory walk to support the Alzheimer's Society. The service also raised funds for charities that support aging adults in memory of two people who passed away,
- The service worked in partnership with independent local businesses to provide for example birthday gifts to both people who used the service and staff to celebrate such special occasions with them.