

Mid Kent Senior Care Limited

Home Instead Senior Care

Inspection report

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Date of inspection visit:

02 August 2019

05 August 2019

09 August 2019

Date of publication:

11 September 2019

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Home Instead Senior Care is a domiciliary care service. At the time of the inspection the service was supporting 24 people with the regulated activity personal care. People receiving support from the service were adults or older people. Some people were living with dementia. Not everyone who used the service received personal care. The Care Quality Commission (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 told us the service was extremely caring and staff went out of their way to provide them with great levels of support. Relatives said, "I think it is an excellent service.", "I have recommended the service to someone." And, "They are a refreshing change." Staff developed trusting bonds with people and treated people with respect and dignity and were kind to people forming close relationships with them.

People and their relatives were at the centre of planning people's care. This started at the assessment stage where assessments concentrated on the outcomes people wanted to achieve. People were well supported to express their views and make their preferences known. People were supported to be independent there was a strong focus on promoting social inclusion and enabling people to live lead active lives. Treating people with dignity and respect was at the heart of staffs working practices.

Staff were highly skilled and had access to a wide range of training courses which benefited people. Staff were highly motivated and very well supported and had used their skills and knowledge to improve outcomes for people.

Staff were committed to providing people with excellent support with eating and drinking and maintaining a good diet. They had acted when people were not eating well and used their skills and knowledge to support people to maintain or re-gain weight where appropriate. Staff had gone above and beyond people's expectations to support people to live healthier lives and access the healthcare they needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff ensured people's rights were protected.

The provider was committed to delivering high standards of care drive forward improvements. The provider ensured staff were extremely well motivated and regularly went the extra mile to provide excellent levels of support to people.

The provider shared learning with people, their relatives and with the wider community. This meant people were better informed about their choices and the health conditions they lived with. People, their relatives

and staff were at the core of quality improvement. The provider listened and responded to suggestions where the service could improve.

The service was safe. Staff knew people well and had a good understanding of the risks people faced from health conditions or their environment and provided them with good levels of support. Medicines were well managed, and people were protected from the risk of abuse. When things did go wrong the providers were open and honest and learnt lessons.

Care provided to people was person centred, care focused on people's preferences and the outcomes they wanted to achieve. When people were supported at the end of their lives they were supported to achieve their end of life goals such as going on holiday or seeing old friends.

Complaints were well responded to.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 13 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

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 exceptionally effective.

Details are in our effective findings below.

Outstanding ☆

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

Home Instead Senior Care

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 carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 2 August 2019 and ended on 9 August 2019. We visited the office location on 2 August 2019 and the 6 August 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from health and social care professionals and partner organisations who work with the service. 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 visited two people who used the service and spoke to five relatives on the telephone. We spoke with four care staff and the registered manager, deputy manager assistant care manager and the trainer.

We reviewed a range of records. This included three people's care records and multiple medication records. A variety of records relating to the management of the service, including incidents and accidents, complaints and compliments were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to be protected from the risk of abuse. Relatives told us, "It is very safe." And, "There are no problems with safety".
- Staff had completed training in safeguarding adults and knew what the signs of concerns were and how to report these. Staff told us they were confident the registered manager would act if there was a concern. There was a 'Safeguarding Champion' at the service who ensured any concerns were acted on and where there were concerns these had been reported and investigated as appropriate.
- Staff had completed whistleblowing training and knew how to report poor practice if concerns arose.

Assessing risk, safety monitoring and management

- Risks to people continued to be assessed and staff knew how to support people to remain safe. For example, where people needed support with a catheter staff knew what the risks were associated with these such as how to identify a possible infection or blockage. Staff knew it was important to ensure the person drunk well to make sure they didn't get a urine infection and encouraged the person to do so.
- Staff received training in identifying scams and how to help people stay safe online, on the telephone and via unsolicited mail. A scam is where someone is tricked in to handing over money. Staff had used this training to support people to be safe. For example, staff had identified a person who was being scammed. This was reported to the office and action was taken to make sure the person was safe and prevent re-occurrence.
- Risks to people and the environment were assessed and guidance was in place for staff. Where people were at risk of falls staff knew to support them to use appropriate equipment to remain safe.
- There were effective systems in place to make sure people remained safe when conditions such as the weather made it difficult for staff to reach them. One relative complimented the service and said, "It is very reassuring to know that [my relative] was still being cared for in respect of vital medicine and meals, despite the awful weather conditions".

Staffing and recruitment

- There continued to be sufficient staff to provide support to people. The recruitment process continued to focus on staff who supported the providers vision which was based on supporting people to achieve good outcomes, reliability and going above and beyond people's expectations. One person said, "I am very lucky, all my carers are very good."
- Visits continued to be arranged for staff to be introduced to people before they were assigned to provide care. Staff said, "You get the meet the person before we go on any visit. I wouldn't want to go without being prepared." Care staff worked with a small number of people which meant there were good levels of continuity. This had a positive impact on people's wellbeing. For example, one person displayed anxiety

related behaviour significantly less.

- Visits continued to be a minimum of one hour and staff had the time to support people in the way they wished to be supported. People told us staff had the time to listen to them and were never in a rush to leave.

Learning lessons when things go wrong

- When things went wrong the service took appropriate action and lessons were learnt. For example, one person was upset after an incident where they and their partner were not coping well. Staff supported the person to access extra funding for more care and their care plan was updated.
- Daily notes about people's care was recorded electronically and were reviewed within 48 hours of being written. This enabled office staff to identify potential incidents which had not been reported and act to rectify the concern. For example, one person used an inhaler prior to going out. Staff were aware the person used inhalers. However, the staff member did not report this usage and they should have done in line with the services policies. The incident was investigated, and the staff member was given extra training and support to ensure concerns were raised in the future. The person's care plan was reviewed to determine if any changes to their support was needed.
- Staff had electronic access to information on any event that had occurred relating to a person they were supporting. One staff said, "I can see what has happened that week including incidents. I like it because I can be prepared before I go in."

Using medicines safely

- People were encouraged to take their medicines independently where this was appropriate. Where people needed support with their medicines they continued to be supported to take these as prescribed.
- People and their relatives told us they were happy with the support they received with their medicines. Staff recorded medicines electronically using a hand-held device and medicine administration records where accurate and complete.
- Staff had the training they needed to administer medicines safely and their competency was regularly checked.

Preventing and controlling infection

- Staff had received training in the prevention and control of infection and food safety and understood how to keep people safe.
- Staff had access to equipment such as gloves and aprons and we observed these were used appropriately.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Staff support: induction, training, skills and experience

- Since the last inspection the provider had improved the training offered to staff and a new training officer was in post to support staff training. This made sure people benefited from a well skilled, knowledgeable staff team. For example, the provider had introduced a training on urine awareness. This course made sure staff were aware health concerns could be identified by changes in urine colour or smell. Staff used this knowledge to identify one person had a urine infection before any other symptoms occurred. This meant the person was able to access medical treatment before they experienced any uncomfortable symptoms.
- Staff now had access to 'upskilling courses'. This meant staff could access more advanced training courses if they were supporting people with particular conditions or needs. This included several City & Guilds accredited courses in areas such as dementia and end of life care. A 'Dementia Champion' had also been introduced at the service who shared best practice and new ideas with staff. For example, staff identified one person with dementia was happy to engage with staff during the first half of the visit but became anxious during the second half. The person's care plan was adapted so two staff supported people, one covering the first half and one covering the second. Now the person was less anxious during the entire visit and staff were able to support them to go out if they want to do so. One relative said, "I was nervous about employing someone, but I am really pleased that we made that decision."
- Training which was accredited by the Northern Advisory Council for Further Education (NCFE) had also been introduced since the last inspection in areas such as understanding Dignity & Safeguarding adults. Staff used their knowledge about people's needs to support people in a creative and effective way which had a positive impact on people's lives and wellbeing. Training included face to face experience-based learning such as staff completing tasks wearing stiff gloves and adapted glasses which mimicked eye conditions some older people lived with. This enabled staff to experience the challenges faced by people when completing everyday tasks. Staff said, "The training allows us to provide a better level of service for clients. The training gives us a better understanding of the challenges people face."
- Staff competency was regularly checked. Staff were provided with excellent levels of support both during induction and ongoing. For example, when staff needed to do tasks they had not done for some time the trainer went to support and supervise them, to ensure they completed the task safely such as when one person needed eye drops. Staff said, "I went out with an experienced care giver shadowing. There was a couple of visits where I needed more shadowing, so I was able to just carry on shadowing until I was ready."
- All staff completed a Learning & Development Programme. Since the last inspection this now included the care certificate. The care certificate is an identified set of standards which social care workers must adhere to in their daily working life.

Supporting people to live healthier lives, access healthcare services and support

- Where people needed support to access health care, staff went above and beyond people's expectations to ensure people had effective support and remained well. For example, one person was unwell and needed to go to hospital. The person was anxious and refused to go in the ambulance, so staff went with them to support them to go to hospital. Staff worked with hospital staff and went to the hospital to support the person to have tests done. The person needed an operation for a life-threatening condition. Staff went with them to the operating theatre to provide reassurance and stayed to support the person when they came out of theatre. Staff remained in constant contact with the hospital and went in to eat with the person to support them to recover. As a result of staff support the person had a vital operation and recovered enough to enable them to return to their home.
- Relatives were positive about the support people received when they were unwell or needed access to healthcare. One relative said, "I think the care staff are really diligent, [my relatives] legs were swollen, they noticed that they were unwell, and they called the doctors for me, and let me know." Another relative wrote the service to thank staff for being flexible and remaining with their relative when hospital appointments "seriously over-ran." They said, "I am very grateful that your care givers were able to deal with it at such short notice."

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

- A small number of people were supported with eating and drinking as most people managed this independently or with family support. Staff provided effective support to people with eating and drinking which had a positive impact in people's health and wellbeing helping them to maintain a balanced diet. Care plans included very detailed information about people's food preferences, such as how long they wanted vegetables to be cooked for. This meant staff knew how to prepare food in the way people liked and supported them to eat well. One relative said, "They have helped to steady [my relatives] eating habits, their appetite is much better, and they have stopped losing weight."
- Staff identified when people were not eating well and took action to provide effective support for people. For example, staff supported one person to access a daily hot meal from a delivery company and as a result the person ate more. They also identified the person was not drinking as much as they should do. Staff discussed this with the person and found out they were struggling to open their favourite bottle of drink. The care plan was amended so staff knew to open more drinks for the person, so they could have these between visits. Another person was not eating well. Staff used the person's passion for baking to encourage them to eat better. Staff said, "Baking keeps [the person] stimulated and to encourages them to eat. They are regaining weight and love the baking."

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

- Staff carried out assessments with people wishing to use the service to make sure they were able to meet their needs and expectations. One relative said, "They were very detailed and thorough when they came to meet us." The provider told us assessments were "Consultations" as it was important that people were equally involved and in control of their lives. One relative said, "I found them very approachable and considerate. They've made [my relative] really feel like they are part of the process."
- Assessments were truly holistic and included information on their physical, mental, spiritual and cultural needs as well as understanding people's goals and wishes. This assessment was then used to plan people's care which focused on outcomes rather than tasks. For example, one person was no longer going outside and was not eating well. A care plan was developed to support the person to spend some time in the garden and encourage the family to offer the person more snacks to maintain their calorie intake. Another person was anxious. Staff involved their family in the assessment and identified music had been a large part of their life. Staff used this knowledge to encourage the person to play an instrument and listen to music at times when their anxiety levels were rising. They provided sheet music for the person and they spent time teaching

some staff to play. This greatly reduced stress levels for the person and anxiety related behaviours.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked well with other agencies to provide coordinated effective care. One partner the service worked with said, "Home Instead has a high level of mutual respect for colleagues, clients and third-party contacts. We are kept in the loop with things that are going on and are regularly updated with issues that may cause ongoing problems for clients. We work together to resolve issues that arise in the best interest for our mutual clients."

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 and found they were. No one using the service was being deprived of their liberty under the Court of Protection.

- The service took care to make sure people's rights under the MCA were protected. For example, staff identified one person's rights were not being respected by another organisation under the MCA and raised this concern with the appropriate authorities and supported the person to express their views. As an outcome the person is moving to alternative accommodation where they can live more independently.
- Staff had a good understanding of the MCA. Staff knew people with capacity had the right to make unwise decisions. They understood people who lacked capacity to make specific decisions could make other decisions and some people could make their own decisions with time and some support. Where relatives had access to people's care information through the online system appropriate consent had been sought.
- Where people needed someone appointed to make decisions on their behalf the service supported relatives to understand and apply for Power of Attorney as appropriate. People's legal representatives were consulted with to make sure decisions were made in a person's best interests. Best interest decisions were recorded appropriately.

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.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- At the last inspection we found staff were exceptionally caring. Since that inspection the provider has focused on retaining those staff to continue to provide the same high levels of care. The provider said, "We are still employing amazing staff. We focused on keeping these staff through treating them well and retention levels are good." Relatives said, "I think they go a lot extra, there is a lot of trust there.", "They are very compassionate." And, "The staff are very lovely, they all appear very friendly and caring. I don't have any worries about them being in the home."
- Staff continued to go above and beyond people's expectations to provide a service which treated people with true kindness, promoted well-being and happiness. For example, one person was anxious about going out due to their personal care needs. Staff reassured the person and found a way to make the person feel comfortable about traveling in a car. The person was able to go out and meet up with friends they had not seem to some time as well as increase their independence. Staff said, "[The person] loved it, they were able to go to the shop and see the food and make their own choices." Another person was supported to attend a special family event which they could not have participated in without staff going the extra mile to support them. This was very important to them and their family. Their relative told us, "They bend over backwards to help you, nothing is too much trouble."
- Staff provided the same high levels of support to people who had protected characteristics under the Equalities Act 2010. For example, one person was living with dementia. Staff supported them to plan their meals, so they continued to maintain a diet in line with their religious beliefs. They supported the person to attend regular religious services and maintain religious observances within their home. The person's appetite improved, and they were eating better, their mental well-being improved, and they were more inclined to accept assistance with personal care.
- Staff undertook training in relationship building and used these skills to develop trusting bonds with people. For example, one person was declining support. Staff visited the person twice a day for several weeks never getting past than the door step. They slowly built a relationship with the person and they started at accept help. Staff said, "They were underweight and needed support with food. They've put weight on which we judged by their clothes to protect their dignity and privacy. It felt like a real win." One relative said, "They chat to [my relative] and make them laugh. [My relative] tended to spend a lot of time a lot of time in their room but they are happy to come out when staff are here. They make an effort with my relative"
- Compliments received by the service included, "I have been impressed by the care and friendship your team have given my [relative]. They speak so highly of [the staff]. I cannot recall a time when I have been more impressed with the service provided", "We all think that [carer] is absolutely wonderful. They are great

fun and goes about their job with good humour. They are very observant and does so much around the home which makes a difference. The little thoughtful things [the carer] does for my relative are amazing and we are all incredibly grateful." And, "I cannot explain the peace of mind I have after just a week of [my relative receiving care from the service]. It's unbelievable the difference in the care service and carers and it's such a huge relief."

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

- Since the last inspection the provider had introduced an online care system. This system meant relatives could see their relations care notes almost immediately using an online application. Relatives were reassured and could advocate for the client in an effective way. For example, one relative identified a concern using the online application. This prompted them to disclose some information they had previously not shared with the service and action was taken to adjust the persons support. Another relative saw on the notes that a piece of household equipment was not working and was able to tell the care staff how to restart it. This meant staff did not need to wait until the relative was contactable by telephone. A relative said, "It's really detailed, and we can check while we are at work. It's given me peace of mind."
- The service was flexible and went the extra mile to respond to people's requests and decisions about their care. For example, one person had been unwell and was in respite care. The person was unhappy and wanted to return home. The person needed care at night and night care was not something the service provided. Staff made special arrangements to provide care during the night for a period of time. This meant the person was able to return home earlier.
- People and their relatives were involved in every step of planning their care and were in control of the decisions made about them. People were visited by a member of the office team prior to receiving support from the service to express their wishes. Office staff made regular contact with people and their relatives to ensure they were happy with the support provided. One relative who was not using the online application said, "The communication is very good."
- People were supported to access advocates where they needed support to express their views. Advocates are independent professionals who support people to make their views known. This support had a positive impact on people's lives. For example, one person was unhappy with their living situation. The advocate enabled them to voice their opinion to the local authorities and the person is being supported to move. Other people had been referred to advocacy services for advice on areas such as disability benefits. This meant people had access to the information they needed to make decisions and their rights were protected.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to remain independent where possible. For example, staff had supported one person to make their home more dementia friendly. They used signs and pictures in the persons home, so they continue to find their way around and access areas such as the bathroom. Pictures of food stuff were placed on the kitchen door which meant the person was able to see what was inside and help themselves to snacks. This reduced the person's anxiety. Staff had access to detailed information about tasks people could continue to do for themselves. One relative said, "They let [my relative] do things their self when they can."
- People respected, and their dignity was promoted. People told us staff helped them to maintain their privacy when they were being supported with tasks such as showering. One relative said, "They treat [my relative] with respect. They speak to them with respect." Another relative said, "They are very mindful of [my relatives] dignity when they are giving personal care." One review of the service stated, 'They go the extra mile with [my friend] and always treat them with huge dignity and respect.'
- Staff took people's privacy seriously and acted accordingly. There was a General Data Protection Regulations (GDPR) champion at the service whose role it was to support staff with questions and concerns about people's private data. GDPR is a set of rules designed to give people more control over how their

personal data is used. The registered manager had applied for and secured an NHS secure email address. As part of this application they needed to demonstrate they had appropriate data security systems in place. This meant they could share electronic data with other organisations in a safe way and protected people's information.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 was highly personalised and focused around their individual needs.
- Since the last inspection the provider had introduced an electronic care plan system. This enabled care plans to be amended quickly and staff had access to up to date information on people's individual needs and preferences.
- People were matched with staff taking in to account their life history, values and beliefs and this had a positive impact on people's lives. For example, one person used to enjoy a craft. They were matched with a care worker who also enjoyed this pastime who encouraged and supported them to take the hobby back up again. They supported the person to access the craft items they needed, and the person was making items for a charity. Staff said, "They say they love it. It's really important for their mental wellbeing and they say it gives her something to do and they can now move their hands easier." Another person wanted a pet as they had one in the past. Staff supported them to visit a rescue centre and prepare for the animal's arrival. The pet provided the person with companionship and comfort.
- People's personalised needs were taken in to account when planning people's care. For example, routine was very important to one person as it enabled them to remain well. The care plan provided staff with a clear and detailed routine about their whole of their day. For example, there was information on what the person drank in the morning, how to prepare that drink and what vessel to use to serve the drink. There was also information on the person's routine outside of the times when staff usually provided support in case the person needed support at these times in the future.

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's care plans were focused on outcomes rather than tasks which meant the service also assessed people's social needs and people were supported to follow their hobbies and interests and keep in touch with family and friends. For example, one person's relative lived in a care home. They were having difficulties continuing to visit their relative. Staff provided the support needed to enable the person to continue to see their loved one. People were also supported to make new connections and meet new friends. For example, staff also supported the person to access other activities in the community such as attending local social gatherings. This reduced the person's social isolation and improved their emotional wellbeing.
- During the assessment people were asked what goals they had. For example, one person wanted to visit a club and socialise, and this was arranged so the person was able to attend weekly. This enabled the person to meet people and regularly see friends.
- Since the last inspection staff had set up a 'Games Library'. This was a collection of memory games, board games and so on which people could borrow. Staff played these games with people during visits if people

wanted to do so. Staff said, "They help maintain people's cognitive skills, but they also stop visits from becoming stale and staff and people talking about the same things all the time." Relatives said, "They play card games and connect four. If they didn't like it, they wouldn't do it. [My relative] is happy with staff and spends time with them which they don't always do."

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 had been thoroughly assessed and were very well met. For example, one person was able to express themselves verbally but would not discuss a personal care need. Staff knew the gestures the person made when this need arose. Another person had memory issues. Staff set up a reminder board for the person, so they could see which staff were visiting them and when. A visitor's book was also set up, this meant the person could see who had been in their home and reduced the person's anxiety.
- Staff regularly supported people to understand information. One person was supported to understand and respond to information sent to them by a government agency. Another person was supported with communication with the local authority when their bin was not collected. People were also referred to other organisations for communication support. For example, one person was referred to an organisation which arranged for them to have specialist equipment to enable them to continue to read for themselves.
- Information was available to people in a variety of formats where required. For example, the service agreement was available in easy read format.

Improving care quality in response to complaints or concerns

- Since the last inspection the provider had strengthened the complaints system to ensure that low level complaints were acted on and responded too. Where complaints had been raised by people or their relatives these had been recorded and acted upon appropriately. For example, people's care plans had been updated to reduce the risk of the concern arising again.
- Most people and their relatives told us they had no complaints about the service. Where people had complained they said complaints had been responded to in a timely manner. One relative said, "[A member of the office staff] went in with the carer the following day to resolve [the complaint]. I think it was dealt with appropriately."

End of life care and support

- People were asked if they had any goals they wanted to achieve prior to needing end of life support. For example, one person who had a terminal diagnosis wanted to go on holiday. Staff supported them to make all of the arrangements including liaising with their GP to get permission to take their medication abroad. Staff supported the person to get to the airport and during their holiday.
- At the time of the inspection the service was not supporting anyone at the end of their life. Where they had done in the past staff had worked closely with a local hospice to support people and supported people to express their end of life preferences. For example, one person had no family close by. Staff supported the person to share their wishes with people involved in making decisions on their behalf and health care professionals to ensure their wish to die at home was respected.
- Staff had completed end of life training and had access to information on people's preferences such as information on people's spiritual beliefs and needs.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The provider was extremely committed to ensuring staff felt valued and very supported. This benefited people through improved levels of consistency as staff remained with the company and staff were motivated to go the extra mile for people. Since the last inspection the service had been awarded a Kent Healthy Business Award (Workplace Wellbeing Charter) for the work they have done around workplace wellbeing and a Best Employers in Care 2019 Award 4 star. The provider had also become an accredited living wage provider.
- A number of initiatives had been introduced to acknowledge staff contribution, to promote staff wellbeing and retention. For example, there were informal one to one meet ups for staff to talk about their work and non-work life if they wanted to do so. Staff received regular praise, thank you cards and gifts for achieving excellent outcomes for people. There was a trained wellness champion who provided staff with support for their mental and physical health and staff had access to 24/7 independent, confidential counselling if they needed it.
- Staff said, "I feel really well supported. If I had problem I could speak to anyone of them. When I needed emotional support, they were really attentive and supportive." And, "We can pop in for a coffee or a hug. It's really nice to have that support. I went to see a client, we have to call an ambulance and I stayed later to support the family. It was emotional, and it was nice to have the support at that time to make sure that I am okay." One relative said, "They care, that's what makes the difference." And, "They concentrate on having people [my relative] knows. It is extremely good."
- Since the last inspection the provider has continued to develop and improve the service. This has led to improved outcomes for people and excellent levels of support. Extra office resources are in place and have enabled the registered manager to develop and several areas and launch a number of initiatives. These include new training staff who developed the quality and depth of training offered to staff, opportunities for people to reduce social isolation and links to local organisations to provide people with advocacy and information. Staff champions have been created to support the provider to drive forward improvements and share best practice.

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

- The views of people, their relatives and staff were at the core of quality assurance and were used to drive forward improvement and service development.
- There was a structured approach to gathering feedback led by a champion. This included stakeholder

surveys, quality assurance visits and telephone calls and observations of staff practice. The champion shared results of feedback from people and made sure actions were planned for any areas where improvement or development opportunities were identified. For example, a new person was employed within the office to focus on scheduling visits for staff to reduce travel time and improve staff retention. Staff said, "Since the new scheduler had got involved the routes are really well planned and I travel a lot less than I used to be." Relatives said, "The administration is superb."

- People, their relatives and staff benefited from a provider committed to being open and inclusive and who actively communicated well. Since the last inspection the provider had introduced electronic care plans where people and their relatives could access real time care records with people's consent using an application. Most relatives used this application and were very positive about the level of transparency it afforded them. Relatives could see what care had been provided, if medicine was taken and if there had been any incidents and accidents. For example, medicine administration records (MARs) were audited within 48 hours to ensure people had received their medicines. Where people had consented, family members were also able to view the MARs in live time, so they could check medicines had been administered. Relatives told us they found this comforting, one said, "[My relative] was getting upset because they couldn't remember taking their meds. Now we know that they are having their medication and they don't get upset." Comments included, "The application is a brilliant idea.", "Anything we feel it is not right they are quick to respond to it." And, "The application gives me peace of mind, I can check to see what's been done."

- Staff had developed good links with local community services and shared information with people which had a positive impact on their lives. For example, some people had enjoyed playing a sport. The service co-sponsored an event at a local dementia friendly sporting facility and people attended. People enjoyed themselves and continued to attend the facility with staff support on a regular basis. This meant people were out and being active as well as improving their mental wellbeing by socialising with other people playing the same sport they enjoyed. Another person was struggling to cope with the impact of dementia on their lives. Staff supported the person to access a local voluntary organisation for advice and access to extra support. This extra support reduced the risk of the person needing to leave their home and move in to care.

Continuous learning and improving care; Working in partnership with others

- The provider was committed to sharing learning and developing best practice. The provider attended forums and conferences and was the chair of the Skills for Care registered manager forum which shared information and best practice. The provider said, "I have learnt about taking a step back to see the bigger picture. I have worked on my leadership. I learnt about having difficult conversations and this enabled me to improve the office practice." The provider sponsored a local registered manager conference and regularly presented at conferences to share learning. The provider had also secured agreement with the local authority to provide free accredited training to the local community wardens on dementia awareness to improve their understanding on how to support people living with dementia.

- There was a strong focus of working in partnership to provide high quality care and share learning and best practice. Information was shared with people who use the service about support they could access. Such as the fire service, dementia friendly organisations, advocacy service and services which could assist people financially. Through these services people had accessed support which improved their lives. For example, some people had accessed financial support to enable them to get more support. One member of the office staff who also provided care for people said, "My passion is sharing knowledge to enable people to be as independent as possible."

- The provider had developed strong links within the community and shared best practice with people, relatives, members of the public and other organisations. For example, the provider held workshops for the public informing people about how care works and their options, so members of the public were better informed about their rights and choices. The provider also held dementia workshops for relatives and

members of the public and sponsored the Kent Dementia Action Alliance Annual Awards ceremony. The provider arranged for relatives to speak about their experiences at these events. The provider said, "We know that not everyone can afford to access our service and we have the knowledge, so we take the time to share this knowledge. Improving relatives understanding had led to improved outcomes for people. For example, one relative was upset by the behaviours of their loved one. The service shared information with the relative to help them understand their condition and how it was affecting them, and this resulted in their relationship improving. One relative said, "They are mindful that I need help without me asking."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a registered manager in post who was also the provider. They worked at the service on a day to day basis and were passionate about providing high quality care and supporting the staff. Office staff also continued to provide support to people. One office staff said, "We ask ourselves, how can I do this better. I continue to go out and deliver care. It gives me a good insight into the pressures on then care workers and a better understanding of how we can support them to keep doing a brilliant job."

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

- There had been no duty of candour events at the service. However, the providers were open about concerns and provided people and their relatives with honest feedback. Relatives were able to see information about incidents and accidents in real time using the online application meaning there was a high level of transparency.
- When things went wrong or there were concerns the providers had dealt with the concerns directly and visited people and their relatives to keep them informed.