

# Tender Loving Carers Domiciliary Limited

# Tender Loving Carers

## 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?	Outstanding ☆

# Summary of findings

## Overall summary

### About the service

Tender Loving Carers is a domiciliary care service. At the time of the inspection the service was supporting 100 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 said the service was excellent. People looked forward to the carers visiting and enjoyed their company. Staff spoke with compassion and genuine warmth when referring to the people they cared for. The caring ethos of person-centred, expressed to us by the provider and registered manager, was echoed in the comments made by the staff. This was reflected in the care people told us they received. People appreciated the continuity of care from the same care staff who were consistent and always attended. People and their relatives confirmed that they received a weekly rota which was adhered to, with changes only occurring in unforeseen circumstances.

People and their relatives had trust and confidence in the staff and management.

People were provided with a person-centred service which was responsive to their needs, wishes and preferences. The providers values were implemented and embedded into the ethos of the service to provide excellent outcomes for people.

Management and staff had a positive impact on people's lives responded to people's needs and preferences. They supported people's ability to express themselves and included their wishes and aspirations in support planning and activities. The service had taken a key role in the local community. Staff were actively involved in making contact with community resources and support networks to ensure people had access to a broad range of meaningful activities which improved their quality of life, developed their self-confidence and their self-esteem.

The service was well led by a committed and skilled management team who led by example. They used effective checks and audits of care to provide high-quality, person-centred care. There was an ongoing plan of development for the service. The staff team were well trained and supported, and communication was good.

The provider followed their recruitment procedure which ensured all staff were safely employed. Induction training was thorough and the training for staff was kept up to date which meant they could provide effective care.

People and their relatives were confident that if they had concerns they would be dealt with appropriately.

Effective systems were in place to monitor the delivery of care through feedback from people and relatives, audits, spot checks, staff observational supervision and quality assurance questionnaires. Lessons learned were documented and shared in staff meetings. Medicines administration records showed that medicines were taken as prescribed. People confirmed that staff followed infection control procedures and wore gloves and aprons appropriately to prevent the spread of infection.

People's needs had been assessed and their support plans included input from families and community-based professionals. People's health needs were identified, and they were supported to maintain regular appointments and screening. People were supported to eat and drink. Specialists were involved when required for people who were nutritionally at risk.

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

The last rating for this service was Outstanding (published 15 February 2017).

#### 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 reinspection 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 exceptionally well led.

Details are in our well led findings below.

Outstanding ☆

# Tender Loving Carers

## 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 and an Expert-by-Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of 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.

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 24 hours' notice of the inspection. This was 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 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 spoke with 10 people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, care workers and care coordinators.

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.

# 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

- Staff continued to have a good understanding of safeguarding and there were systems and processes in place to protect people from the risk of harm. Staff were confident managers would act should they have concerns for people's safety. A member of staff told us, "I feel confident that the management team would respond to concerns."
- The registered manager and care staff understood their responsibilities to safeguard people from abuse and what actions to take to protect people.
- People felt comfortable with staff and had built trusting relationships with them. People told us they felt safe. One person said, "I feel safe because I would be lost without them."

Assessing risk, safety monitoring and management

- People's care plans contained detailed risk assessments linked to their needs. These included the actions care staff should take to promote people's safety and ensure their needs were met. They included guidance on how to minimise risk to people especially when using equipment.
- The service helped people to stay safe in their homes. For example, they provided guidance for people on staying safe in adverse weather conditions. Either keeping warm in the winter or staying hydrated in hot weather.
- The provider ensured equipment used in people's home was regularly serviced and had details of who to contact if they needed this repaired.

Staffing and recruitment

- There continued to be enough staff to provide support to people. The recruitment process continued to focus on staff who supported the providers vision. These visions had been built into the interview process and interview questions were based on the providers values.
- People were supported by staff who had been through a robust recruitment selection process. This focused on gaining insight into people's values and experiences. This included all pre-employment checks, such as references and a criminal record check.
- People, relatives and staff confirmed that staff always attended calls and stayed for the duration of the allocated call. One person told us, "They are reliable and always come on time."

Using medicines safely

- Staff understood their responsibilities and roles when administering medicines safely.
- People who were supported with their medicines, had a medicine administration record (MAR) in place. These had been completed correctly, identifying that people were receiving their medicines as prescribed.
- The registered manager ensured regular audits and spot checks of medicines were completed. Where an

error may occur there was a detailed procedure in place for staff to follow.

#### Preventing and controlling infection

- All staff received training in infection control and were provided with the appropriate personal protective equipment (PPE) to prevent the spread of infection.
- The registered manager told us they monitored this, and any additional equipment staff may need they would provide.

#### Learning lessons when things go wrong

- The provider had an open and transparent culture. The culture encouraged concerns to be raised and these were looked into. The management team were committed to improving safety when supporting people and giving staff knowledge around this.
- All staff were involved in lessons learnt. These were discussed in staff meetings and daily morning meetings and actions put in place to prevent reoccurrence.
- Staff said they felt comfortable in speaking up when things may have gone wrong and learning from this would be discussed.



# 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 remained the same. 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

- People's preferences were clear throughout their care plans. This identified what the person wanted, what was important to them and how they wanted to be supported to maintain their independence. People's care plans highlighted their physical, mental and social needs and detailed what outcomes the person wanted from their support.
- The management team kept up to date with ways to continuously improve people's lives.
- Tender Loving Carers staff team had been working in partnership with local organisations to build a dementia friendly community. They had organised and funded a virtual dementia tour bus. It was used as a training tool in Dementia Awareness. Every member of staff attended including Directors and the service's driver. This highlighted people's awareness of what dementia was and how it affected people day to day. Families of people living with dementia were also invited to attend sessions on the dementia bus.
- The service was working with social care professionals to look at the current assessment process and identify more effective or innovative ways to make sure that assessments identified people's support needs. Monthly meetings took place to ensure that they were continually reviewing their practices.
- The registered manager told us, "We do this to ensure we are on top of our game and challenging ourselves continuously and not move on not stand still."

Staff support: induction, training, skills and experience

- Staff were positive about their induction into their role and told us that it involved lots of training and shadowing with more experienced staff members. Staff felt supported by their registered manager and had opportunity to discuss their professional development and wellbeing through individual supervisions and appraisals.
- People were supported by staff who had ongoing training in areas the provider had identified as relevant to their role. One staff member said, "I have the opportunity to keep learning while I am working."
- Additional training subjects, relevant to people's needs such as caring for people living with dementia and Parkinson's disease were provided.

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

- People told us they were happy with the arrangements in place to support with their meals.
- People's dietary needs were highlighted in their care plans. People told us they were supported to make meals and the staff were aware of their likes and dislikes.
- A staff member said they were proactive in supporting people with cooking and they would also help with putting a shopping list together and go shopping with the person.
- Staff made sure that people remained hydrated. Drinks were provided during care calls and when these

were finished, staff made sure that people had drinks available that were within their reach.

Adapting service, design, decoration to meet people's needs

- The environment people lived in was assessed to ensure the space was suitable for the tasks required and to ensure the safety of staff and people.

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

- People's healthcare needs were carefully monitored and discussed with the person or family members as part of their care planning process.
- The management team and staff spoke passionately about the people they supported and were able to promptly identify people's changing needs.
- Staff and the management team worked well with other professionals to ensure that people received appropriate care. People were supported by staff who knew them well which ensured the care delivered met people's needs consistently.
- Records showed that other professionals supported people to ensure they received appropriate care. Staff knew what to do should they needed to contact professionals such as GP's, district nurses, social workers and other professionals when required.

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 showed a good understanding of people's rights and how to support people to make informed decisions.
- Care plans showed that mental capacity assessments were carried out to find out whether the person had capacity to make decisions related to their care.
- People's care plans detailed how people wanted their support which ensured they had control of how their support was delivered. Where people lacked capacity, decisions were discussed and made in their best interest.
- Care plans identified if people had legally appointed representatives or an advocate in place, advocacy seeks to ensure people have their voice heard on issues that are important to them.
- People had a choice of care staff gender to assist with their care. The provider allocated carers to meet the needs of the individual person, which was managed by the staff roster system.

# 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 was rated as 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

- All of the people and relatives we spoke with told us how staff went to great lengths to make people feel that they really mattered and felt respected and valued. One person said, "The carer's are wonderful, they cheer me up." A relative told us, "Staff are very kind and caring. They are exceedingly good, they have the utmost respect."
- There was a strong visible person-centred culture which put people at the heart of everything. This was apparent from the management team, office staff and the staff supporting people. Everyone was extremely passionate about building positive relationships with people and recognised the importance of this to people's emotional wellbeing. For example, staff had recognised that changes to a person's routine had increased their wellbeing and they appeared happier when staff visited. Staff spoke with the person and their relatives about what they had seen and how they could continue to implement this going forward. This was discussed with staff during the daily morning meeting. It had been recorded that relatives were extremely grateful for the input.
- Staff had developed caring, respectful and empathic relationships with people. One staff member said, "I like the way carers are treated with the utmost respect and your input matters."
- The managers of the service continued to ensure that they matched people's interests with the interests of staff supporting them. This promoted positive relationships and encouraged people to pursue their interests with staff who understood and shared their enthusiasm. For example, one person was supported to visit museums by a member of staff who shared the same interest. They told us that this made days out better for them as they knew the person supporting them was interested.
- People continued to be asked about their life histories and this was recorded in their care plans if they wished. This continued to help the service to match people with staff and ensure conversations took place about what interested people and what was important to them.
- People and their relatives all spoke fondly about the staff who supported them, and the relationships they had formed. For example, one relative said, "The carers who come are fantastic. They understand my father's needs and are really interested in his well-being."
- The registered manager told us the ethos of the company was, "Providing top quality care to people in their own homes". Staff confirmed this, comments included, "The focus is to ensure all customers and their needs are met and receiving what they require" and, "I just like everyone being happy and having what they want."
- The registered manager told us about one person that they care for who is extremely unwell and has continued that way for many years. On one occasion a member of staff was carrying out their last call of the

day and found that this person had taken too much medication. The member of staff called 111. 111 advised them that the medication would not harm the person. However, there could be possible side effects. This staff member gained permission from management and the person's family and opted to stay unpaid with this person until the next morning, just to make sure they were ok, as they refused an ambulance.

- The registered manager and staff respected people's diversity and adapted their support to accommodate any emotional or physical support needs. Staff were innovative with how to support people to ensure that they were involved in the service being provided to them.
- Tender Loving Carers found ways to support one person who was on a weight loss journey. The person suffered from depression after not being able to continue attending activities in the local community. The service created a diet plan and supported the person to lose weight, they adapted their support to include exercise. The person's confidence grew as they lost weight and they were able to access community groups and started dancing again.
- The registered manager and staff continued to demonstrate that they understood that the well-being of people's carers had a direct impact on people receiving care and they continued to find ways to support them. People's carers continued to be provided with free of charge moving and handling training from Tender Loving Carers. This allowed relatives and friends to remain involved in their loved one's care if they wished to do so but ensured that this was done in a safe way.
- The service had a ramp made for one person they supported to enable them to be able to get out of their home and be able to attend the 25th anniversary party for the organisation. The person had not been out of their house due to mobility for the past six years.

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

- People felt comfortable in talking about their care. People felt their voice was heard and this was evidenced through their care plan reviews, on-going communication with staff and the management team. One relative explained how in-depth the initial assessment was and that it wasn't just about what 'tasks' needed to be done but actually what was meaningful to the person and how the person wanted to be supported.
- The provider took a holistic view of people's support needs and staff encouraged people to explore their care and support options to ensure that they had the care and support that best suited their needs and preferences. For example, the management team had developed links with other local care providers. They worked collaboratively with them to enable people to get the best care. For example, one person was being supported to have four care calls each day. It was identified that this person needed 24-hour care. The provider worked with a new agency to handover the person's care and attended on the first day to make sure that the new agency was fully aware of the person's support needs.
- The provider told us how they ensured that call times and visits were led by people and it was when they wanted them and how they wanted them. There was a culture of flexibility that was embedded within the service. People and relatives confirmed this. One relative told us, "When I needed to change [relative's] visits temporarily when I went away they accommodated this with no fuss".
- A positive feature of the staff induction process was that the people were asked to complete a feedback questionnaire on the performance of new staff. This showed that the provider considered the opinions of people by including them [people] in the recruitment process.
- Where relatives did not live locally, they [relatives] were contacted via telephone calls to provide current information. One relative confirmed, "If they think there is a specific problem they'll ring me up and update me." Another relative told us, "Living 180 miles away we are immensely appreciative of the fact that tender loving carers are really good communicators."
- People could contact independent advocacy services if they wanted guidance and support or an advocate to act on their behalf. Staff were knowledgeable about local services, schemes and additional sources of support available to people. Supporting people to explore additional support formed part of their assessment process and was revisited with people at reviews.

## Respecting and promoting people's privacy, dignity and independence

- People told us that they were treated with dignity and staff were always respectful. Relatives told us, "The carers are so very discreet and treat my [relative] with dignity and respect. When he is showering they watch he doesn't fall and hand him a towel to maintain his dignity."
- There was a strong emphasis on supporting people to promote their independence. One person told us, "I want to remain independent, so I try to do things for myself. They support me to achieve this."
- One person told us how the service had helped them to remain in their own home by supporting them to have equipment fitted to aid their independence. The person said, "This enables me to stay at home and be safe." Other people were supported to acquire equipment such as walking aids, a stair lift and an adapted bath. The provider had a mobile shower that they could take to people's home if needed.
- Staff were sensitive and respectful when talking about the people they supported. People's care records were kept securely, and their confidentiality respected.

## 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 outstanding. At this inspection this key question was rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care and support was person-centred, focussed on all aspects of their lives and responsive to their needs.
- People described how the service continued to be flexible and responsive to their individual needs and preferences to enable them to live as full a life as possible.
- People said staff had the skills needed to support them and had an understanding of their health needs.
- People's care and support plans were reviewed and changed as people's needs changed. People's relatives told us management and staff had an excellent understanding of their family member's needs, preferences and wishes. Staff knew people well and had gathered important information about them before the service started. This meant they could provide a tailor-made service and provide a consistency of support.
- The service continued to meet the needs of the local community and work with the local CCG. They continued to support people living in the community who were bed bound and therefore unable to have a bath. The service continued to use the "Shower in bed system" which could be transported to a person's home and enabled the person to have a bath in a mobile sling. Staff remained trained in how to use the equipment and it could be easily transported to the person's home using the service's van.
- Management and staff were passionate about meeting people's needs, providing an excellent service to people and improving people's lives. We found numerous examples of how staff changed people's lives. For instance, one person had profound communication and mobility issues resulting in a poor quality of life, isolation, low mood and low self-esteem. Over a period of time, staff supported them to improve their confidence, mobility and communication and to take positive risks. They had identified technology that could support the person who engage in activities and communicate with others more easily.

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

- People were supported to engage in a varied range of activities and past times, all designed to encourage social inclusion and independence.
- The provider continued to arrange social events throughout the year for people receiving care, their relatives and staff to attend. This was a further opportunity for people to engage with others and access the wider community.
- Since the last inspection the registered manager had developed a friends of TLC group. The aim of the group was to provide a welcoming place for people for continued comfort and social interaction. The registered manager told us, "'The Friends Group' is fully funded by TLC, a non-profit group free of charge for people who had been a carer and were now alone, and for people that were still carers but wanted to meet

others for a chat and a cuppa." This was created in 2018 after it was established that many people are lost when a loved one passes at which at the same time the carers also stop attending. People feel lonely and some are isolated especially if they have cared for someone for many years.

- They created social events for people and staff to attend including activities which raised money for local charities. This supported people to feel like valued members of their local community and had a positive impact on people's wellbeing.
- Staff knew people's interests and preferences and supported them to access community activities of their choice, which enriched the quality of their lives.
- Staff protected people from the risk of social isolation and loneliness. People were supported to maintain contact with friends and family and have meaningful relationships. People had made friends and developed relationships at a local club. This had a positive impact on people's lives and allowed them to feel that they remained part of a community. One person told us, "The support I get to carry on going to groups I enjoy means that I can remain friends with people and not feel lonely."
- People with protected characteristics as defined in the Equality Act 2010, were well supported. Staff had received training around equality and diversity. They recognised the importance of this in their work and told us that they always made sure people's views were respected.
- People were supported with their educational needs and wishes and were involved in voluntary work. One person was supported to take part in voluntary work in the local community. They told us that this helped them to feel as though they were a meaningful part of the community.
- Since the last inspection the service had developed a partnership with a local barber who also had experience of being a carer. This was developed in response to requests from people using the service who felt that they were unable to go out to visit a barber.

#### 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.

- The ways in which people communicated was included in their care plans with guidance for staff about how to communicate effectively with people.
- Information was provided to people in a format which they could understand. All care plans had been reviewed to make them clearer to read and more accessible. Staff had spent time with people who needed support to understand written information.
- The service was investigating how they could use new technology to communicate with people and their relatives. For example, how they could use voice recognition systems to send or receive messages from people.

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

- The provider had a system to monitor any complaints, compliments or concerns. The information was used to understand how they could improve or where they were doing well. For example, reviewing the assessment process to make sure that people were receiving the care they needed from the start.
- People had access to a complaint's procedure, knew how to make a complaint and were confident they would be listened to. People knew how to raise any concerns or issues about their care and support and could do so in a range of accessible ways. People were regularly asked if they were happy with the service and about what they thought was going well and what was not. These discussions were very positive.

#### End of life care and support

- The service provides end of life care to people living in the community and holds a contract with continuing health care to provide this. One professional told us, "They did everything they could to make sure that the

person remained comfortable and in their own home."

- Records demonstrated that discussions had taken place and people's end of life care wishes had been captured within their person-centred care plans. For example, one person had specified where and how they wanted to be cared for during their end of life.
- The management team spoke about how they promoted the importance of integrity and kindness when supporting people at the end of their life. The management team identified that people using the service as well as people in the local area would benefit from advice about planning for this stage of their life and had linked up with a specialist company to talk with people. This included talks from local organisations.
- The staff had recognised that when a person had passed away there was often a loved one left behind who could become isolated once services withdrew. The service continued to support families when they had lost a loved one.



# 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 outstanding. At this inspection they had maintained the rating of 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

- People continued to receive a high standard of service which was focused around the needs of the individual. We received positive feedback from all people and relatives we spoke with. The service was praised for the caring and dedicated nature of the staffing and management team and the support people received to pursue interests and activities.
- The providers had built a positive, person centred, open culture based on the values of high standards of care, relationship building, compassion and kindness. Staff continued to uphold the providers values and said, "I feel that we are different from any other care companies as you feel like you have achieved something. There is great quality care. We get to build up a really good relationship with the client." The provider said, "When you are task focused you lose the person, we have worked hard to get away from that and focus on the individual."
- The vision and values of the service were person centred and made sure people were at the heart of the service.
- The whole staff team had a can do attitude. They were committed to providing excellent care and support. The contributions of care staff continued to be valued and acknowledged. Each month a member of staff was nominated as care champion. This nominations came from other staff members as well as people using the service.
- Staff were keen to explore and developing ways to overcome barriers to meeting people's needs and wishes. One staff member told us, " I never said no but ask myself how can I do this."
- People approached the registered manager and wider management team during the inspection. The management team knew people well and there was regular communication with people.

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

- The registered manager continued to be a strong role model and passionate about providing care which enabled people to remain living in their own homes. The registered manager told us that they will always have an open-door policy. staff described the registered manager as supportive and were positive about working at Tender Loving Carers.
- The service was well organised. There was a clear and supportive staffing structure and lines of responsibility and accountability. Staff were highly competent and experienced.
- Staff demonstrated the provider's values through their passion, commitment and enthusiasm for their role and to deliver the best possible service to people. The registered manager recognised the impact being a

carer could have. These were identified in a diagram in the entrance of the service. Staff told us that this made them feel that the registered manager was approachable and would listen to concerns they may have about the role.

- There was a solid structure of governance embedded into the service. Audits of all aspects of the service were carried out and any issues identified were dealt with immediately. The registered manager had a continuous improvement plan in place and ensured that all actions were completed in a timely manner.
- The registered manager had informed the Care Quality Commission (CQC) of significant events that happen within the service, as required.
- Policies and procedures had been amended and reviewed since the last inspection to provide updated guidance and support to staff.
- Staff were motivated and proud of the service. There were high levels of satisfaction amongst the staff team. A staff member said, " I like the culture of the company, the genuine care for our customers and carers, how everyone is so friendly. I love my job so much". A relative told us, "They are extremely efficient, and I would recommend them to anyone".
- Staff and the management team assisted people to liaise with local authorities, commissioners and other service providers, which many times had a positive outcome for the person and their family in terms of getting the support they needed. For example, they had worked closely with the local authority to support a couple who wanted to remain at home together. Bespoke care packages had been put in places to allow the couple to be able to achieve this.

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

- People were involved in their care and were encouraged to express their views about the support they were given. People said they were able to offer feedback and felt listened to. This was highlighted through surveys and feedback they had given through compliments. This helped the management team to see at a glance where people were happy with their care. The compliments, feedback and the survey completed showed overwhelmingly positive outcomes.
- The registered manager and staff respected people's diversity. They were aware of people's diverse needs and from this ensured they enhanced activities and opportunities for people; staff did not see disability or impairment as a barrier to any goals or wishes people may have.
- Since the last inspection, the frequency of staff supervisions had been changed. Staff now received monthly supervision rather than 3 monthly. The change was implemented to increase communication, welfare and the culture of our business. The format of the supervision changed to include competencies on company values and policies.
- Management and staff saw the service as an important part of the community. Community links were developed to enhance people's changing needs and preferences. Links had been made with local churches, colleges and clubs. The service supported people to volunteer at local schools.
- Staff meetings had taken place regularly. Staff told us they felt listened to and supported by the registered manager. Staff told us they received regular information from the provider as well as having visits from the senior management team.
- Daily morning meeting took place with all office based staff to talk about any issues that may have arisen the previous day or overnight. These made sure that office staff were kept up to date and were able to respond to any issues. These had been introduced since the last inspection and staff told us that they found them extremely useful.

Working in partnership with others

- The registered manager and staff worked in partnership with other organisations to make sure they were following current best practice and to identify areas that could be improved to provide a high quality service. The registered manager said this gave them the opportunity to share experiences and best practices

for people's benefit.

- There were examples of when the service had successfully worked in collaboration with external professionals. A professional told us, "We have an excellent working relationship. There is lots of preventative work, so any problems can be nipped in the bud. I know they [the management team] will go the extra mile to know people are supported."
- The service was part of Kent Integrated Care Alliance which aims to help shape the future of homecare in Kent.
- The registered manager continued to sit on the safeguarding training board with the local authority.
- The registered manager continues to be the chairperson for the Skills for Care Workforce Development Board.

The purpose of this network is to use the breadth and wealth of skills and experience of employers, stakeholders and partners within the network to support workforce development.

Continuous learning and improving care

- The provider encouraged a culture of continuous learning and development within the service. Staff told us the training they received was useful and had helped them develop their skills and learning. They described how the staff team had been provided with specialised training prior to one person starting to use the service; this had given them the skills and confidence to provide a continuous service to the person.
- The registered manager attended meetings and forums to keep up to date and to develop their skills and knowledge. Staff meetings and handover meetings were used to ensure continuous learning.
- Five care workers and one team of care workers had been entered into the Kent Care Awards and all had been shortlisted. After the inspection the registered manager contacted us to tell us that one care worker had won Home Care worker award 2019, with another being runner up. The registered manager told us, "Tender Loving Carers and the staff have worked hard since the 2017 inspection to achieve awards recognising excellent services they provide."
- The registered manager worked with a local university and local police force and provided social care placements. The placements could last for a number of months and provided them with social care knowledge. During the placement the students fed back on a variety of areas within the service. The registered manager told us that this had a huge impact on the service as it allowed them to reflect. It also allowed students to see social work from a providers point of view. The registered manager is required to work alongside them regularly checking their work, completing report to their tutors and attending training meeting. The registered manager told us, "As a manager we do this as a continuous auditing process, for improving the service to clients and what they receive."

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 management team understood and acted on their duty of candour responsibilities. They promoted and encouraged candour through openness. People told us managers and staff were open and honest. Good relationships had been developed between management, staff and people using the service and their family members.
- The registered manager told us they would speak with people and offer an apology when things went wrong. Any incidents would be fully discussed with staff during meetings or in one to one support sessions.