

Age UK Medway

Age UK Medway

Inspection report

Home Care Services, The Admirals Office
The Historic Dockyard
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place over two days on 11 and 12 January 2017 and was announced.

Age UK Medway provides personal care to 112 people in their own homes and visits another 111 people every six to eight weeks to provide a nail cutting service. The care was managed from an office in Chatham. The personal care provided to the 112 people was tailored to their needs so that people could maintain their health, wellbeing and independence and remain living at home. The care was delivered to adults, some of whom may be living with dementia, long-term health conditions or physical disabilities.

At the previous inspection on 7 and 10 December 2015, we identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breaches were in relation to the recording of detailed information on risk assessments, ensuring that staff did not have gaps in their employment records when recruited and the effectiveness of auditing systems. The provider sent us an action plan telling us what steps they would be taking to remedy the breaches in Regulations we had identified. At this inspection we checked they had implemented the changes.

At the previous inspection on 7 and 10 December 2015 we also made two recommendations to assist the provider to make improvements to the service provided. These recommendations were in relation to the recording of topical medicines (creams and lotions) when administered and the effective communication of changes in staff deployment at weekends. At this inspection we found improvements had been made.

There was a registered manager employed at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was also the provider.

People spoke about the staff in a positive light regarding their feelings of being safe and well cared for. People told us that they felt safe when receiving their care. They told us that having continuity in staff attending helped them have confidence and feel safe.

Risks were assessed by staff to protect people. There were systems in place to monitor incidents and accidents. The registered manager had improved the way risk assessments were written so that they gave staff more detailed information about minimising risk.

Staff were recruited safely and had been through a selection process that ensured they were fit to work with people who needed safeguarding. Recruitment policies were in place that had been followed. Safe recruitment practices included background and criminal records checks and now also included a record of explanation for any gaps in employment, prior to staff starting work.

People were happy with the leadership and approachability of the service's registered manager and the management team. Staff felt well supported by registered manager. Audits were now more effective and risks were monitored by the registered manager to keep people safe.

Staff had been trained to administer medicines safely and staff spoke confidently about their skills and abilities to do this well. Records showed and staff confirmed they were now keeping proper records of the administration of topical creams and lotions.

The registered manager ensured that they could provide a workforce who could adapt and be flexible to meet people's needs and when more staff were needed to deliver care, they were provided. Some people needed more than one member of staff to provide support to them. People were now made aware of which staff were providing weekend care.

Staff had received training about protecting people from abuse and showed a good understanding of what their responsibilities were in preventing abuse. Procedures for reporting any concerns were in place. The registered manager knew how and when they should escalate concerns following the local authorities safeguarding protocols. People were given information about how to report abuse.

Staff training covered both core training like first aid and more specialised training in dementia. We could see that the management and staff culture was grounded in recognised good practice in providing care to older people. For example, the service also provided older people with advice about keeping warm, community meal services and where they could access community day services.

The registered manager and staff had received training about the Mental Capacity Act 2005 and understood when and how to support people's best interest if they lacked capacity to make certain decisions about their care.

Working in community settings staff often had to work on their own, but they were provided with good support and an 'Outside Office Hours' number to call during evenings and at weekends if they had concerns about people. The service could continue to run in the event of emergencies arising so that people's care would continue. For example, when there was heavy snow or if there was a power failure at the main office.

People said that staff were well trained and understood their needs. They told us that staff looked at their care plans and followed the care as required. People told us that staff discussed their care with them so that they could decide how it would be delivered.

Most people made their own arrangement around food and drink. However, the registered manager gave staff guidance about encouraging people to eat and drink enough. When needed staff assisted people to make sandwiches, hot drinks and other foods. Care plans were kept reviewed and updated.

There were policies in place that ensured people would be listened to and treated fairly if they complained. The registered manager ensured that people's care was individualised to them.

Age UK Medway is part of the Age UK National Group. A national provider of support services for people with diverse needs in community settings. The management team and staff were committed to the values of the organisation and ensured they took these into account when delivering care and support. The provider and management team wanted to continually improve and had development plans in place that were being implemented to further enhance the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People told us they experienced safe care. The systems in place to manage risk and monitor incidents and accidents had ensured that people were kept safe.

The registered manager and staff were committed to preventing abuse. Staff spoke about blowing the whistle if needed.

Medicines were administered by competent staff. Recruitment processes for new staff were robust and staff were deployed to meet people's needs.

Is the service effective?

Good ●

The service was effective.

People were cared for by dedicated staff who knew their needs well. Staff met with their managers to discuss their work and had attained the skills they required to carry out their role.

New staff received an induction. Training included the Mental Capacity Act 2005.

Staff understood their responsibility to help people maintain their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People could forge good relationships with staff so that they were comfortable and felt well treated.

People had been involved in planning their care and their views were taken into account.

People experienced care from staff who respected their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People were provided with care when they needed it based on assessments and the development of a care plan about them.

Information about people was updated often and with their involvement so that staff only provided care that was up to date.

People were consistently asked what they thought of the care provided and had been encouraged to raise any issues they were unhappy about.

Is the service well-led?

The service was well led.

The service had benefited from consistent and stable management so that systems and policies were effective and focused on the quality of service delivery.

The registered manager was keen to hear people's views about the quality of all aspects of the service. Staff were informed and enthusiastic about delivering high quality care.

There were clear structures in place to monitor and review the risks that may present themselves as the service was delivered.

Good ●

Age UK Medway

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 and 12 January 2017 and was announced. 48 hours' notice of the inspection was given because we needed the registered manager to be available during the inspection. The inspection team consisted of an inspector and an expert by experience. The expert-by-experience had a background in caring for elderly people and understood how this type of service worked.

Before the inspection, the provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at notifications about important events that had taken place at the service, which the provider is required to tell us by law.

We visited the office to look at records and we telephoned 13 people and two relatives to ask them about their experience of the service. We received feedback about the service from another 17 people, one member of staff and one relative. We spoke with seven staff including the registered manager and six care staff to gain their views about the service. We asked 19 health and social care professional for their views about the service.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at ten people's care files kept in the office, six staff record files, the staff training programme, the staff rota and medicine records.

Is the service safe?

Our findings

At our inspection on 7 and 10 December 2015, we identified breaches of Regulation 12 and of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The assessment of risk had not always been appropriately managed. The provider had not always operated recruitment procedures effectively. We also made recommendations about recording the administration of topical medicines (creams & lotions) in people's notes and making sure that staff were deployed effectively at weekends.

At this inspection, we found the provider had made improvements by implementing a new system of risk assessment that gave more detailed information to staff about how to minimise risk. Also, the application form for new staff now included a full work history and a section to record any gaps in employment. Existing staff had been asked to account for any gaps in employment and topical medicines were now fully recorded when administered by staff. The rota for staff deployed at the weekends was communicated to people so they were aware of which staff they could expect.

All of the people who gave us feedback told us they had confidence in the service and felt safe when staff were in their homes delivering care. The registered manager took a balanced approach to risk and developing people's independence. One person said, "The staff are very friendly and blend in with us. I couldn't wish for better carers." And "The staff help me with bathing I definitely feel very safe and confident with the carer." Others said, "All of the staff are nice, I trust them, they are all friendly, I mostly get a regular group of carers." Relatives said, "Mum has dementia and can present challenging behaviours, we have regular members of staff and I feel comfortable and confident having them coming in."

Staff told us that they were aware of people's risk assessments and how they had been updated.

At this inspection people were protected from the risk of receiving care from unsuitable staff. Staff had been through an interview and selection process. The registered manager followed a policy, which addressed all of the things they needed to consider when recruiting a new employee. Staff told us the policy was followed when they had been recruited and their records confirmed this. Applicants for jobs had completed applications and been interviewed for roles within the service. New staff could not be offered positions unless they had proof of identity, written references, and confirmation of previous training and qualifications. The registered manager asked staff to explain any gaps in their employment histories and this was recorded. All new staff had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding.

Staff supported people in the right numbers to be able to deliver care safely. Following our recommendation from the last inspection the registered manager had ensured that changes in staff were communicated to people. Staff were deployed under the management of a team leader with responsibility for ensuring staff were supported and delivered safe care. Some people needed care and support from two staff because of their illness or condition. We could see that people had been assessed for this. We confirmed that two staff were allocated and available for care that needed more than one member of staff, for example when using a

hoist to lift people. The staff rota was completed in advance and sent to staff and people who used the service to ensure it supported the flexibility needed to assist people to direct their own care and routines. This ensured staffing was delivered appropriately.

People had consistent care from regular staff so they were protected from risk. Some of the things that made people feel safe was the reliability and consistency of staff calling to their homes. People could be sure that their care would be provided by staff who they knew. One person said, "We have regular members of staff and I feel comfortable and confident having them coming in." The registered manager told us that if there was a change in the staff calling, for example due to sickness, they informed people so that they would know. One person said, "If there is staff illness Age UK Medway always provides a substitute." The provider avoided external agency staff and staffing cover was provided by the staff employed by Age UK Medway. Staff we spoke with confirmed that they were rostered with the same people whenever possible and the staff rota verified this.

Staff followed the provider's medicines policies and the registered manager checked that this happened by spot-checking staff and auditing medicines records. (Spot checks are supervisions of staff in the field.) People who received support from staff with their medicines were given their medicines as required by their GP. The service had procedures in place and provided training for staff so that if they were asked to take on the administration of medicines for people they could do this. Staff we talked with told us in detail how they supported people safely when dealing with medicines.

The medicine administration record (MAR) sheets showed that people received their medicines at the right times. This now included a record of the administration of topical medicines. The name, times and location of the creams or lotions applied was recorded. The system of MAR records allowed for the checking and recording of medicines, which showed that the medicine had been administered and signed for by the staff visiting the person's home. Staff were clear that if there had been any changes to people's medicines or they were unsure about anything to do with medicines they would seek advice from a manager. This protected people from potential medicine errors.

Safe working practices and the risks of delivering the care were assessed and recorded to keep people safe. Environmental risks were assessed and equipment was checked by staff before they used it. For example, the mobile hoist. Before any care package commenced, management carried out risk assessments of the person's home, and for the care and health needs of the person concerned. Environmental risk assessments were thorough, and included risks inside and outside the person's home. For example, they carried out a visual check of electrical appliances that staff may use during their visits, such as a kettle. Staff were issued with protective equipment such as portable residual circuit protection devices. Visual checks of gas and electrical appliances, and safe storage of cleaning materials were carried out and safety information was recorded. For example, risk assessments stated the locations of electrical and water disconnection points.

People were kept safe by staff who understood and received training about the risks relating to their work. Assessed risk were given a score which assisted staff to understand whether the risk was low, medium or high. For medium and high risk the actions staff should take to reduce risk and keep people safe was recorded in people's care plan files. The registered manager checked to make sure that safe working practices were followed by staff.

Incidents and accidents were fully investigated by the registered manager to ensure steps were taken to prevent them from happening again. The four incidents recorded since our last inspection had all been fully recorded and investigated with actions taken to reduce the risk recorded. They had also been shared with people's care managers where appropriate. Guidance was given to staff about reporting incidents and

accidents and this was backed up by a policy. The policy gave details of how the registered manager would monitor incidents and accidents.

The registered manager understood how to protect people by reporting concerns they had to the local authority and protecting people from harm. Staff followed the provider's policy about safeguarding people and this was up to date with current practice. Staff were trained and had access to information so they understood how abuse could occur. Staff understood how they reported concerns in line with the providers safeguarding policy if they suspected or saw abuse taking place. Staff gave us examples of the tell-tale signs they would look out for that would cause them concern. For example bruising. Staff understood that they could blow-the-whistle to care managers or others about their concerns if they needed to. Blowing the whistle enables employees to contact people with their concerns outside of the organisation they work for, like social services.

People's care could continue if there was disruption to the service, for example in periods of extreme weather conditions. The computerised systems for things like staff rostering were backed up and could be accessed away from the office if needed. The registered manager used a system to assess and prioritise people who could not make other arrangements for their care if staff could not get to them. This meant that the service could focus its resources into getting staff to the people most in need and protected people's continuity of care.

Is the service effective?

Our findings

Staff understood people's needs, followed people's care plan and were trained for their roles. People said, "They (staff) are brilliant assisting me to care for my husband, working between us we work well together. Good teamwork. Staff always ask if there is anything they can help me with." "They (staff) are well trained. They do everything to suit me. I cannot walk without the Zimmer frame. They are with me, walking beside me or behind me until I get to the stair lift. They always make sure I am sitting comfortably before they press the button." And, "I have recently had an operation on my leg. The carer is very good, helping me into the shower so I can still have a good wash whilst ensuring I don't get my dressing wet."

Staff understood the care they should be providing to individual people as they followed detailed care plans. Care plans were left in people's home for staff to follow and staff confirmed to us that these were in place and kept up to date. People told us that staff followed their care plan and we saw that this was checked by the registered manager through spot checks and audits. (Spot checks are periodic unannounced checks made by managers on people's care.) There had been 113 spot checks in 2016 and nine so far in 2017.

The care people received was fully recorded by staff. We could see that their notes reflected the care required in people's assessment of need. Staff told us they read people's care notes before they started delivering care so that they were up to date with people's needs. Staff were provided with hands on practice so that they could use equipment safely if it was supplied by people in their homes. People said, "The carer always completes the notes in my folder and I signed the timesheet for staff". And, "My care plan is kept in the folder and the carers update every time they come. Managers have been and checked the folder and checked with me that everything suits me."

People's health and welfare was protected by staff. This service was not providing food and drink to most people. This was because there were others at home with them that took care of their needs around food and drink. However, staff were helping people to maintain their health and wellbeing through an awareness of making sure people had access to drinks and food when they provided care. Staff told us how they did this in line with people's assessed needs. Staff described to us how they left food/snacks and drink within reach for people before they left a call. Food hygiene training was provided to staff. People said, "They (Staff) are always encouraging me to eat and will prepare the vegetables for me and I cook lunch and the carer serves to both of us on trays". "My partner generally has a sandwich for tea and if I fancy the same they (Staff) will always prepare a sandwich for me at the same time." And, "I have just had my lunch. It was beautifully cooked and served with potatoes, quite impressed. Always served with a cup of tea afterwards."

People had recorded their consent to receive the care in their care plan and staff gained verbal consent at each visit. People confirmed staff worked with them, gaining consent from people before care was delivered happened routinely. People were free to do as they wished in their own homes. The registered manager had a good understanding of the Mental Capacity Act (MCA) 2005. There was an up to date policy in place covering mental capacity. Staff had received training in relation to protecting people's rights. This prepared them for any situation where they may think the MCA needed to be considered as part of someone's care.

For example, if people developed dementia and were no longer able to understand why the care was provided or their safety at home could not be protected.

When people needed referring to other health care professionals such as GP's or district nurses, staff understood their responsibility to ensure they passed the information onto relatives so that this was organised.

The registered manager used a range of methods to ensure that staff could develop the right skills for their role. Staff completed an induction course that was in line with the nationally recognised 'Skills for Care' care certificate standards. These standards were achieved through assessment and training so that staff gained the right skills to work safely with people. Staff said, "My induction gave me the confidence to work on my own". The registered manager also provided competency checks for staff which challenged them to say how they would maintain standards in relation to dignity and privacy, administering medicines and keeping people safe. Hands on training was provided for things like the safe moving and handling of people, using a hoist and moving people with slide sheets or other safety aids. We saw documented evidence that staff attended training in dementia awareness, caring for people's oral hygiene and diabetes awareness. This ensured staff had training relevant to the people they delivered care to.

Staff were observed by management at work and were provided with guidance about their practice if needed. The registered manager ensured that a designated manager met with staff to discuss their training needs and kept a training plan for staff to follow so that they could keep up to date with developments in social care. When the management met with staff they asked them questions about their performance. Staff had been asked how they deal with health and safety concerns. Staff supervisions were recorded and staff were given guidance to improve their knowledge.

Staff records demonstrated that new staff were provided with training as soon as they started working at the service. They were able to become familiar with the needs of the people they would be providing care for. They were allocated to experienced staff who took them through their first few weeks by shadowing them. New staff needed to be signed off as competent by the registered manager at the end of their induction to ensure they had reached an appropriate standard. Staff told us they had completed shadow shifts and an induction when they started working at the service.

The registered manager had a plan in place to ensure that all staff received an annual appraisal. This gave staff the opportunity to discuss what had gone well for them over the previous year, where they had weaknesses in their skills and enabled them to plan their training and development for the coming year.

Is the service caring?

Our findings

People described the care that they received very positively. All of the people, their relatives and health and social care professionals who responded to our survey about how caring the staff were, responded with one hundred percent satisfaction. People said, "I am not good in the morning. I look forward to them (staff) coming, they are always cheerful." "There is a good rapport between us. If I am not feeling good they will adapt and know what is needed. The two staff that I have are wonderful, it's comforting to have them regularly, especially with my family living faraway." And, "They (staff) always say 'How are you today, if I am tired they seem to know. They seem very capable and caring. I like to have a chat, they are good company."

People told us that they experienced care from staff with the right attitude and caring nature. People told us that staff communicated well and told us about staff chatting and talking to them, letting them know what was happening during care delivery. People said, "They (staff) know to put their arm around my shoulder if I am feeling a bit down. They comfort me", and "Carers always ask what I would like done each time they visit and help me". Managers visited people at home every six months. This gave them the opportunity to ask people about their experiences of the care.

People told us they had been asked about their views and experiences of using the service. We found that the registered manager used a range of methods to collect feedback from people. These included asking people at face-to-face meetings, during staff spot checks, and sending people questionnaires. People said, "I sit down with staff and go through what I like to do."

What people thought about their care was incorporated into their care plans which were individualised and well written. They clearly set out what care the staff would provide. People could vary the care they received from the service and used a mix of care that suited their needs. For example with some care and support being provided at home and some in the community.

Staff wanted to treat people well. When they spoke to us they displayed the right attitude, they told us they give people time to do things, they tried not to rush people. Staff gave people more time if needed. People described that staff were attentive to their needs.

People told us that staff were good at respecting their privacy and dignity. Staff told us that they offered people choices about how they wanted their care delivered. People let us know how important it was for them to be as independent as possible and how staff supported this. People indicated that, where appropriate, staff encouraged them to do things for themselves and also respected people's privacy and dignity. People said, "I don't like frozen meals so the carers prepare the vegetables for me in the morning, I cook the food and get plates out and the carer serves it up for us," and "They (staff) help me with the shower in case I slip. They squeeze the shower gel onto the wet flannel and I wash myself."

Information was given to people about how their care would be provided. Each person had received a statement setting out what care the service would provide for them, what times staff would be available and information about staff skills and experience. People were knowledgeable about the service and told us that

there were care plans they could look at in their homes. The care plans enabled them to check they were receiving the agreed care.

Information about people was kept securely in the office and the access was restricted to senior staff. The registered manager ensured that confidential paperwork was regularly collected from people's homes and stored securely at the registered office. Staff understood their responsibility to maintain people's confidentiality.

Is the service responsive?

Our findings

People's needs were reviewed and kept up to date. People told us that each year they received a survey to complete and always received feedback about this. One person said, "Managers from the office always came to update their files/care plan and check their folders."

People and their relatives said, "One of the office staff (manager) came from the office, checked the folder and made some changes to my care plan. Quite satisfied with the care I get. Should have had them in sooner." "We have had questionnaires and afterwards we are sent a bar chart with the results. One of the office staff comes and updates the books and checks how everything is going."

People's needs were assessed using a range of information which was used to develop a care plan for staff to follow. Care plans were individualised and focused on areas of care people needed. For example, when people were discharged from hospital, they may be less mobile and their skin integrity needed monitoring to prevent pressure areas from developing. People who were receiving care to regain their independence after an injury or hospitalisation had specific care input targeted to their recovery needs.

There was evidence that when people started using the service their risk assessments were completed as a priority. Full care plans were completed after an assessment with the person and/or their families. Adjustments were made for people's individual needs. For example, people told us that if they requested changes to their care or times of calls, the registered manager always tried to accommodate this. People said, "They manage pretty well. I have always had a good response from the office staff when I call them about anything". And "I complained when the night staff started coming earlier at 8 pm instead of 9.30 pm to get me ready for bed. I phoned the office and it was resolved straight away."

Records showed that people had been asked their views about their care. People told us they had been fully involved in the care planning process and in the reviews of those plans. People said, "The carers always listen; I am able to say if I have had a bad night and they make a fuss of me. They will ring up my daughter for me if I need her."

Reviews of the care plan could be completed at any time if the person's needs changed. We could see that care plan reviews had taken place as planned and that these had been recorded. Staff told us they read people's daily reports for any changes that had been recorded and a manager reviewed people's care notes to ensure that people's needs were being met. A relative said, "The book is always completed before the carers leave. They comment on my relatives' mood and record any bruising they may have noticed. They recently noticed a red rash and this was pointed out to me."

We found that the results of the surveys/questionnaires were analysed by the registered manager. Information about people's comments and opinions of the service, plus the providers responses were made available to people and their relatives. The results of the last survey from August 2016 were very positive with 96 percent of people rating the service as good or very good. Feedback included, 'My care plan is discussed with me,' 'I am supported to manage risk,' and 'Staff treat me with dignity.'

Staff protected people's health and welfare by calling health and social care professionals if people were unwell. A good example of this provided by staff was calling the community nurses to assist people when they had issues with their catheters. Staff were knowledgeable about what to look out for to prevent infections and catheter blockages.

There was a policy about dealing with complaints that the staff and registered manager followed. This ensured that complaints were responded to. There were examples of how the registered manager and staff responded to complaints. There had been three complaints in the last year. These had been logged, investigated and the outcomes recorded. All people spoken with said they were happy to raise any concerns. People told us that they knew how to complain and got good responses from the office staff if they contacted them to raise an issue. There were good systems in place to make sure that people's concerns were dealt with promptly before they became complaints. The registered manager also kept a log of compliments people made about the service and these were shared with staff. There was regular contact between people using the service and the management team. The registered manager always tried to improve people's experiences of the service by asking for and responding to feedback.

Is the service well-led?

Our findings

At our inspection on 7 and 10 December 2015, we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Audits were not effective in picking up the issues we found about the management of risk, checking staff employment records, recording the administration of topical medicines (creams & lotions) and staff deployment at weekends.

At this inspection, we found the provider had made improvements by implementing a more thorough system of auditing. This included the auditing of people's medicines records in line with published medicines guidance. The provider's medicines policy sets out how creams and lotions should be applied and how medicines should be recorded. Also, the registered manager had implemented a system whereby weekend staff rosters were sent to people on a Thursday so that they knew which staff were attending their calls. People and staff told us this worked well. People said, "We get the names of the weekend carers and times of their visit by post." And "I have two regular carers who visit. I get a letter each week through the post letting me know who is coming on Saturday and Sunday and times to expect them." Records were collected from people's homes at least every six weeks and these were audited by management before they were stored.

People spoke positively about the service and felt that it was well led. People told us about how managers from the office kept in touch with them. The service delivery schedules were detailed and clear for staff to follow. People said, "I am really happy I would recommend them. I would not want to change especially after previous experience with another service." "Excellent, I didn't like to have people coming in but I should have had them earlier. I have been thankful ever since; I couldn't do without them now." "100% quality, good care and they give us enough time," and "I couldn't be more grateful for what they do for us. Without their help I couldn't manage I have been very lucky."

The management team at the service provided a good balance of skills experience and knowledge. They were passionate about the people they delivered care to and about the quality of what they did. The manager had been registered since 2011 and was very experienced in providing services for people with complex needs in community settings. They were supported to develop and manage the service by an experienced team of a deputy manager and team leaders. The team structures enabled managers to spend time engaging with people and staff. This meant that people and staff could express their views about the service easily and created a link between the registered manager and people who used the services. People commented, 'The management seemed to work well and they found the office staff easy to talk to.'

The registered manager had carried out quality audits of the service. These audits assisted the registered manager to maintain a good standard of service for people and consistently meet the legal requirements and regulations associated with the Health and Social Care Act 2008, and Care Act 2014. Care plans, risk assessments and staff files were kept up to date and reviewed with regularity. Records showed that the registered manager responded to any safety concerns and they ensured that risks affecting staff were assessed. For example, lone working risks were minimised by assessment.

The aims and objectives of the service were set out and the registered manager of the service was able to follow these. These set the culture for staff around people being free from discrimination, their individuality being respected and ensuring that people's choice and dignity was maintained. Staff had received training and development to enable this to be achieved. Staff we spoke with described how they delivered the service with the right values and behaviours. Staff were committed and passionate about delivering person centred care to people. Staff were well supported and had regular and effective communications with their managers.

The Age UK Medway services disseminated information and advice issued by Age UK national to people that assisted them to manage their health and wellbeing. For example, information about keeping warm, where to get help to avoid social isolation and how to access advocacy support.

Managers met with staff to get their views about the service. Staff meetings led to improvements in people's care and promoted a better understanding for staff of their job roles within the care teams. Staff confirmed that team meeting minutes were sent to them, even if they had not attended the meeting. These meetings, whether group or individual, gave managers and staff the opportunity to discuss issues affecting their work. Staff told us that these meetings were useful and that they were listened to if they contributed to the discussions. Other staff told us they had requested additional training for their roles and that the registered manager had arranged this. For example, one member of staff had asked to do their level 3 NVQ and this had been provided. There were separate meetings for team leaders and the registered manager attended the Age UK national registered managers meetings and a local registered managers forum. At these meetings they were able to network with other registered managers from Age UK nationally and other providers of services in the Medway area and receive information from speakers about care practice developments in social care.

There were a range of policies and procedures governing how the service needed to be run. They were kept up to date with new developments in social care. The policies protected staff who wanted to raise concerns about practice within the service. Staff told us they understood the organisations policies about keeping people safe and when they would use these.

The registered manager was proactive in keeping people safe. They discussed safeguarding issues with the local authority safeguarding team. The registered manager understood their responsibilities around meeting their legal obligations. For example, by sending notifications to CQC about events within the service. This ensured that people could raise issues about their safety and the right actions would be taken.

The registered manager used their learning from audits and events to develop comprehensive plans which set out how the service would develop over the coming year and within their three year business plan. For example, the registered manager was working on changes in the software used to make the service more efficient when allocating staff calls, and communicating with people who used the service and staff.

Age UK national managers were kept informed of issues that related to people's health and welfare and they checked to make sure that these issues were being addressed. This service is audited by Age UK National within their quality standards framework. Complaints and incidents were monitored by Age UK national managers and they had responsibility for ensuring that they were signed off when they were satisfactorily resolved. Complaint responses had been quality checked which supported the organisational learning culture at senior management level.

Our discussion with the registered manager confirmed there were systems in place to monitor and review any concerns about abuse, accidents, incidents and complaints. Accident audit reports provided an analysis

of accidents and identified any themes. Audits included responsive actions and lessons learnt.