

Terrablu Limited

# TerraBlu Homecare

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The inspection was announced and was carried out on 13 and 14 November 2017 by 3 inspectors supported by an expert by experience. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults.

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

People were being protected against risks but the risk assessments we saw on people's files failed to mitigate the potential hazards. The risk assessments we saw were not robust and merely described potential harm to people. We made a recommendation about this.

People's needs and choices had been assessed when they started using the service, but changes to their needs had not consistently been identified or planned for. This meant that people were at risk of not receiving the care, treatment and support they needed. We made a recommendation about this. Care plans did not always fully reflect people's preferences. There was insufficient information recorded for staff to know how the person preferred to be supported, or their likes or dislikes. We made a recommendation about this. There was a system in place to review care plans, and reviews took place every 6 months. People and their relatives were involved in the reviews. The service took people's communication needs into account when planning for and providing support. People's complaints and concerns were responded to appropriately.

People were protected against potential abuse. The service had safeguarding and whistleblowing policies in place and staff we spoke to told us these were clear and easily accessible in the office. There were sufficient numbers of staff on duty to ensure the needs of people were being met. Recruitment systems were robust and made sure that the right staff were recruited to support people to stay safe. People were protected by the prevention and control of infection where possible. Staff were aware of the importance of using Personal Protective Equipment (PPE) when supporting people. Staff received infection control training. People received their medicines safely. The service had a medication policy which gave guidance to staff on how to support people with their medicines. Accidents, incidents and near misses were reported to management in line with the provider's policy and procedure.

Staff were trained and competency checked by the registered manager. Staff at TerraBlu worked with other organisations and professionals to deliver effective care. People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required.

People's rights had been protected and staff were acting in accordance with the Mental Capacity Act 2005.

Staff demonstrated a good understanding of the MCA.

Staff were seen to be kind and compassionate towards people. Staff were encouraged to develop positive, caring relationships with the people they support. Staff told us they were able to spend time with people to get to know them, and wherever possible were matched with people in order to develop close working relationships. People's dignity and independence was respected at all times.

People and staff spoke positively about the management of the service. Discussions with staff and people showed there was an open and inclusive culture at the service.

The service took steps to promote equality and inclusion within its workforce. The registered manager kept up-to-date with best practice and guidance in order to ensure she was able to lead the service effectively.

The registered manager understood the legal requirements of their role. They had ensured that all notifications required as per the Health and Social Care Act 2008 were being made to the Care Quality Commission.

## 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.

Risks to people were not being routinely recorded but the service took immediate steps to address our concerns. .

People were safeguarding from potential abuse by the systems, process and practices in place.

There were sufficient numbers of staff to support people to stay safe and meet their needs.

People who received support with their medicines did so safely.

People were protected by the prevention and control of infection.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

People's needs and choices were not always assessed in line with current best practice.

People's nutrition and hydration needs were being met.

Consent to care and treatment was sought in line with current legislation and guidance.

Staff received training to meet people's needs. An induction and training programme was in place for all staff.

Staff members worked collaboratively with other organisations to ensure the care people received was effective.

People had access to healthcare professionals.

### Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect.

People were able to express their views and were involved in making decisions about their care.

People's privacy and dignity was respected and promoted.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People did not always receive care that was personalised to their needs.

People's complaints and concerns were responded to appropriately.

### **Is the service well-led?**

**Good** ●

The service was well led.

There was an open culture where staff and service users were encouraged to input into the service.

The views of people were sought and acted upon.

The service sought to continuously learn from and improve on practices.

The service worked in partnership with other organisations.

# TerraBlu Homecare

## 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.

We gave the service 48 hours' notice of the inspection visit because we needed to be sure the manager, staff and people we needed to speak to were available.

The inspection took place on the 13 and 14 of November 2017. It included visiting the site office, visiting people in their homes with the registered manager present and speaking to people and their relatives on the phone. The inspection consisted of three inspectors 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 care service.

Prior to the inspection, we gathered and reviewed information we held about the service. This included notifications from the service and information shared with us by the local authority. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We focused the inspection on speaking with people who use TerraBlu services and staff. We spoke to nine people using the service, six staff, the operations manager, one senior carer and the registered manager. We visited four people at home, with their agreement, where we made observations of staff interactions. We looked at five people's care plans, three staff files, staff training records, quality assurance documentation and people's medicine records.

The service was last inspected in November 2015 when it was rated as 'Good'.

## Is the service safe?

### Our findings

People told us they felt safe being cared for by TerraBlu. One person said "I have a keysafe so they just let themselves in and most say 'Morning' when they arrive. I feel very safe with them and they're very trustworthy. I always ask them to bring my handbag downstairs for me". Another said, "I like my carers very much and feel very safe with them."

People were being protected against risks but the risk assessments we saw on people's files failed to mitigate the potential hazards. The risk assessments we saw were not robust and merely described potential harm to people. There was no corresponding mitigation of the hazard via effective control measures. For example, one person was assessed to be 'anxious, nervous, agitated and confused' but there was no guidance for staff recorded on the person's file of any risks this posed, and how they could be managed. Another person's documentation indicated they had delicate skin, but there was no information about how staff were to support them to avoid damage to their skin or pressure wounds. Another person was undernourished. When we reviewed their care plan we could not see a detailed plan or risk assessment relating to providing adequate nutrition or hydration. Some risk assessments were either out of date as they had been written a long time ago, or had not been reviewed. For example one person's generic risk assessment was completed in 2012. Another person's file indicated their needs had changed but the risk assessment did not contain correct information to keep them safe. We spoke to care staff about how risks were being managed. Staff explained that information on risk was passed to them via emails to their phone, and this information was recorded on communication sheets in the person's house. During our inspection we visited four people in their homes and reviewed documentation held. Information recorded by the person's keyworker or care staff was sufficiently detailed to protect people from risk. Care staff told us they used this information when providing support rather than the risk assessments found on the person's file. We spoke to the registered manager about our concerns regarding the risk assessments. The manager agreed that the system used to manage risk using information passed to care staff via email was not robust. Following our inspection the registered manager forwarded us a copy of a newly developed risk assessment tool, and a plan to show they had begun to review all service users using the new documentation. We recommend the service continue to ensure risks to people are appropriately recorded.

People were protected against potential abuse. The service had safeguarding and whistleblowing policies in place and staff we spoke to told us these were clear and easily accessible in the office. Regular training on safeguarding and whistleblowing was provided to staff, and records showed this training was up to date. Staff we spoke to were able to identify different types of abuse, and were able to describe the steps they would take if they ever needed to report abuse. One staff member told us, "If I identified any abuse I would immediately contact the office. I know I can contact CQC, the police or the Council if managers didn't listen to me but I don't think that would ever happen as they are very knowledgeable." Staff were confident that the open and transparent nature of the service meant their concerns would be taken seriously.

There were sufficient numbers of staff on duty to ensure the needs of people were being met. Staffing levels were calculated in accordance with people's needs and the registered manager told us new clients might be put on a waiting list for a service if they did not have enough staff to meet their needs. A mix of full and part

time staff were used to help meet fluctuating demands of the service, and the registered manager told us there was a strong emphasis on consistency of care worker for people. The service was organised in geographical areas and a team approach was undertaken which ensured that service users got to know their carers and there was a cover arrangement in place for staff when they took leave. One person told us, "I tend to see the same person for each visit, but when they do need to send someone different they will always let me know and the new carer will introduce themselves to me".

Recruitment systems were robust and made sure that the right staff were recruited to support people to stay safe. We checked the recruitment files for four members of staff. In all cases thorough recruitment procedures were followed to check that staff were of suitable character to carry out their roles. Criminal records checks had been made through the Disclosure and Barring Service (DBS) and staff had not started working at the service until it had been established that they were suitable. The registered provider had consistently tracked the employment history of each newly recruited person to maintain the safety of the recruitment process. Staff members had provided proof of their identity and right to reside and to work in the United Kingdom prior to starting to work at the service. References had been taken up before staff members were appointed and references were obtained from the most recent employer where possible. All staff received an induction before supporting people by themselves. This consisted of training days in the office and shadowing shifts with more experienced staff. New recruits had their competence assessed and further training or shadowing was provided if needed. One staff member told us, "I'd not done a caring job before so was really happy to receive such a detailed induction. If I didn't feel confident to go it alone I know I could have asked for some more shadowing until I was ready." One person using the service told us, "'Once my regular carer was shadowed by a new member of staff who was learning, so they obviously like them to know what they're doing before they work on their own". Staff were subject to a probation period before they became permanent members of staff. Disciplinary procedures were followed if any staff behaved outside their code of conduct.

People received their medicines safely. The service had a medication policy which gave guidance to staff on how to support people with their medicines. People's levels of independence and need in relation to their medicines were assessed when the service commenced, and these needs were reviewed regularly. Where support was required staff had access to care plans which gave them guidance to follow. All medicines prescribed by the person's GP was supplied by the pharmacist in a blister pack which helped to reduce the chance of any medicines errors. One person told us, "'They always make sure that I've got the right tablets and that I've taken them". Staff used the Medication Administration Record (MAR) charts in people's homes to record when support was provided and the dose of medication. The MAR charts were returned to the office on a monthly basis to be audited but staff were aware of their responsibilities of reporting any errors in medicines support when they were identified. For example, one staff member told us, "One day I noticed the MAR chart hadn't been completed at the visit before mine. I let the office know immediately. They spoke to the person's doctor and called me back to let me know what I should do." Staff received medication training during their induction and their competency was assessed at quarterly spot checks. Where shortfalls were found, staff had been retrained and their competencies reassessed.

People were protected by the prevention and control of infection where possible. Staff were aware of the importance of using personal protective equipment (PPE) when supporting people. Staff received infection control training. The service provided staff with gloves, aprons, hand gel, and shoe protectors and these were used by staff. If a person being supported had an infectious illness, staff were provided with face masks to help prevent the spread of infection. Staff were observed through regular spot checks to ensure they were changing PPE according to the service's policy. All staff received food nutrition and hygiene training. When supporting people with meal preparation, staff recorded when packets or jars were opened and when they needed to be discarded. If food was prepared but if being left for later in the day it would be clearly labelled



and wrapped in cling film or foil to ensure it was kept fresh.

Accidents, incidents and near misses were reported to management in line with the provider's policy and procedure. The registered manager logged all accidents and incidents and regularly reviewed the information for patterns and trends. Where required the registered manager would report information to the local authority or to CQC and records showed us this was taking place. Incidents were investigated thoroughly and incident reports were shared with staff, people and their relatives where appropriate. Staff told us there was an open and transparent culture at the service and they were confident with reporting when things go wrong. One staff member told us, "Management are incredibly approachable and responsive. If something happens they'll send a message to us on our phones and we'll talk about it in team meetings."

## Is the service effective?

### Our findings

People told us that their needs were met and staff were skilled in carrying out their roles. One person said, "They help me to shower because I like my showers but I'm not very safe on my own. They're there to help me and steady me and then they help me to get dressed. They make my bed and then get me a drink or whatever I want. They always ask if they can do anything else for me." Another told us, "It's wonderful to have the support and takes away the struggle. I'm lucky to have somebody to look after me." However, despite the positive feedback from people we found the service was not always effective.

People's needs and choices had been assessed when they started using the service, but changes to their needs had not consistently been identified or planned for. This meant that people were at risk of not receiving the care, treatment and support they needed. People had assessments of their needs when they were referred to the service. This initial assessment contained reference to tasks required of support workers, such as to give medicines. The initial assessment for one person had identified that it would take time to get to know them and build a relationship in order for the person to comply with some personal care tasks. The person was assessed as having a communication difficulty relating to cognitive function. However, there were no care plans in place that informed staff how to meet these assessed needs. The care plan stated brief instructions, such as change bedding, but did not reflect the person's communication need or how to build up a trusting relationship. When people's needs changed, or an update of the care plan was required, only one sheet of the plan was updated. This meant that, for example, if someone who was at risk of falls had a decline in their mobility, a one page care plan would be updated to reflect this but the rest of the care plan, including the risk assessment and detailed description of need would be left with out of date information. We spoke to a senior carer about this and they confirmed that it was only the one page sheet that they were asked to update. This system meant that as people's needs changed their care plan became obsolete and staff may not have enough up to date detailed information to provide effective care.

We recommend that the registered manager seeks guidance on effective ways to effectively record changes to people's needs.

Staff were trained and their skills and competence checked by the registered manager. The agency used a training matrix to document and track staff member's training needs. All members of staff had recently been trained in core subjects such as safeguarding adults, moving and handling, prevention and control of infection and food hygiene and handling. The registered manager had ensured that competence checks had been carried out on staff who had completed moving and handling training to ensure they could safely carry out their role. In addition to these courses staff could access specialist courses such as dementia care and malnutrition care and assistance with eating. We found one staff member whose medicines training had expired. We raised this with the registered manager who informed us that the training had been rebooked and that if the person failed to attend they would be stopped from working. Staff received supervision from their line manager but did not have annual appraisals to review their learning or reflect on their performance. Staff supervision sessions covered areas such as effective communication and equality, rights and independence amongst other topics. However, they did not adequately cover learning and development needs.

We recommend that the registered manager seeks guidance on effective ways to formally plan and evaluate staff member's long term learning and performance.

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.

People's rights had been protected and staff were acting in accordance with the Mental Capacity Act 2005. Staff demonstrated a good understanding of the MCA. The registered provider had carried out MCA assessments appropriately and where people did not have capacity to make decisions themselves staff always acted in the person's best interests. Consent was sought before providing care and support.

People had been assessed adequately and supported to maintain good levels of hydration and nutrition. Staff monitored people's nutrition and hydration intake where this had been assessed as necessary. One person was receiving hydration and their medicines via a percutaneous endoscopic gastrostomy (PEG) tube. A PEG is a medical procedure in which a tube is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate. This had been detailed effectively in their care plan.

Staff at Terrablu worked with other organisations and professionals to deliver effective care. The service worked closely with district nurses, social workers and occupational therapists (OT) to ensure people received effective care. A senior carer showed us the most recent referral from a social worker based at a local hospital where a person needed to be discharged to the community. The social worker had contacted the agency to request an additional daily call on discharge and enquired what equipment the person needed to live safely at home. The person had most of the equipment they required but staff worked with the hospital OT to provide a commode to reduce the risk of night time falls. Terra Blu also worked with hospitals and people's GP's to provide treatment, such as barrier creams, and equipment such as hospital beds, to people who leave hospital with pressure wounds.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. We saw that referrals had been made by staff to opticians for home visits. Staff had helped people to access cleaners through Age UK, and had arranged via a GP and the pharmacy for medicines to be delivered on a weekly basis pre-dispensed in a dosette box for another person. Another person had been supported by staff to attend the dentist.

## Is the service caring?

### Our findings

People told us they were treated with kindness and compassion. One person said, "The young women that came were very kind and caring and very good at their job." Another said, "The carers are always very pleasant and very kind, they're really nice girls, well some of them are older but they're still girls to me". Another said, "They're always very respectful when they're giving me a wash or showering me."

Staff were seen to be kind and compassionate towards people. During our inspection we visited four people's homes. We observed care staff acting in a kind and compassionate way. When staff interacted with people they were lowering their position so people who were seated could see them at eye level. Staff offered explanations to people before they helped them. Staff spoke to people in a way they could understand. One staff member told us, "Everyone I support has dementia and you need to take that into account when speaking to people. Each day is different."

People and their relatives were involved with making decisions about care and support. Formal reviews were carried out every 6 months, and staff encouraged relatives to attend if people needed support with decision making. One person told us, "I can understand things at the moment, but I know if I have trouble in the future I can have someone with me at my review." Information about advocacy organisations was provided to those who needed someone to advocate of their behalf, and the service had developed close links with the local Age UK advocacy service.

Staff were encouraged to develop positive, caring relationships with the people they support. Staff told us they were able to spend time with people to get to know them, and wherever possible were matched with people in order to develop close working relationships. People and relatives we spoke with told us staff had a good understanding of their needs. Staff demonstrated good knowledge of the people they supported and were sensitive to their needs. One member of staff told us, "I read the blue books in the house to know if there have been any changes since I last visited." Where possible the service would provide the same care staff to people. This was appreciated by one person using the service who told us, "Most of them have known me for a while now, and they're good company. They spare me a few minutes for a chat and I like that because they know a bit about me now." Staff encouraged people to go out by going with them to carry out every day responsibilities, such attending health appointments or shopping. One staff member told us, "We try to do little things that go beyond just care, into caring. One lady has the same food each week but I still take her to the supermarket so she can see everything."

People's dignity and independence was respected at all times. Staff received privacy and dignity training during their induction, and were able to give examples of how they maintained and protected people's privacy and dignity whilst providing support. One staff member told us, "One man I support likes to use the toilet by himself so I'll wait outside the bathroom. He'll let me know when I can go back in." Another said, "There is a key in the keysafe which I use to get into the house, but I always knock first and wait to be invited inside." People told us they lived a life which allowed them to be as independent as possible. One person told us, "Most of the time I don't need much support, but some days are worse than others. The carers will always ask me how I'm feeling and let me do things for myself."

## Is the service responsive?

### Our findings

People told us that care provided by TerraBlu was responsive to their needs and preferences. One person said, "I prefer female Carers and they've never ever sent a man." Another told us, "I've got an early time which really suits me." However, we found the service was not always Responsive.

People received care that was personalised to their needs, but care plans did not always fully reflect people's preferences. We looked at five care files during our inspection. The files included assessments which covered areas such as their medical conditions, the support required with personal care, health and safety in the home and communication needs. Although there was a section in each care plan which gave an overview of the person receiving support, there was insufficient information recorded for staff to know how the person preferred to be supported, or their likes or dislikes. The provider had recently introduced a document called "All about me" which the person is asked to complete as part of the initial assessment, but none were seen in the five records reviewed. We spoke to staff about our concerns. One staff member told us, "If I am supporting someone new there is sometimes not enough information on the care plan, but there are detailed notes held at the client's house, and I can always contact the office if I have any questions." We visited four people at their homes as part of the inspection where we reviewed documentation and spoke to them about how they were supported. One person told us, "I see the same girls all the time, they know me well and know how I like things to be done." Another said, "They ask me what I want to eat and what I want to wear. I feel in control." Documentation held at the people's houses showed information about their preferences and choices was being passed effectively between staff. For example, one person had a document called 'Helpful tips for X's Care', showing detail on how a person wanted to be supported in the mornings, her personal care and how she liked her meals to be prepared. Communication sheets used by staff provided useful detail which helped with continuity of care. One person told her lunchtime staff what she wanted to eat in the evening. This was recorded in the communication sheet for the evening staff. However, this information being recorded in people's homes was not being recorded on care plans in people's files.

We recommend the registered manager seeks guidance from a reputable source in the continued development of detailed, accurate care plans.

The service took people's communication needs into account when planning for and providing support. Communication needs were recorded in the person's care plan. The registered manager told us that following a review it was identified that one person had a hearing impairment and found it difficult to speak on the phone. It was agreed that all communication would take place via email in future. Another person was living with dementia and staff were finding it difficult to plan meals for them as they were unable to remember which foods were which. In conjunction with the service's nutrition trainer and the person's keyworker, a system was developed where they would be shown flash cards of the food staff and relatives knew they liked. This enabled them to better communicate their meal preferences to staff.

People's complaints and concerns were responded to appropriately. People received a copy of the complaints procedure, explaining how to make a complaint if they need to, at the commencement of their

service. People and their families told us they knew how to make a complaint. One person told us, " If I ever had a complaint I'd call the office. I know they'd want to do something about it." When a complaint was raised, it would be logged, investigated and responded to in line with the service's policy. Details of how to escalate concerns if not satisfied were also set out in the policy. Complaints were analysed at management meetings to identify whether any lessons could be learned to improve the service.

## Is the service well-led?

### Our findings

People and staff spoke positively about the management of the service. One staff member told us, "The support I get from management is amazing, and it feels like a tight-knit team." A person using the service said, "I get a good service from everybody involved, no problems at all. My son arranged this for me and he deals with all the paperwork and phone calls from them." Another person said, "We had an excellent service from TerraBlu. We've actually discontinued the service now because my wife has gone into a home after having several falls, but they've actually been in touch since she went in the home several times to check how she is and how I'm doing".

The service had a system of checks in place which were used to assess the quality of care provided by staff. Spot checks were completed by senior carers and managers on visits to people's homes. People were asked about their experience following a care call. Where issues were identified, they were brought up with staff. We saw one spot check record where a care call had finished and the notes recorded that domestic cleaning and personal care had been completed. However, the staff member carrying out the spot check had noted that the person's flannel and kitchen cloth were both very dry and there were other indications that care had not been delivered correctly. A message was sent to the staff member informing them of what had been noted and reminding them of good practice. The staff member was spot checked again at a later date to confirm they understood what was expected of them. Staff told us they valued these direct observations, with one telling us, "We don't know when they're coming so it keeps us on our toes. I think that's a good thing." Other audits took place. Each month the registered manager reported to the senior staff meeting all missed or late visits so remedial action could be taken, such as reviewing staffing levels or shaping supervision conversations. Where staffing issues were identified, these would be brought up in face-to-face supervisions which were held every six months.

Discussions with staff and people showed there was an open and inclusive culture at the service. The registered manager told us the service tries to operate as a 'family-run' company, where changes to the organisation are put to staff first. The service had a set of values, developed jointly with staff, which covered service, integrity, responsibility, openness and support. Staff we spoke to were aware of these values and told us they were encouraged to adopt them into their daily work. One staff member told us, "We're encouraged to speak up during team meetings. If anyone has an issue, even about other care staff, nobody is worried about speaking out as we're all a team and we're trying to provide a good service to people." The registered manager told us about the open nature of the service, "I have an open door policy here. People know they can speak to me or senior carers about anything, and we treat it in confidence. And I'm very much a working manager and like to get my hands dirty."

The registered manager kept up-to-date with best practice and guidance in order to ensure they were able to lead the service effectively. They were a member of the local Skills for Care Registered Managers Network, and were involved in an Alzheimer's Society group which aimed to increase the awareness of dementia in the local area. The registered manager was involved with a local hospice and senior staff had recently attended training on handling difficult conversations, lymphedema, LGBT and had supervision to help them in their roles as leaders of the service.

The service took steps to promote equality and inclusion within its workforce. When recruiting staff from other European countries the service arranged for contracts to be drawn up in the staff member's native language. The induction presentation was shared with staff beforehand so they had the opportunity to familiarise themselves with words and phrases they may not be aware of. Additional nutrition training was provided so staff knew how to prepare food they might not have come across before. Senior staff were mindful of 'national days' and gave time off to staff if they requested it. The service also arranged for a refresher driving course for overseas staff. We spoke to staff about their experiences. One staff member told us, "It was my first job here, and I've been made to feel really welcome."

Confidential information was managed in a safe way. Information on visits and rotas was passed to staff via an electronic system when each staff member had a telephone. Each phone required a PIN code to access the phone, and the client information application required an additional password. Information on a particular client could only be accessed when in that client's home. When information was brought from the client's home to the office, such as the care records, staff were instructed to do this directly and never to take information home with them. Information was scanned onto a secure computer system and shredded in accordance with guidelines.

The registered manager understood the legal requirements of their role. They had ensured that all notifications required as per the Health and Social Care Act 2008 were being made to the Care Quality Commission. The most recent CQC rating was on display at the service and on the provider's website. The registered provider had ensured that all policies were up to date and these were communicated to staff. Staff demonstrated good knowledge of provider policies such as, safeguarding and lone working. They were aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support when untoward events occurred.

People using and working in the service were encouraged to make suggestions about how to improve the service. Staff we spoke to said they were encouraged to speak about practice issues in team meetings and supervisions. Each year a staff forum was held where the directors and care staff discuss the visions and future of the organisation. Minutes of the 2017 forum demonstrated that staff were actively contributing to changes to pay rates, holiday entitlements, contracts and staff social events. The registered manager was able to show how feedback from staff led to changes in the service. For example, paid travel time was introduced following feedback from a staff survey. Issues raised in the annual service user survey were followed up by both the Director of the service and individually by senior staff.

The service developed relationships with key partnership organisations. The registered manager worked closely with the local Age UK, Tunbridge Wells Dementia Forum and the Hospice in the Weald organisation. Staff worked in conjunction with these organisations to help provide more holistic, wide-ranging support to people such as supporting people to day events or enabling people to access advocacy services. Staff told us that managers were responsive when referrals needed to be made to health professionals. One person said, "They're really good at getting the right people involved, be it district nurses or the person's doctor."