

Nurse Plus and Carer Plus (UK) Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

The inspection took place at the service's office on 06 June 2017.

Nurse Plus and Carer Plus (UK) Limited provide care and support to people in their own homes. The service is provided to mainly older people and some younger adults and people who have a learning disability. At the time of the inspection there were approximately 20 people receiving support with their personal care. The service undertakes visits to provide care and support to people in Canterbury, Faversham, Herne Bay, Whitstable and surrounding areas.

There was a registered manager employed at the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 responsible for the day to day control of the service.

People's medicines were stored safely in their homes. Some people took their medicines independently with no involvement from staff. Other people did need prompting or support and guidance from staff to take their medicines as prescribed by their doctor. Staff were trained to support people with their medicines and senior staff checked they were competent to do so. The guidance for staff about 'as and when' medicines was not consistent and we have made a recommendation about this.

People told us they felt safe and trusted the staff that supported them. One person commented, "I feel very safe with the carers".

Risks to people were identified, monitored and reviewed. Risk assessments gave guidance for staff on how to manage risks. Staff knew how to protect people from the risk of abuse and the action they needed to take to keep people safe. Staff completed regular training about how to keep people safe. The provider had a whistle-blowing policy and staff knew they could take any concerns to other organisations if they had concerns. Staff said they felt confident to whistle blow.

There was sufficient staff employed to give people the care and support that they needed. People told us they received care from regular staff and their calls were usually covered in times of sickness and annual leave.

The provider's policies were followed when new staff were appointed. Checks, including references and criminal records, were completed to make sure staff were safe to work with people. The registered manager followed the provider's disciplinary process when required.

People said the service was effective and reliable. The provider had a training programme and staff completed refresher training to make sure they had the skills and knowledge to carry out their roles

effectively. Staff attended regular one to one supervision meetings with their line manager and annual appraisals were completed.

People felt informed about, and involved in, their healthcare and were empowered to have as much choice and control as possible. Staff understood the key requirements of the Mental Capacity Act 2005 (MCA) and how it impacted on the people they supported.

People were supported to maintain a balanced diet. Staff supported people to maintain good health. Staff knew people's routine health needs and kept them under review.

People spoke positively about staff and told us they were kind and caring. People said, "The staff are nice" and "The carers are very kind to me". People were happy with the care and support they received. Staff knew people well.

People were involved in writing and reviewing their care plans. Staff were knowledgeable about people's likes, dislikes and preferences.

People told us they did not have any complaints but would speak to staff in the office if they had any concerns. They said that staff listened to them and sorted out any issues. Each person had a copy of the complaints procedure in their care plans in their home, and appropriate systems were in place to address any complaints.

There were systems in place to monitor the safety and quality of the service. People were asked for their views and opinions through care plan review visits, spot checks and an annual survey.

People told us they felt the service was well-led. There was an open and transparent culture. Staff said the management were very supportive. Staff were clear about what was expected of them and their roles and responsibilities.

Audits were completed on the quality of the service and actions taken when shortfalls were identified.

Leadership was visible at all levels. There was an open and transparent culture. Staff were able to give honest views and discuss any issues or concerns that they had and the registered manager listened and responded.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager submitted notifications to CQC in line with guidance.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

The systems in place to ensure people received their medicines were not consistently safe. People told us they received their medicines on time.

Risks to people's safety were identified, assessed and reviewed to guide staff on how to manage risks. People were protected from the risk of abuse.

People were supported by enough suitably qualified, skilled and experienced staff to meet their needs. The provider had a recruitment and selection process in place to make sure that staff were of good character.

Is the service effective?

Good 

The service was effective.

People were supported to make their own decisions. Staff understood the requirements of the Mental Capacity Act.

Staff had the skills they needed to provide people's care in the way they preferred. People were supported to maintain good health and had access to health care professionals when needed.

People were supported to maintain a balanced diet.

Is the service caring?

Good 

The service was caring.

Staff treated people kindly and respected their privacy and dignity.

People were encouraged and supported to be as independent as possible. People's records were securely stored to protect their confidentiality.

Is the service responsive?

Good 

The service was responsive

Care plans were centred on the individual and detailed people's life histories and interests. Staff knew people and their preferences well. People's choices and changing needs were recorded, reviewed and kept up to date.

People received the care and support they needed and the staff were responsive to their needs.

There was a complaints system and people knew how to complain. People said the staff listened to them and any concerns were acted on.

Is the service well-led?

The service was well-led

There was an open and transparent culture where people could contribute ideas for the service. People and staff were positive about the leadership at the service.

The provider asked people, relatives, staff and health professionals their views on the quality of the service.

Audits were completed on the quality of the service and actions taken when shortfalls were identified.

Good ●

Nurse Plus and Carer Plus (UK) Limited

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.

The inspection took place on 06 June 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure we are able to speak with people who use the service and the staff who support them. The inspection was carried out by two inspectors.

Before the inspection the provider completed a Provider Information Return (PIR). This 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 sent a questionnaire to people using the service, their relatives and staff and reviewed their responses. We reviewed information we held about the service. We looked at notifications received by the Care Quality Commission (CQC). Notifications are information we receive from the service when a significant event happens, like a death or a serious injury.

We went to the office and reviewed people's records and a variety of documents. These included people's care plans and risk assessments, staff recruitment files, the staff induction records, training and supervision schedules, staff rotas, medicines records and quality assurance surveys. We spoke with the registered manager, compliance quality manager, coordinators and care staff.

We also visited and talked with people in their own homes. We also spoke with people by telephone to ask their views of the quality of service delivered by Nurse Plus and Carer Plus (UK) Limited.

We last inspected Nurse Plus and Carer Plus (UK) Limited in April 2016 when a number of breaches of the

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. The service was rated Requires Improvement.

Is the service safe?

Our findings

People told us they felt safe when they were receiving care and support from staff. They said they trusted the care staff who supported them to live at home. We asked people if they felt safe and they said, "Oh yes I feel safe" and "I feel very safe with the carers". One person who responded to our survey noted, 'All of the care staff that look after my needs are excellent and I feel totally at ease and safe when they are with me. They are all brilliant and a credit to Nurse Plus'.

At the last inspection in April 2016 the provider had failed to have proper and safe management of medicines. We asked the provider to take action.

At this inspection improvements had been made. Most of the shortfalls had been addressed, however some issues remained with regard to the administration of 'as and when' medicines.

People told us they received their medicines safely. Staff made sure people had a continuous supply of their medicines by supporting them to order their medicines, attend doctor's appointments and collect prescriptions from the pharmacy. People's medicines were stored safely in their homes and managed by staff who had been trained in giving people their medicines as prescribed by their doctor. Staff had received additional training which included practical scenarios and experience of administration and recording to enhance their understanding of the training. Staff competencies had also been checked by senior staff. Handwritten entries on MAR charts, which were pre-printed by a chemist, were dated and signed when changes had been made, to confirm changes had been made to people's medicines. Senior staff completed medicines competency assessments to make sure staff remained confident and competent to support people with their medicines.

Some people had clear instructions of how to use the 'as and when' required medicines' such as topical creams, there were body maps to show where creams/sprays should be applied, but one record was not clear when the creams were administered. Staff had recorded an 'x' on one record to show that the cream was not required on that day whilst others just left an empty gap which according to the medicine policy was the correct way to confirm the person did not have the cream administered that day. Further improvements were required to ensure that staff accurately recorded what medicines had been given.

Another person did not have any guidance in place for staff to follow to administer 'as and when' required spray medicine as there were no protocols in place. When we discussed this with the registered manager, immediate action was taken to ensure the protocols were implemented in the care plan and all staff visiting this person had been informed. Records showed that the person had not needed to use the spray but there was a risk that staff may not know what to do to safely administer this medicine if required.

We recommend that the registered manager consider current guidance on giving 'as and when' required medicines and take action to update their practice accordingly.

At the last inspection in April 2016 the provider had failed to do all that was reasonably possible to mitigate risks to people's health and safety. There was not always sufficient guidance for staff regarding supporting

people to move safely. We asked the provider to take action.

At this inspection improvements had been made. Risks associated with people's care and support had been identified and risk assessments were in place. People told us they felt safe when staff supported them with their mobility. There was sufficient guidance in place to reduce these risks. Moving and handling risk assessments stated the equipment to be used and the numbers of staff required, there was clear guidance of where to place the sling, adjusting chairs to ensure people were in the right position and how to move people safely when transferring them from chair to bed or shower chair. Staff had received training on how to move people safely and told us they felt confident moving people. Senior staff carried out spot checks to make sure staff moved people correctly. People's equipment was serviced regularly to ensure it was safe to use and records were in place to confirm when servicing was required.

When people were living with epilepsy there was information in people's care plans of what signs and symptoms to look for. Guidance for staff to follow should the person actually suffer a seizure was consistent. For example, care plans had information on the different types of seizure or how to monitor the time, frequency and intensity of seizures so they could make the person as safe and comfortable as possible and be able to pass this information to other health care professionals. Care plans included what action the staff should take. There were records of any seizures a person had, how long they lasted and how long the recovery time was.

Other risk assessments included monitoring people's food intake if they were at risk of poor nutrition and there was guidance for staff of where to dispose of clinical waste to ensure it was done safely. Environmental risk assessments gave staff guidance how to enter and exit properties safely and if they needed to use key codes. Other risks, such as street lighting, poor weather conditions and lone working were also assessed to make sure people and staff were safe.

People were protected against the risks of potential abuse. When asked at a spot check by senior staff one person said, "I feel safe at all times". All the people who responded to our survey agreed they felt safe from abuse and harm. People were supported by staff who understood their safeguarding responsibilities. Staff had the confidence and knowledge to identify safeguarding concerns and told us how they acted on these to keep people safe. The provider had a policy for safeguarding adults from harm and abuse and the Kent safeguarding protocols which staff followed. This gave staff information about preventing abuse, recognising signs of abuse and how to report it. When there had been notifiable incidents these had been consistently reported to CQC and / or the local authority.

Staff understood the importance of keeping people safe and their responsibilities for reporting accidents, incidents or concerns. Staff recorded incidents and accidents which were analysed by the registered manager to look for any patterns or trends and to reduce the likelihood of incidents reoccurring. When a pattern had been identified action was taken by the registered manager to refer people to other health professionals and minimise risks of further incidents and keep people safe. An overview of accidents and incidents was monitored by the registered manager and incidents were used as a learning opportunity to reduce the risk of further incidents. The registered manager told us, "Incident and accident reporting is done in an open, transparent and objective manner".

People told us staff used protective personal equipment (PPE), such as hand gel, gloves and aprons to carry out personal care in line with infection control procedures. They had received training and there were clear policies and procedures in place to ensure staff followed best practice. The correct use of personal protective equipment was also checked during observational spot checks of staff undertaken by senior staff.

The provider's recruitment and selection policy and processes were followed when new staff were appointed. Recruitment checks were carried out to make sure staff were honest, trustworthy and reliable to work with people. Information was obtained about staff's previous employment history and any gaps in employment were discussed during interview. References were obtained and included the last employer. Disclosure and Barring Service (DBS) criminal record checks were completed for all staff before they began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff files were organised and included proof of identity. The registered manager followed the provider's disciplinary processes when needed and records of these were kept securely.

There were sufficient staff employed to give people the care and support they needed. People told us that staff usually arrived on time but sometimes they were delayed due to traffic or an emergency. Some people told us that they were not aware of what time the staff were meant to call but they had a rota each week and each call was recorded clearly on the daily notes which included the time of arrival and leaving. Records showed that spot checks were used by senior staff to check staffs arrival times and ask people if there were any concerns. People said that if staff were running late they were informed.

People told us that they had regular staff to visit them. Travel time was allocated between calls and staff schedules were geographically arranged to reduce the travel time between calls. Staffing levels were kept under review to ensure that there was enough staff available to cover all calls. There was an on-call system covered by senior staff and the registered manager.

There had been no missed calls since the previous inspection. The registered manager told us how they were introducing a new computer system to plan rotas and calls which highlighted any gaps to ensure cover or missed calls would be identified immediately. Missed calls were monitored closely by the registered manager and the Compliance Quality Manager who received a weekly report of the service being provided. There were clear guidelines in place if people did not respond when the staff called and staff did not leave the premises until the person was located and found to be safe.

Is the service effective?

Our findings

People said they were looked after and supported well. They said the service was effective and reliable. People told us staff supported them to be as independent as possible. People's health care needs were monitored. We asked people if they felt the staff were sufficiently skilled and experienced to meet their needs. People said, "All the staff know what they are doing", "They seem to know what they are doing" and "The staff definitely know what they need to do and they do it well". All the responses to our survey confirmed that staff had the skills and knowledge to carry out their roles. In a recent spot check one person had commented, 'I continue to be happy with the team of carers. They know my needs and routine'.

Staff completed an induction when they started working at the service. This was based on the Skills for Care 'Care Certificate' and is a set of 15 standards that social care workers complete during their induction and adhere to in their daily working life. The induction was signed off, by the registered manager, as staff were assessed as being competent and having the skills to carry out their role. Staff said they shadowed experienced staff to get to know people, their routines and their preferences.

A training programme was in place. A training schedule was maintained by the registered manager. This showed what training had been undertaken and when refresher training was due. Training was planned annually and courses were scheduled into staff rotas so they knew when training courses were booked. The registered manager told us they encouraged and supported staff to develop their skills further. Some staff were working on level 2 or 3 qualifications in social care.

Staff told us they received the regular training they needed to perform their roles. Staff said they completed additional specialist training, such as dementia, diabetes and epilepsy awareness. Staff commented, "Mandatory training is given when required and additional training is offered" and "NVQ 2 is provided and higher levels are offered".

Staff said they felt supported by the registered manager and team leaders. Staff told us they had regular one to one supervision meetings and an annual appraisal to discuss their performance, learning and development. Systems were in place to check staff competencies including observation spot checks.

Staff understood the key requirements of the Mental Capacity Act 2005 (MCA) and how it impacted on the people they supported. The 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. In domiciliary care, these safeguards are only available through the Court of Protection. No one was subject to an order of the Court of Protection.

Staff were aware of the importance for people to be supported to make decisions and mental capacity assessments were completed for each person. Staff had completed MCA training and they put this into

practice effectively, and ensured that people's human and legal rights were protected. Staff told us how they gained consent from people about their care when carrying out their daily routines. The registered manager was aware of the processes to follow should be people need support to make decisions and that best interest meetings would be arranged if needed.

People felt informed about, and involved in their healthcare and were empowered to have as much choice and control as possible. Staff knew that if people were not able to give consent to their care and support they needed to act in people's best interest and in accordance with the requirements of the MCA. There was information in people's care plans about their capacity and consent to care. Records showed people, who were able, signed their care plans to agree with their care and support. When people had a Lasting Power of Attorney (LPA) in place this was documented in their care files and staff liaised with the responsible person about their loved one's care and support. LPA is a legal tool that allows you to appoint someone to make certain decisions on your behalf.

People were supported to maintain a balanced diet. Most people required minimal support with their meals and drinks, if any. People were being supported to eat lunch such as sandwiches and soup whilst others had prepared meals heated. When people were at risk of not eating properly charts were completed to monitor their food and drink. Care plans clearly showed when people needed extra support with their meals and to leave drinks and snacks out for them to eat later. One person we visited had several small snacks left for them to encourage them to eat more.

People were supported to maintain good health. People said they were involved in their healthcare and that staff empowered them to have as much choice and control as possible. For example, people told us staff supported them to make hospital or doctor's appointments. When staff had recorded people were not well in their daily notes, records showed that these issues had been reported to the office who then contacted health care professionals to raise concerns. When advice was given by health professionals this was followed by staff to ensure people maintained good health. Appropriate referrals were made to health professionals such as occupational therapists to assess or reassess for equipment. There was background information in the care plans with regard to people's health conditions such as diabetes and epilepsy. The registered manager and staff worked closely with health professionals.

Is the service caring?

Our findings

People told us they liked the staff and they were kind, caring and helpful. They also said they were polite and respectful. People told us about the care and support they received and said, "The service has very nice carers. They are always helpful"; "Carers across the board are very good. I have a strong relationship with the carers" and "The staff are very polite. I know they are coming every morning".

Staff spoke about people with kindness and respect. They talked about how they supported people to make decisions about their care by waiting for them to make up their minds. People told us that staff were kind and caring. They said they were polite and respectful. In some cases daily records had not been recorded in a respectful, dignified manner, and this was an area for improvement. The registered manager told us that this would be discussed with the staff during their supervision and at the regular staff meetings.

People were encouraged to remain as independent as they could and staff described how they encouraged people to help wash, dress or help to make their lunch. People's care plans clearly showed what they could do for themselves to remain as independent as possible. There were details of how to pass them flannels to wash parts they could reach for themselves and how to encourage them to walk small distances. There was guidance for staff about what each person could do independently. This included what support they needed, how many staff were needed to support them safely and any specialist equipment they needed to help them stay as independent as possible. Staff told us how they promoted people's independence. Staff had knowledge of people's needs, routines and preferences and supported people in a way that they preferred and had chosen.

People told us they were treated with respect and their privacy and dignity was promoted. One person commented, "The staff are good about privacy. They will close the bathroom door until I tell them I am ready". Some staff were 'dignity champions' and the registered manager told us that the champions "Spread the concept of compassionate care amongst their peers". Staff described, and people confirmed, how they treated people with dignity and respect. They told us they always closed curtains and doors to maintain people's privacy. They said they covered people respectfully when providing personal care and helping them dress. Staff talked about supporting people with their independence and discreetly waiting for people to do things for themselves and offering support when needed.

People told us their care was centred round them and their needs. Staff had built relationships with people and their loved ones. People told us staff knew them well and understood their preferences, needs, likes and dislikes.

People told us staff were flexible and they contacted the office if they needed to change their scheduled calls or request additional support. All the people we spoke with knew how to contact the office staff and knew them by name. One person commented on our survey, 'The office staff are professional but also friendly and always available'. Each person had a 'service users guide' in their home which included important contact numbers. These guides were available in different formats, such as large print.

The registered manager and staff had received a number of emails, letters and 'thank you' cards from people who used the service. Comments included, 'Our most grateful thanks for the endless compassionate care mixed with good humour [the staff] gave [our loved one]' and 'Every part of Nurse Plus, whether this be in the office or the carers, are extremely kind and understanding to your needs, not just professionally, but treat you as a human being with compassion, respect, understanding and the ability to put you at ease within seconds'.

Is the service responsive?

Our findings

People told us they were involved with the initial assessment of their care and support needs. People said they were involved in making decisions about the level of care and support they wanted and this was discussed at their reviews. People felt listened to with regard to their preferences. People said, "I write parts of my care plan" and "My care plan gets reviewed. If I have any new equipment they will add it to my care plan".

At the last inspection in April 2016, the provider had failed to ensure that information within the care plan reflected people's assessed needs and preferences. At this inspection improvements had been made.

Care plans were person centred with people's preferences and choices. People's preferred name was recorded in their care plan so staff knew how to address people. The plans detailed what support people required at each visit, and contained a step by step guidance to support people, in line with their choices and preferences. They detailed what they could do for themselves and what support they required from staff. Plans noted what people could do for themselves such as 'I can wash my hands and dry myself'. 'I like to wear trousers and long sleeves; I try not to have buttons as I struggle to do them up'. 'Encourage me to go to the kitchen to finish preparing my breakfast'. When people needed special equipment to help maintain their independence, such as walking frames, this was recorded in the care plan to give staff guidance. For example, one care plan noted 'I use a wheeled Zimmer frame to walk at all times and it must be kept within reach'.

Senior staff visited people regularly and reviewed their care plans. When required, people's relatives were also involved in this process. Care plans were updated and staff were informed of any changes. Staff told us that when people's needs changed their care plans were reviewed and updated to reflect the changes. Other health care professionals were contacted promptly when needed, for example, if a person's mobility changed.

Before people started using the service their needs were assessed by senior staff to make sure Nurse Plus and Carer Plus (UK) Limited was able to provide the care and support they needed. This information included the time and length of the calls and how many calls a day would be required. People and their relatives were consulted about the care to be provided and what to expect from the service. They were given a service user guide outlining details of the service. This was part of their care folder in their homes. The care needs assessment contained a summary of the person's life history so that staff were able to speak with them about important things in their lives. All health and personal care needs were discussed and recorded. From this information an individual person centred care plan was developed to give staff the guidance and information they needed to look after the person in the way they preferred. People we visited told us about the assessment and how staff had visited them and discussed all aspects of the care and support to be provided. One person had written their care plan which was very person centred to their needs and routines. They said that staff knew them well and this worked very well.

People told us they preferred to receive care from regular staff and that this was usually possible. The results

from the provider's survey in April 2017 showed that the majority of people always had regular carers to support them. One person told us, "I have a core team of staff who really know me" and another commented, "They [staff] are regular and consistent". Staff were allocated travel time between calls and people told us that staff generally arrived on time, unless there were problems with traffic, and stayed for the expected amount of time. People said that, when there was a problem, such as a carer running late, the office contacted them to inform them. Each week people were sent a copy of the staff rota to advise them who would be providing their care and support. People told us that communication with the office was good. Staff said communication between them and the office was good. An on-call out of hour's management support system was in place for guidance.

People felt listened to and said any issues were dealt with quickly. People told us they knew how to complain but did not have any complaints. People said, "I have never had to complain. I have no complaints whatsoever. I'd tell them if I had a problem" and "I don't have any complaints. If I did I would call the office and they would sort it out straight away". Each person had a copy of the complaints procedure in their care plan folder in their home. When a complaint was received the registered manager followed the provider's policy and procedures to make sure it was handled correctly and resolved to people's satisfaction. Action was taken to rectify complaints when needed and shared with staff so it could be used as an opportunity for learning.

People, relatives, staff and health professionals had completed questionnaires to provide feedback to the service. The results of these were analysed by the registered manager to check if improvements could be made on the quality of service. Feedback from the last survey in April 2017 was positive. Spot checks took place every three months when people and their relatives were asked their opinion of the service being provided. One review in April 2017 stated that the relative and person were happy with the level of care provided. They said, 'The staff know me well and attend to all my needs'.

Is the service well-led?

Our findings

People told us they felt that Nurse Plus and Carer Plus (UK) Limited was well-led and they would recommend the service. They said they were satisfied with the care being provided. People said, "I think it is extremely well-led. I will always refer back to the office when I need to and they always get back to me" and "I would say it is a very good organisation".

Staff told us, "We have got a really good staff team. They do a tough job but are supporting people to stay in their own homes", "The staff work really well together" and "I feel, with Nurse Plus support, I can do my work with confidence. If I did come across a situation I was unsure of then I would call the office to resolve any problems".

Staff understood their role and responsibilities and told us they all worked well as a team to make sure people received the care they needed. Staff told us they felt valued by the registered manager and the organisation. They said, "I really love it here, everyone is so friendly, we all get on well. We want everything to be just so and to achieve the same goals". Staff had a handbook detailing the company's policies and procedures which were reviewed and updated when required. Records were readily available at the inspection and were stored confidentially and securely.

There was an open and transparent culture. Staff told us they were able to give honest views and the staff were invited to discuss any issues or concerns that they had and that the registered manager listened and responded. There were regular staff meetings to give staff the opportunity to voice their opinions and discuss the service. Minutes of the meetings were taken to ensure that all staff would be aware of the issues.

There was a clear and open dialogue between the people, staff and the management team. Staff and the registered manager spoke with each other and with people in a respectful and kind way. The management team monitored staff on an informal basis and worked with staff each day as a cohesive team to ensure they maintained oversight of the day to day running of the service.

Staff were aware of the provider's whistle blowing policy and the ability to take concerns to agencies outside of the service if they felt they were not being dealt with properly. Staff told us they could raise concerns with the registered manager and that action would be taken.

The registered manager and senior staff carried out quality audits to monitor and assess the service being provided. They had oversight of the quality of care being provided in all aspects of the service. Care plans, risk assessments and staff files were regularly reviewed to make sure they were up to date. Reports following the audits detailed any actions needed, prioritised timelines for any work to be completed and who was responsible for taking action. The registered manager ensured that staff training was up to date and they all received supervision and an appraisal to enable them to raise any concerns about the service. Staff competencies were assessed and regular spot checks were made to ensure they had the skills to perform their role effectively. When we asked for any information it was immediately available. Records were organised and stored securely to protect people's confidentiality.

To ensure there was continuous improvement in the service senior management received reports from the registered manager regarding accidents, incidents, assessments, spot checks, care plan reviews, recruitment, training, supervisions, team meetings and appraisals. The managers undertook quarterly visits to the service to carry out audits on files and their contents. A report was then produced based on a traffic light system, when the service had not reached green, action was required and an action plan put together, which was monitored until the next audit.

The provider had systems in place to gather and analyse feedback from people. A quality survey was sent to people, their relatives, staff and health professionals. An analysis of the results had been completed. The overall result of the survey was positive and people's comments included, 'Has provided an excellent carer who can't do enough, and is so willing and cheerful', 'All the staff are very professional in their work and make a point of having a chat', 'I find the care that is received excellent and does not rush' and 'I have committed consistent care across the board, which is if a particularly high standard when delivered by my key carers'.

The service was a member of the Kent Community Care Association, Contractors Health & Safety Scheme (CHAS), Recruitment and Employment Confederation (REC). These memberships, the internet and attending managers' meeting within the service and meetings with other stakeholders, such as social services was how the registered manager remained up-to-date with changes and best practice.

The registered manager had a clear understanding of their responsibilities in recording and notifying incidents to the Kent local authority and the Care Quality Commission (CQC). All services that provide health and social care to people are required to inform CQC of events that happen in the service so CQC can check appropriate action was taken to prevent people from harm. The registered manager notified CQC in a timely manner and in line with guidance.