

CSN Care Group Limited

My Life Living Assistance (Kent)

Inspection report

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Tel: 01227937780

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02 March 2020

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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

About the service

My Life Living Assistance (Kent) is a domiciliary care service providing personal care to people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. The service was providing personal care to approximately 141 people at the time of the inspection. Two of these people were under the age of 18 years old.

People's experience of using this service and what we found

The service focused on supporting people to increase their confidence and build self-esteem by ensuring people felt valued. Staff were kind and well-motivated and had gone the extra mile to provide excellent levels of support to people. People and relatives had recognised where staff had done this and thanked them through nominating them for an award. Promoting independence was at the heart of each member of staffs working practice. The service promoted people's inclusion within society and had strong links with the community.

Support was person centred and tailored to people's needs. People had been involved in choosing their own care staff and planning their own support. Staff had supported people to build relationships within the community and be active in society. People's end of life care had been planned for so that staff understood people's preferences. Staff were passionate about providing good quality care to people at the end of their lives. One staff member said, "It is nice we can give good care at the end. We are offered counselling if we need it. It's about knowing what they want, try to fit your care in to this, respect their decisions and involve the family."

Feedback from people and their relatives about the service was positive. One person said, "[Staff member] comes in Monday to Friday she is marvellous, she does not miss a trick. She asks me every day what I want." Another person said, "They seem to do everything I need and sometimes without being asked."

Staff had been recruited safely to ensure they were suitable to work with people. People told us they had regular staff who they knew well. Their regular staff arrived at the right time to meet their needs. People were well supported by competent, knowledgeable and well-trained staff. Staff were extremely well supported by the management team.

The service was very well-led. The management team carried out the appropriate checks to ensure that the quality of the service was continuously reviewed, improved and evolved to meet people's changing needs. The registered manager promoted an open culture and was a visible presence in the service, staff felt supported by the management team, they felt listened to and valued. Staff received messages of thanks and were rewarded for hard work, dedication and going the extra mile.

Where required, people were supported to ensure their dietary needs and preferences were met. Staff

worked closely with occupational therapists and other agencies to assess people's needs and ensure people were supported with their changing needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People and their relatives told us their choices and decisions were listened to and they were in control of their support. On a day to day basis people directed their care. People and their relatives told us they were asked how they liked things to be done. People said staff treated them with dignity and their privacy was respected. People were supported to be as independent as possible.

People were protected from abuse and avoidable harm and risks to people were managed. The management team promoted an open culture to encourage staff to raise any concerns. People's medicines were well managed. If people or their relatives wanted to complain they knew how to do so.

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

Rating at last inspection

The last rating for this service was Good (published 17 April 2018). Since this rating was awarded the registered provider of the service has altered its legal entity (16 April 2019). We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

My Life Living Assistance (Kent)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and an assistant inspector. The assistant inspector made telephone calls to people and relatives.

Service and service type

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

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

Notice of inspection

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

Inspection activity started on 19 February 2020. We made telephone calls to people and their relatives between 20 February and 02 March 2020. We visited the office location on 19 and 20 February 2020.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed the information we held about the service including previous inspection reports. We also looked at notifications about important events that had taken place in the service, which the provider is required to tell us by law.

We contacted health and social care professionals to obtain feedback about their experience of the service. These professionals included local authority commissioners and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Healthwatch told us they had not been to the service since we last inspected and had not received any information about the service. Commissioners did not provide any feedback. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and six relatives about their experience of the care provided.

We spoke with nine staff including; care workers, senior carers, quality officers, the deputy manager and the registered manager.

We reviewed a range of records. This included 15 people's care records and multiple medicines records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality monitoring documents such as surveys.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service since the provider had altered its legal entity. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place to protect people from the risk of abuse. Staff knew how to spot signs of abuse and mistreatment. Staff received regular safeguarding training.
- The management team had taken appropriate action to report safeguarding concerns when they happened. The service had written to people in the community to warn them of scams in their area and warning them about speaking to people they did not know on the phone and letting strangers in to their homes.
- Staff had confidence in the management team and provider to appropriately deal with concerns.
- All staff were aware of the whistle-blowing process and who to contact if they had concerns about people's care or safety. One staff member told us, "I would contact office and speak to [registered manager] or the seniors. It would definitely be dealt with. I would report it to CQC [Care Quality Commission] or social services."

Assessing risk, safety monitoring and management

- People's care records contained in depth risk assessments to keep people safe. Risks to the environment had been considered as well as risks associated with people's health and care needs.
- Risk assessments gave clear, structured guidance to staff detailing how to safely work with people in areas including; catheter care, angina, skin integrity, safe use of bed rails, choking, anticoagulants, diabetes, and moving and handling.
- The safety of the office environment had been assessed and hazards managed by the management team relating to fire safety, gas safety, fittings and equipment, as well as security of the premises.
- People told us they felt safe. One person said, "Yes quite safe, no concerns, not really, because we stick to one or two [staff] who are brilliant."

Staffing and recruitment

- Staff were recruited safely. For example, Disclosure and Barring Service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable.
- There were enough staff to keep people safe. Staffing was matched to people's assessed needs.
- Staffing was arranged flexibly and where people needed two staff to support them this was provided.
- The management team monitored care visits to people to ensure people get their care at the time they wished. People and relatives told us they received their care visits at the right time to meet their needs. Comments included, "On average they arrive on time and in the morning they are always on time. If someone is sick it can be problem but not a concern. The office phones me if they are doing to be late" and "Nearly always on time, they usually ring and leave me a message. In four years, they have only one missed

call."

Using medicines safely

- Medicines were well managed. Medication administration records (MAR) were completed in a safe way to make sure people received their medicines as prescribed. One person's medicines support guidance and MAR was not totally clear because their medical needs had changed since it had been put together. We spoke with the registered manager about this and this was corrected immediately.
- Staff had been suitably trained. They followed the arrangements in place to ensure people received their prescribed medicines. Competency checks were in place to make sure staff practiced safe medicines administration.
- The management team monitored medicines records. Medicines audits were completed regularly.
- One person told us, "They prompt me to take medication and watch me [take it]."

Preventing and controlling infection

- The provider ensured people were protected by the prevention and control of infection.
- Staff had received the appropriate training to learn how to minimise the risk of infection spreading. Memos had been sent to staff regarding Coronavirus; providing links to government guidance and reminders about hand washing and preventing spread of infection.
- Staff told us they followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare-related infections where necessary. The registered manager had arranged for additional stock of PPE in case Brexit affected supply. During the inspection they were in the process of researching additional PPE to plan for Coronavirus. One staff member said, "We have plenty [PPE], we can come and collect when needed. It is nice we get uniforms."

Learning lessons when things go wrong

- The provider had systems in place to monitor accidents and incidents, learning lessons from these to reduce the risks of issues occurring again. For example, the management team had identified in a review of some accidents that staff had not appropriately assessed the environment before carrying out moving and handling tasks. Additional measures had been put in place and this was reflected on within training.
- Records evidenced where follow up action had been taken after the accident or incident. This included who had been notified of the incident and whether care plans and risk assessments had been updated.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service since the provider had altered its legal entity. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Prior to people receiving a service their needs were assessed. These assessments were used to develop the person's care plans and make decisions about the staffing hours and skills needed to support the person.
- The service provided specialist health and social care to some people who had complex needs. Their assessments and care plans were carried out by clinically trained staff to ensure their complex health needs could be met.
- Assessments included oral healthcare. Staff confirmed they had received training on oral health. One staff member said, "We have a set of teeth so we can learn how to take out dentures."
- The assessment included making sure that support was planned for people's diversity needs, such as their religion, culture, health needs and their abilities.

Staff support: induction, training, skills and experience

- Staff received induction, training, support and supervision to carry out their roles. Training records evidenced that staff completed the provider's mandatory training as well as additional specialist training to meet people's complex health needs.
- Staff had a good knowledge and understanding of their role and how to support people effectively. Induction training was thorough. Staff were supported to undertake qualifications in relation to their roles.
- Staff received effective support and supervision for them to carry out their roles. Staff told us they felt well supported by the management team. They told us, "I have done supervision, it is a chilled vibe, we have a conversation and chat and then asked to sign. They do spot checks, they check everything", "I do have supervisions and can ask for extra, we are offered extra training" and "I am offered training all the time. The quality officer does my spot checks, I have supervisions. I do feel really, really lucky that I work closely with all the office staff and managers. I appreciate them and they show me they appreciate me too."
- People and relatives told us, "They know what they are doing"; "I think they have skills"; "Oh yes, definitely trained" and "They seem to be very well trained."

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

- People who needed staff assistance with their meal preparation and cooking chose what food they wanted from their own store of food. Some people had convenience foods that were quick to make in the microwave and others preferred to have fresh food prepared and cooked.
- People's care records clearly listed foods they could and could not eat when they had specific health needs. People who had larger packages of care which included time to access the community were

supported to restaurants and cafes of their choice when they wanted.

- Staff told us they encouraged people to drink plenty in order to stay hydrated and well. One staff member said, "I do try and encourage fluids." People told us, "They make me breakfast, tea and toast, midday I do my own. [Name] comes with meals on wheels, they give menu for week and you look at menu and know what's coming" and "I have a few easy meals. They occasionally do a cooked breakfast."

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

- Staff knew people well. Where people did need assistance, staff contacted the office staff to alert a health care professional or family member if they had concerns.

- People told us staff understood their health needs and would assist them in calling a relative, doctor or nurse if they became unwell. People told us that they or their family arranged their health appointments.

- Staff gave examples of calling the community nurses, GP and other health professionals when required which evidenced they worked together with other organisations to deliver effective care, support and treatment. One staff member said, "When people unwell I pick up on that, they are not acting right. I would call the district nurses, it is normally a UTI (urine infection)." They went on to say, "or call 111, they are helpful. I call the office and document (in the daily records)." Another staff member told us, "I do pick up where people are unwell and not acting in their usual manner. I did ring the GP the other day regarding a suspected UTI."

- People told us staff supported them to maintain good health, including contacting healthcare professionals on their behalf if necessary. Comments included, "They would call doctor"; "Occasional help with GP and nurse"; "I have not seen diabetic nurse and carers think it needs monitoring and are getting in touch with the GP" and "She [staff member] would call the GP if I asked."

- Appropriate referrals had been made by the management team for occupational therapy and speech and language therapy for people when their needs changed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The management team and staff were knowledgeable about the MCA; clear guidance was provided to staff within people's care records. Staff gave examples of how they supported people to make their own decisions. For example, offering a choice of two items to wear and what to eat. One staff member told us, "Some people are able to put clothes out and say that is what I am going to wear. I give a choice of outfits for those that can't. I offer choices and show options." Another staff member said, "I offer choice of clothes and bedding, try and involve them, help to make shopping lists, following their choices and I respect their choices."

- Where people had capacity, they have signed their own care documents and contract.

- Where required, people had mental capacity assessments completed at their assessments which followed the principles of the MCA, for example they involved those important to them and decisions were made in people's best interest.

- Where people had a Lasting Power of Attorney (LPA) in place this was recorded in people's care records. An LPA is a legal document that lets the person appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf. The management team had carried out checks to ensure LPA records were valid.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service since the provider had altered its legal entity. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People had regular staff supporting them. Staffing rotas evidenced this. This meant that staff got to know people well. Staff referred to people by their preferred names. Care records reflected people's preferred names. Staff showed a good understanding of people's needs and preferences. They knew people well and spoke kindly and compassionately about the people they provided support for.
- People had only good things to say about the staff. They told us they found staff to be kind and caring. People and relatives told us, "Kind and very caring"; "Do have a chat they interact with [person] this is good as they can interact with us so don't have problem"; "Very friendly, the most important thing is they get on with [person]"; "Very friendly, I call them my second family"; "Kind and speak politely, lovely"; "They chat to my husband that's right, they are all very good friendly and kind. Some are more chatty than others" and "Friendly and easy to get on with."
- People's care plans included details around any communication needs which helped staff learn about how people expressed their needs. Staff described how they engaged with people who were not able to communicate verbally.
- People explained how they valued the social contact with staff. Some people didn't see any other visitors or relatives.

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

- People were involved in developing their care plans. Some people had difficulty expressing how they liked things done. When this was the case, people's relatives were involved in speaking up for them.
- On a day to day basis people directed their care. People and their relatives told us they were asked how they liked things to be done. This was evidenced through the regular reviews and through changes to care plans. Daily records clearly showed where people were making choices and decisions about their lives.
- Peoples individual preferences such as gender support, time of visit and how specific tasks should be carried out had been recorded and these were respected.
- Staff worked closely with people's relatives and friends, as appropriate, to make sure people got the support they needed, as people's relatives were often providing their loved one's care most of the day.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff treated them with dignity. Comments included, "Oh yes they make sure door is closed when I am washing"; "They give me privacy when doing personal care"; "They are respectful. Very respectful of her privacy" and "No problems. I think they are good with privacy." A staff member told us, "I make sure that curtains and door closed [when providing personal care], make sure all

the bits [toiletries/clothes] are to hand in one area, communicate with people, undress one half at a time and provide a towel to cover."

- Care records promoted people's right to independence and focused on what people were able to do for themselves. Some people's care and support packages encouraged and enabled them to recover from illness or injury. People and staff worked hard to achieve outcomes to help aid recovery and improved health. One person had managed to write their name for the first time since an injury. A staff member said, "I encourage independence, offer the person a flannel, make sure they are comfortable. Listen to what they like, respect their wishes."
- Some people had large packages of care and 24 hour live in support, where they lived with their partners, staff ensured that people and their partners had alone time and privacy whilst being available to meet their care and support needs when required.
- The management team were aware of the General Data Protection Regulation (GDPR); this is the law regulating how companies protect people's personal information. People's care records and files containing information about staff were held securely in locked cabinets in the office. We observed that computers were password protected to ensure only those authorised to do so could access them.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service since the provider had altered its legal entity. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- Care plans included people's individual preferences and interests, personal history and staff understood these. Care was person centred and planned with the person to meet their needs. People were given choice and control over their care. Detailed daily records of visits were kept by staff. Records included personal care given, the person's well-being, concerns to note and fluids/food taken. These records ensured good communication between staff, benefitting the care of the person.
- People's care had been provided according to their needs. People were fully involved with reviewing their care packages from changing times and adding extra care tasks. People and their relatives told us their care was regularly reviewed. Daily care records were monitored by the management team on a daily basis. All the staff we spoke with said the management were very responsive to people's changing needs or wishes and acted quickly to review the care plan.
- Comments from people and relatives included, "There is a care plan and it is updated on regular basis"; "It is fair to say they give a very good service, we are satisfied"; "Yes, I was involved [in planning care and support]"; "They would let me know changes and I would also let them know. They would come and reassess if I asked"; "I have seen the care plan and I am happy"; "They have come out to review when he has returned from hospital on two or three occasions" and "Yes, I have a care plan and have a book. I know they make notes of how I am and if anything is the matter and they log it to keep a track of things. There are charts for things they do like putting cream on legs and changing patches."
- Staff working as live in health care assistants said they were usually introduced to new people at 'meet and greet' visits or at shadow sessions. Meet and greet visits allowed people the opportunity to decide if the support was going to work for them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recorded and understood by staff. Communication needs were assessed by the quality officers before people started to use the service. Information was available and shared with people in formats which met their communication needs. Some people had their staffing rota emailed to them, others had theirs by post, so they knew who to expect.
- The management team told us they offered people the opportunity to receive the customer guide and other information in alternative formats to meet their needs. No one required information in another

language. The service had previously supplied audio information to support a previous person's needs. The service had a stock of accessible cards, pictures, symbols and spell boards to support people's communication needs.

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

- Although the service's purpose was to provide personal care, some people had live-in care staff who enabled them to carry on their hobbies and interest and avoid social isolation. This included getting out in the community for fresh air, visiting restaurants, pubs and shops.
- People were enabled to access activities they enjoyed. For example, people's visits worked around their activities, such as times when they were attending day services, school or religious services. One person said, "They come at 7am and sometimes I am still in bed and sometimes I am up and sat in my recliner. I like it at 7am as I go to Age Concern on Thursdays."
- The service had arranged and facilitated regular events such as tea parties which people were supported to attend. The service had arranged a 'time for a cuppa' event to support a dementia charity in March 2020. A Christmas party had been held at the offices which lots of people, relatives and staff attended.

Improving care quality in response to complaints or concerns

- People and their relatives told us they would complain to the staff or the management team if they were unhappy about their care.
- People and relatives said, "Over three thousand three hundred visits and no complaints"; "If it was minor issue, I would raise with carers themselves but if serious I would call office"; "I have not had a concern to report"; "I would not have concern raising a problem"; "I never had a concern" and "I feel confident to complain."
- The provider's complaints procedure was displayed in the service user guide people received which was kept in their homes. There was guidance on next steps people could take if they felt the management team had not dealt fully with the complaint, including speaking to the local government ombudsman.
- There had been six complaints about the service in 2019. These had been resolved satisfactorily. One person gave an example of when they complained about a particular staff member. Once the issue was reported to the office, it was resolved. The person was happy with the outcome and the staff member no longer visited them.

End of life care and support

- The service was supporting people who were needing end of life care at the time of inspection. People's care plans clearly showed their wishes and choices, including their religious needs for when they reached the end of their life.
- Some people had consented to 'do not attempt resuscitation' (DNAR) with their GP or consultants.
- Staff members told us about the support they gave to people and support to people's relatives to ensure people had a comfortable, pain free death. A staff member explained how they had supported one person, "I made sure I did all her calls [care visits] so she had one constant, I made sure she was comfortable, looked through photos of family with her, made sure she was wearing nightie she wanted to be in, listened to her when she was ready for her family to come. She waited to say goodbye. I feel privileged, I know I have done everything I could have done."
- Compliments had been received about people's end of life care. One read, 'Thank you for all the wonderful care you gave to [person]. He loved your visits and looked forward to seeing you.' Another read, 'Many thanks for looking after my mum this past year.' Another read, 'The kindness, tenderness and professionalism you all showed in the last week when she was no longer responsive was above and beyond any job description.'

- End of life care in people's homes when needed was arranged in conjunction with healthcare professionals such as hospice teams, GP's and district nurses. The service worked closely with the healthcare professionals to ensure people received the medical support they needed. The management team had researched NICE (National Institute for Health and Care Excellence) for palliative oral care and shared this with the staff team to ensure people remained hydrated and their lips were lubricated.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service since the provider had altered its legal entity. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People were engaged in the service and asked their opinions. The service operated an open-door policy where people, relatives and staff could give their opinions about the service and share their views at any time.
- People and their relatives were invited to provide feedback through regular telephone monitoring calls, through quality surveys and through regular care reviews. People and their relatives were also invited to take part in a golden ticket scheme. This is a scheme that had been put in place to recognise good quality practice by staff who had gone the extra mile. Lots of people and relatives had nominated staff members and given good examples of the differences staff had made. The management team selected a winner from the nominations each month and awarded the winning staff member and the staff member who came second a prize. One winner had received eight nominations in one week.
- People told us they were very happy with the care and support they received from My Life Living Assistance (Kent). Comments included, "I would recommend [the service]100%"; "I would just endorse, they give a good service the people we have, I have no complaints"; "Overall, very happy and don't have a problem" and "Yes, I would recommend them."
- Staff meetings were held frequently which gave staff opportunities to meet up with the management team and other staff and talk about any issues or concerns. Staff told us they attended these and received good support from the management team and their colleagues.
- The management team had created packs of foods and toiletries to help out vulnerable people and those staff who were struggling financially (including those off sick) with essentials if these were needed.
- Staff felt very comfortable calling in to the office to pick up equipment, ask questions and have a chat. They were made very welcome by all the office-based staff. A staff member said, "I ring the office at least once a week. I get good communication from the office by text, email and phone, they won't just put work on you without asking. They are a friendly bunch." Another staff member said, "It is quite a nice company to work for. They are a nice team and they are approachable, I can come in and talk. They are good out of hours too. Good at passing things on."

Continuous learning and improving care

- The whole management team were dedicated to continuous improvement and driving forward changes in response to people's changing needs.
- The service had received a large number of compliments about the care and support people received since the last inspection. One compliment read, '[Staff member] was a star when [person] fell. He waited for

the ambulance for three hours and was very helpful.' Another read, 'Thank you for making it possible for [person] to stay at home for her last few weeks, without you all it would not have been possible. The love, care and support that you all gave her was amazing, not to mention the support you have given us.' A person had written to the service to, 'Thank all my carers and office staff for looking after me so very well.'

- Where the service had received compliments and thank you cards which named staff members, the management team took care to recognise staff and provided staff with certificates of achievements as well as sharing the feedback.

Working in partnership with others

- Staff and the management team worked in partnership with people, their relatives and health and social care professionals to ensure people had the best outcomes and consistent care. During the inspection we observed office staff communicating with people in relation to their planned care and sharing any concerns with relevant parties.
- The service worked closely with the provider's other services to share news and information. One example was that another service shared some information they had learnt about on a training course about certain medicines that can increase the risk of falls. The management team had shared this with staff to make them aware and used the information to review care plans and risk assessments where necessary.
- The registered manager had arranged some training for My Life Living Assistance (Kent) staff but knew that there were other providers in the area which may benefit from the course. They telephone the services during the inspection and invited staff to join them.
- The registered manager also shared during the inspection process that they had helped other services out by providing essential equipment such as hand sanitiser and other personal protective equipment as those services were struggling with supplies due to the increased demand because of Coronavirus.

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

- The management and staff team demonstrated a commitment to ensuring they provided person centred and high-quality care.
- There was a caring, open culture within the service. People, relatives and staff were all positive about the management team and the service provided.
- Staff told us they were listened to, they found the management team approachable and were encouraged to raise any concerns. All staff we spoke to clearly enjoyed their roles and felt part of the team. Comments from staff included, "[Registered manager] is exceptionally supportive. [Registered manager] recognises when I need time out. I never feel I can't go to [registered manager] or [deputy manager]"; "I provide hands on care, it's my passion and its most important"; "I enjoy my job" and "I feel well supported by the team."

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

- The registered manager met and communicated with other managers of services owned by the provider to share good practice and learning. The registered manager told us they felt well supported by the organisation and detailed that the provider and senior management team had an open-door policy. A staff member confirmed, "We have regular patch meetings, I can come in and have a cuppa, do have supervisions and can ask for extra."
- There were systems in place to check the quality of the service including reviewing care plans, risk assessments, accident and incidents, medicines, complaints and compliments and health and safety. Where actions were needed these were recorded and completed in a timely manner. The systems to check the quality of the service were embedded and robust.
- The registered manager had informed CQC of significant events that happen within the service, as

required.

- Policies and procedures were in place to provide clear guidance and direction for staff. These were regularly amended and reviewed to provide updated guidance and support to staff.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had a good understanding of their responsibilities under the duty of candour.
- The management team demonstrated that they were committed to ensuring that people received experiences of high-quality care.