

Devoted Homecare Ltd

# Devoted Homecare

## Inspection report

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Date of inspection visit:  
13 June 2022

Date of publication:  
08 July 2022

## 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

Devoted Homecare is a domiciliary care agency. It provides personal care to adults living in their own homes, some of whom were living with conditions such as general frailty and dementia. 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. At the time of our inspection, staff supported 40 people with personal care.

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

People told us they were safe and felt comfortable to approach staff members or the management team if they had concerns. A relative told us, "Staff are well trained, I have no worries." Staff received safeguarding training and demonstrated their knowledge on preventing and reporting of abuse. People received their medicines safely by staff who were trained and competent to assist them. Staff followed good infection control practices to help protect people from the COVID-19 pandemic which included regular testing and the appropriate use of personal protective equipment. Risks to people and any associated health conditions were assessed and managed, care plans guided staff to support people in a safe way.

People were supported by consistent staff who were trained to meet their needs. Staff completed an induction period which included working with experienced staff until they were assessed as competent to work alone. One person told us, "They all know us very well, they are very caring. I feel they have the best training; they are the best carers we have had." People were supported to access healthcare services and staff worked closely with professionals to provide good outcomes for people. One healthcare professional told us, "We have had a lot of dealings with Devoted Homecare, in a positive way. They have been fantastic, they are really responsive, they are straight on it."

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 were seen to be involved in the planning and reviews of their care. One relative told us, "They have discussed the care plan to check [person] was happy with it."

People were supported by kind and compassionate staff who upheld their dignity and independence. Staff supported people to remain in control of their lives. One person told us, "They protect my dignity, I've never worried about them seeing my body." People and their relatives spoke highly of the care they received. Comments included, "They make us feel like we matter. If there are any little gripes, the carers are very good." And, "It's a job you need to have the heart to do, kindness is second nature to them."

The registered manager sought feedback from people, their relatives and staff. The management team visited people and made calls in a regular basis to check people were happy with the service. People and their relatives spoke positively regarding the running of the service. Comments included, "I get asked my opinion and feedback, to be honest it's all been positive." And, "We are more than happy, if we were not, we

would complain. We would call the office if there was anything and I am sure they would swiftly deal with any problems."

People's experience of care was consistently monitored through the provider's quality assurance systems to ensure a good service. The management team carried out audits to make sure they were working in accordance to legislation and used opportunities to learn and improve the service. The registered manager and their team was committed to providing a high quality service to the people they cared for.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 17 February 2021 and this is the first inspection.

Why we inspected

This is the first inspection for this newly registered service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 ●

# Devoted Homecare

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of one inspector.

#### Service and service type

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave a short period notice of the inspection because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 13 June 2022 and ended on 16 June 2022. We visited the location's office on 13 June 2022.

#### What we did before the inspection

We reviewed information we had received about the service since their registration. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan

to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided and gained feedback from four people's relatives. We spoke with seven members of staff including the nominated individual who is also the registered manager, the operations lead, the customer support officer, team leaders and care workers. We spoke with two health and social care professionals who had regular contact with the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records and medication records. We looked at three staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including audits and logs were reviewed.

# 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 of this newly registered service. 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

- People were protected from the risk of harm or abuse. Staff received safeguarding training and demonstrated their knowledge to the registered manager through supervisions and spot checks.
- People told us they felt safe and they were comfortable to speak up if they had concerns. One person told us, "I trust them impeccably, I can't say a bad word about them, just good words. I feel safe in their hands. If I have problems, they deal with it and take it in their stride, some are young but very sensible."
- Staff understood the types of abuse and how to recognise if a person was at risk of abuse. Staff told us they were confident the registered manager would take any concerns seriously. Processes were in place to ensure staff knew how to raise any concerns they might have about a person, both internally and to external bodies. A staff member told us, "I feel I can go to [registered manager] if I had problems, once I was worried about a client and went to [registered manager], they raised a safeguarding, it was the right thing to do."
- The registered manager understood their responsibility to report safeguarding concerns in line with the local authority's safeguarding guidance. We saw examples where this had been done appropriately. When describing concerns about a person escalated by the registered manager, a visiting health care professional told us, "Their level of concern was valid, the documentation was also spot on."

Assessing risk, safety monitoring and management

- Risks were assessed and managed safely. Staff were made aware of any risks to people and told us they had read the care plans and associated risk assessments. One staff member told us, "Care plans are informative and easy to access, they're on the app and easy to follow. We get emails if there are any changes or they (office staff) will give us a call to let us know care plans have changed."
- Risks were assessed in relation to people's health needs, and care plans were developed to guide staff on how to support people. For example, people had detailed care plans and risk assessments in place for catheter care. Care plans contained information which included catheter care instructions, signs to watch out for that would indicate a concern, and guidance to ensure staff sought appropriate medical advice in a timely way.
- Staff were proactive in ensuring the safety of people. One person who lived with dementia smoked cigarettes; this compromised their safety as they sometimes accidentally left their gas on. The registered manager worked with the person and relevant professionals to mitigate risks. The local fire and rescue service installed a new smoke alarm, arranged an electric cooker to be connected and applied fire-resistant spray to the person's soft furnishings. This allowed the person to smoke cigarettes in a safer environment.
- Environmental risks assessments and checks were completed. The registered manager had considered risks to people and staff. This included risks of the person's home, for example, if there was limited space to assist a person with moving and positioning equipment. A lone working policy set out safety measures for staff to follow. These processes ensured risks to people and staff were mitigated.

## Staffing and recruitment

- There were enough staff to support people safely. People told us staff were usually on time and they had not experienced missed visits. One relative told us, "The staff are often on time, if something happens on the road they ring ahead." One person said, "They always turn up on time and stay for the right amount of time, before they go they always ask if there is more they can do."
- Staffing levels were determined by the number of people using the service and their needs. There was a gender mix within the staff team so people's needs could be met if they had a preference to male or female assistance. Where people required two staff members to safely support them, this had been met. Staff rotas were arranged around people's preferences. One person told us, "I prefer not too early and they do respect this. They are always very much on time; I am never rushed."
- Staff were recruited safely. Records showed applications forms were completed, employment histories and gaps in employment were explored. References and Disclosure and Barring Service checks were obtained prior to employment. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

## Using medicines safely

- Medicines were managed safely. Staff were trained to administer medicines; staff competencies were assessed by the registered manager prior to administering medicines to people.
- Some people required time specific medicines for conditions such as Parkinson's disease. The management team understood the importance of the medicines being administered at the correct time and made sure staff visited those people within a strict time period. People's care records reflected this.
- People told us they had confidence in the staff assisting them with their medicines. Comments included, "They sort out my medication for me, they know what they are doing and make sure I have something to wash it down with." And, "I get my pills from them (staff), we count them out together to make sure they're right."
- The management team audited medicines on a two weekly basis to ensure storage, administration and electronic medication administration record (eMAR) charts were completed appropriately. Staff received spot checks to ensure they were administering medicines to people correctly.

## Preventing and controlling infection

- Infection prevention and control policies kept people safe and were updated to reflect the latest guidance for the COVID-19 pandemic.
- The registered manager had ensured staff understood appropriate use of personal protective equipment (PPE). Staff told us they were trained to safely put PPE on, take it off and dispose of it.
- Staff told us they had been kept well informed of changes to guidance and felt supported by the registered manager. Comments included, "We are provided with all our tests, we had masks, visors, longer gloves and anti-bac spray, you name it, we had it. We were always informed if a client tested positive too. We had training for other measures like taking off our PPE and putting them in a separate bag and disposing of it properly."
- COVID-19 testing was carried out in accordance with government guidance. Staff told us they completed regular testing and test kits were available to them.

## Learning lessons when things go wrong

- Lessons were learned when things went wrong. The registered manager gave an example of where lessons had been learned from other domiciliary care agencies. For example, to ensure time specific medicines were administered at the correct time to avoid harm to a person.
- The management team carried out visits to people's homes to audit the support people received from



care staff. The registered manager told us they found some staff had not been using a bed wedge correctly to assist a person with their positioning. The registered manager arranged additional education for staff and carried out further checks to ensure the bed wedge was used in accordance to the care plan.

# 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. 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

- People's needs were assessed in line with the protected characteristics under the Equality Act 2010 such as age, ethnicity and religion. People were assessed for all aspects of their health and support requirements to ensure their needs could be met. This included mobility, health conditions and oral health needs. Care plans were written for people, with their input, based on the assessment process which considered abilities as well as the assistance needed.
- Initial assessments were completed by the registered manager, people and their relatives contributed to the assessment process. One relative told us, "The assessment process was very thorough, [registered manager] and [member of the management team] took details, we had a general chat and the questions were relevant to [person], they included my relative as much as possible."
- A profile booklet was created for people to learn about the staff who would be supporting them; the booklet included staff qualifications, hobbies and interests. The booklet was designed to reassure people and gave them opportunities to spark conversations with staff.
- Staff used nationally recognised assessment tools to contribute towards planning support for people. This included the Waterlow Tool which identified people at risk of sustaining pressure damage to their skin. Care was planned based on the scores and included the need for staff to apply creams to people, to watch out for deterioration and inform district nurses if there were any concerns.

Staff support: induction, training, skills and experience

- Staff were supported in their roles by the registered manager. The registered manager carried out spot checks with staff as well as formal supervisions. One staff member said, "I have regular supervisions with [registered manager], they come to the clients' homes to spot check us, they don't make us feel uncomfortable and give good feedback after as well. They phone often to check we're ok."
- Staff received training relevant to their role, for example, moving and positioning, dementia care and role of the homecare worker. Staff told us they felt the training educated them well to safely support people. Staff told us learning opportunities were further discussed at supervision. One staff member said, "Training is absolutely brilliant, I like training, every chance I can, I will do training, I am doing a level 2 dementia course and [registered manager] helped me sign up for it. I told [registered manager] I wanted to learn more. There are loads of courses, we have to do mandatory, but we can train extra if we want."
- People and their relatives told us the staff were well trained to meet their needs. Comments included, "There is one carer who is very good and knows their stuff, this is [staff member's name] they are teaching a lot of the new staff." And, "Staff are very well trained, they know their job."
- New staff completed an induction programme and were undertaking the Care Certificate.

The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. New staff worked with experienced staff until they were assessed as competent to work alone.

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

- People received support to maintain a balanced diet and remain hydrated. Where required, people had risk assessments to consider their risk of choking, and actions were in place to mitigate this. Speech and language therapist (SaLT) advice was followed and was included in people's care plans. One person required a thickener added to their drinks to support safe hydration. Staff demonstrated their knowledge of the person's choking risk and knew the amount of thickener to add to their drinks.
- Staff were aware of people's preferences and eating habits. One staff member told us how they tried to encourage nutritional intake for a person who had a low appetite. They said, "I offer [person] breakfast and show them all three cereals. [Person] is slim so we try to top them up with extras like banana in the porridge." Another staff member gave an example of how they were able to monitor a person's food intake. "I go to [person], they don't eat very much, we make them a sandwich in the morning for lunch, so we don't know if they have eaten. I suggested placing bright coloured notes with date and time of when we made the sandwich. This is working much better."

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

- Staff worked well with other agencies in a timely way to support people to have effective care. A person told a staff member they did not feel safe whilst sitting on their commode as it did not have a lap belt. Staff contacted the occupation therapists (OT) for an urgent review as the person expressed a preference to a commode which tilted back. The OT accepted the referral and was due to visit the person.
- Staff worked closely with professionals to provide good outcomes for people. Staff identified a concern with a person's moving and positioning. The registered manager contacted relevant healthcare professionals who worked with staff to ensure safety for the person. A visiting healthcare professional told us, "We had a referral to our service for a stroke patient with no rehab potential, they were discharged. When Devoted Homecare took over the package of care, they re-referred [person] back as they were concerned about moving and handling and they were right to do so."
- People and their relatives told us staff were responsive to any change in their needs and would signpost them to contact relevant professionals or would make contact themselves on the person's behalf. One person told us, "There is one staff member in particular that sticks out although they all seem very experienced. This carer can see if I'm not right or a 100%. They would advise [family member] to call the doctor it should it be necessary or might advise to keep an eye on things. They are all very good at what they do."
- People were supported to engage with health and social care professionals relevant to their needs. Staff worked closely with a range of professionals to include Parkinson's nurses, GPs, district nurses, mental health teams and dementia crisis teams. Professional advice was updated to people's care records and followed by staff.

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 MCA 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.

- The service was working in line with the MCA and in accordance to the law. At the time of the inspection, no person had a community DoLS in place.
- The registered manager completed MCAs and understood how to make decisions in a person's best interests when they lacked capacity. Staff demonstrated their knowledge about the MCA, gave people choices and respected their wishes. One staff member told us, "Even if I they (people) have no capacity, I always chat through what I am going to do and check they are ok with that."
- People were consistently asked for consent by staff before any care or support was offered. One person told us, "Oh they always ask me if I'm ok with them doing this or that." A relative told us, "Staff are very well trained, they just know what to do but always ask as well that my relative is happy with what they are doing. They always check my relative doesn't mind if they wash them - they never do mind."
- Records showed that people were involved in decisions relating to their care and support, and their decisions were respected. The registered manager described communication methods which could be used to gain people's views and confirmed that where required, capacity assessments would be undertaken.

# 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. 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 told us they were supported by respectful and caring staff. All staff received equality and diversity training and had access to an up to date policy. The registered manager confirmed staff demonstrated their knowledge through their observations and the feedback received from people.
- The service had a person-centred culture. Staff demonstrated their knowledge about people and their preferences but confirmed they would always check with the person what assistance they would like on the day. One person told us, "They know what I need doing. They always ask for permission, but they don't need to, our routine is a well-oiled machine."
- Staff were flexible in their approach to supporting people and understood people's abilities could fluctuate on a daily basis. Care plans were written to include what people could do for themselves as well as how staff could support them. For example, one person had a Sara-steady stand aid for when they wished to use it as well as a hoist for when they were feeling fatigue. Staff were guided by the person on the choice of moving and positioning equipment and supported them in accordance to their preference.

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

- People were encouraged to express their views and had full involvement in their care and support. People were given opportunities to plan and review their care. One staff member told us, "We have the care plans on an app, it's kept up to date and has everything we need to know. Clients are the ones who contribute or their families. If they want to make changes on the day it's fine with me, as long as it's safe, I am happy to be flexible."
- People's care was reviewed on a regular basis; this gave people an opportunity to make changes where needed. We saw examples of where visit times were adjusted to suit people. One person told us, "I get asked if I need to change anything, apart from the odd day that I'm not home I haven't made changes, I think they would accommodate any if needed. [Registered manager] pops in from time to time to review my care plan with me, it's all as I want it."
- People were empowered to make decisions for themselves. One person did not like to wear a lap belt when in their wheelchair. Their request was upheld, and they agreed to be slightly tilted in their chair to minimise the risk of slipping, this was with the agreement of occupational therapist. This arrangement worked well for the person, their safety was maintained, and their wishes were respected.
- The management team contacted people by phone on a regular basis to check they were happy with the care and support they received. Positive comments had been received, the registered manager told us they would respond to any negative feedback on an individual basis.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected. People spoke highly of the staff and the service they received.
- People's autonomy was encouraged by staff where it was safe to do so. People we spoke with gave examples of how staff promoted their independence. One person told us, "They say to slow down but generally they give me encouragement to lead as much independence as possible, I have always been the type of person who tries to do what I can for myself."
- Staff gave examples of how they promoted people's independence and dignity whilst supporting them. One staff member told us, "I have one client who can do everything but need a little bit of morale support and someone to believe in them, they used to have a lot of falls which destroyed their confidence so I give a lot of verbal support and they know I'm there if they need me." And, "When I'm helping clients, even if they are in bed, I always ask them if they want to wash their own hands and their own face. It's their body, their dignity. I always go to a client's house and think how I would want to be treated."
- Care plans contained reminders for staff to make sure people were treated with respect and their dignity was upheld. Feedback we received from people and their relatives evidenced staff followed the plans.

# 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. 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

- People received personalised care specific to their needs and preferences. People were treated as individuals and care was planned around their wishes and needs.
- People's support was designed around their preferences to include the times of the visits and assistance provided by staff. Staff made sure people were offered choices on a day to day basis. People told us, "We spoke to the carers and cancelled the morning appointment and requested the afternoon, it worked really well. They are flexible if we need this. Sometimes we make a request for the coffee morning at the church so I can get ready in time, they try to stick with this."
- One relative described how their loved one's health fluctuated so staff designed support around how they were on the day. They told us, "There are times staff have tried to help my relative but when they are in a bad way staff know that. They are not bound to routine and will understand, they are very supportive and helpful."

Meeting people's communication needs

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

- The registered manager considered people's communication needs at the assessment process, staff used various methods to support people to express their needs. Staff used body language, whiteboards and gestures to aid communication with people who had impaired hearing.
- Staff offered choices tailored to people using a communication method appropriate to the person. One person used communication aids including flash cards and technology which recognised eye and head movements. Staff used their skills to effectively communicate with the person.
- The registered manager advised all documentation could be produced in easy read format and in large print if required. If required, staff would spend time with people, so documentation could be read out aloud.

Improving care quality in response to complaints or concerns

- People had opportunities to feedback on the service to include complaints. People and their relatives said they were comfortable to approach the management team to raise complaints. Comments included, "We can contact the office if there are problems. We haven't had any problems." And, "I've not needed to make any complaints, after a week or two [member of the management team] phoned me to check if I had any complaints and made sure I knew how to make complaints."
- The registered manager kept a record of complaints; complaints received had been fully investigated and

responded to in accordance to the provider's policy. People who made complaints were satisfied with the outcome. Where staff training needs were identified, the registered manager arranged additional training for staff and completed further spot checks and observations to ensure staff were following the planned care.

- People were given a copy of the complaints procedure which detailed the timescales of responses and who to refer to if they were not satisfied with the outcome.

#### End of life care and support

- The service was not supporting anyone at the end of life stage at the time of inspection. We saw compliments from family members thanking staff and management for their care and compassion whilst supporting their loved ones at the end of their life.
- A social care professional told us, "They go above and beyond as best they can as they appreciate the goal for end of life patients is to keep them at home."
- The registered manager told us people who were nearing the end of their life would have their care needs reviewed. This would be to ensure comfort and for professionals such as palliative care nurses and GPs to be involved to prescribe medicines and additional equipment if needed.



# 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. 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management team promoted a positive, person-centred and inclusive culture for people. People told us they were encouraged to give feedback and opinions. A relative told us, "It is very well run, the office staff phone or come to see us if they need to make any changes such as the care, days or timings. Everything is to suit my relative."
- The management team carried out regular reviews of the service which included visits to people's homes and telephone calls. All the feedback received had been positive, the registered manager told us, "Good communication have saved us a lot of problems."
- With consent, people's relatives were able to view the 'family portal'. This was an effective communication method which the registered manager said worked well.
- Many people we spoke with told us about the 'family feel' of the service. Comments included, "They are not carers they are like family, it's important to us as they come into our home." And, "It's getting to the stage they are more like son and daughters to me. They are nice and easy to get hold of should we need them; they always seem to know what they are doing." And, "Nothing to improve, everything is fine, we are like one big family. Everyone is approachable and kind."
- Staff told us their views were listened to and acted upon by the registered manager. One staff member gave an example where they had suggested a change in continence aids for a person following a fall. The staff member said the change was being trialled and appeared to be working well.
- Staff felt confident to raise complaints or concerns, one staff member told us, "The manager is very approachable and willing to talk things through over the phone, a quiet room in the office, or they'll visit your house." Another staff member said, "If there is an issue at a client's house the manager goes straight over to see how it can be resolved."
- A welfare survey had been sent out shortly before the inspection. The registered manager was planning to analyse the results and build an action plan based on the feedback.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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, management team and staff were clear about their roles and responsibilities. Where appropriate, tasks were delegated to the management team, there was a specific staff member to oversee and audit aspects of the service; the registered manager had oversight of the findings. For example,

a member of the management team audited staff files to ensure supervisions and training was up to date as well to make sure the contents was in line with CQC regulations.

- Staff gave positive feedback regarding the registered manager. Meetings were held and staff received regular updates regarding any changes to people or the service. Staff spoke highly of the registered manager and told us they communicated well with them. Comments included, "[Registered manager] and [member of the management team] are brilliant, they bend over backwards to keep us and therefore our clients are happy." And, "[Registered manager] is brilliant, they are always there for the clients, I have known them for a while. [Registered manager] always solves our problems and keeps us updated. We have been kept well updated about the changes with Covid. They have always been quick to communicate."
- The management team checked the daily call list twice a day, this was to ensure people were receiving visits at the correct time and to check safety of staff members. If lateness was noted, the management team contacted staff for an update and called people to advise of a delay.
- Quality assurance processes were in place for care plans and medicines records. Any shortfalls identified were recorded and followed up. For example, one person's lifting operations and lifting equipment regulations 1998 (LOLER) record was out of date. The management team obtained an up to date certificate for the file.
- The registered manager understood their duty to be open and transparent when something went wrong. They described how they would provide an apology to all parties concerned, notify CQC, document actions taken and learn lessons from the event. The registered manager told us, "We don't keep anything from anyone."

#### Continuous learning and improving care

- The service continually learned to improve care. The registered manager said they had learned from other services not to accept people without staff availability. They told us, "We want to continue to grow but to be careful of rapid growth, we don't want to lose the personalised approach and quality of the service."
- The registered manager undertook various audits and acted where shortfalls were identified. For example, the electronic care planning system allowed staff to log out prior to completing daily records. The registered manager contacted the electronic care planning system provider to adjust this. As an interim measure, the management team had been auditing care visit notes more frequently until the issue is resolved.

#### Working in partnership with others

- The service worked in partnership with external agencies. A variety of professionals including district nurses, palliative care nurses and community psychiatric nurses, had been involved to provide advice and enable staff to support people's needs. A social care professional told us, "They do contact us if a service user needs their care levels increasing. If they notice a deterioration, they are straight on the phone to us to ensure the client gets the care and help they need, and they are able to justify it with actual information as to why. I think the pair of them [registered manager] and [member of the management team] are brilliant, they seem to work well together."
- The management team had identified a family member who was struggling at night to care for their relative. The management team proactively referred the family to the local authority to arrange a charitable support service to provide care at night. There was a delay in obtaining the support and the management team escalated their concerns and provided clear rationale to why the support was required. The support was in place within 24 hours of the call. One relative told us, "I couldn't have had a better care package. The management knows their stuff, if they can't help, they know someone that can."
- The registered manager linked the service with Age UK. This included taster sessions for people using the service to try the day centre to meet new people and try the meal service.
- The registered manager had won the Kent Foundation Business of the Year award in February 2022. The had been asked to attend a ceremony to be a key speaker for the young person in business category. The

registered manager was keen to support other aspiring managers and business owners.