

SilverBirch Healthcare Ltd

St Mary Cray

Inspection report

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Orpington
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Ratings

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

Summary of findings

Overall summary

This inspection took place on 9 October 2018. We gave the provider two days' notice of the inspection as we needed to make sure the registered manager and staff would be available at the location. This was the first inspection of the service since they registered with the CQC in December 2017. At the time of our inspection there were 11 people using the service. However only two people were receiving the regulated activity; personal care.

St Mary Cray is a domiciliary care agency. It provides personal care and support to people in their own homes. Not everyone using the service may receive the regulated activity; personal care. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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

There were policies and procedures in place to safeguard people from possible harm or abuse and staff were aware of the action to take if they had any concerns. Risks to people's health and well-being were identified, assessed and reviewed on a regular basis to ensure people's safety. There were systems in place for the monitoring, investigating and learning from incidents and accidents. People received their care on time and care staff stayed the required amount of time to ensure people were safe and their needs were met. There were safe robust staff recruitment practices in place to ensure staff were suitable to be employed in a social care environment. There were systems in place which ensured medicines were managed and administered safely by staff where required. At the time of our inspection there was no one using the service that required support with administering their medicines. There were systems in place to manage emergencies and to reduce the risk of infection.

Staff new to the service were provided with an in-depth induction into the service and their role. Staff told us they felt supported to do their job and received regular training, supervision and annual appraisals of their work performance. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff work together to ensure that people receive consistent, coordinated and person-centred care and support. People were supported to meet their nutrition and hydration needs and had access to health and social care professionals when required.

People told us they were consulted about their care and support needs and were provided with information that met their needs to help support decision making. People told us staff treated them with respect, their independence was encouraged and their privacy and dignity was maintained at all times. The service involved people and treated them with compassion and kindness. People received personalised care that

met their needs and wishes. Care plans and assessments considered the support people required with regard to any protected characteristics they had under the Equality Act 2010. Assessments allowed for people to document any end of life and palliative care needs and wishes they had, should they so wish. Staff we spoke with told us they felt the service was very responsive to people's needs and they worked closely with health and social care professionals to ensure people's needs were appropriately met. People told us they were aware of the provider's complaints procedure and would raise any concerns if they needed to.

People spoke very positively about the staff that supported them and how well they thought the service was managed. Staff told us they felt very well supported by the registered manager, they received good training and the registered manager was always available to them day and night offering guidance when they needed it. There were effective leadership and communication systems within the service and staff told us they regularly attended supervision, training and team meetings within the office. Systems in place ensured the registered manager and provider took account of the views of people using the service, their relatives and staff. There were effective systems in place to regularly assess and monitor the quality of the service that people received. The service worked well with external organisations, health and social care professionals and the local community to ensure people's needs were safely met and to help improve the quality of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

There were systems in place to safeguard people from possible harm or abuse and staff were aware of the action to take if they had any concerns.

Risks to people's health and well-being were identified, assessed and reviewed on a regular basis to ensure people's safety.

There were systems in place for the monitoring, investigating and learning from incidents and accidents.

There were systems in place that ensured people received their care on time and that care staff stayed the required amount of time to ensure people were safe and their needs were met.

There were safe robust staff recruitment practices in place to ensure staff were suitable to be employed in a social care environment.

There were systems in place which ensured medicines were managed and administered safely by staff where required.

There were systems in place to manage emergencies and to reduce the risk of infection.

Is the service effective?

Good ●

The service was effective

There were processes in place to ensure staff new to the service were provided with an induction into the service.

Staff were supported to do their job and received regular training, supervision and annual appraisals of their work performance.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to meet their nutrition and hydration needs and had access to health and social care professionals when required.

Is the service caring?

Good ●

The service was caring

People told us they were consulted about their care and support needs and were provided with information that met their needs to help support decision making.

People told us staff treated them with respect, their independence was encouraged and their privacy and dignity was maintained at all times.

The service involved people and treated them with compassion and kindness.

Is the service responsive?

Good ●

The service was responsive

People received personalised care that met their needs and wishes.

Care plans and assessments considered the support people may require with regard to any protected characteristics they had under the Equality Act 2010.

Assessments allowed for people to document any end of life and palliative care needs and wishes they had, should they so wish.

Staff we spoke with told us they felt the service was very responsive to people's needs and they worked closely with health and social care professionals to ensure people's needs were appropriately met.

People told us they were aware of the provider's complaints procedure and would raise any concerns if they needed to.

Is the service well-led?

Good ●

The service was well-led

People spoke very positively about the staff that supported and how well the service was managed.

Staff told us they felt very well supported by the registered

manager.

There were effective leadership and communication systems within the service.

There were systems in place that ensured the registered manager and provider took account of the views of people using the service, their relatives and staff.

There were effective well-led systems in place to regularly assess and monitor the quality of the service that people received.

The service worked well with external organisations, health and social care professionals and the local community.

St Mary Cray

Detailed findings

Background to this inspection

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

This inspection took place on the 9 October 2018. One inspector carried out the inspection. We gave the provider two days' notice of the inspection as we needed to make sure the registered manager would be available during the inspection. Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority and other professional organisations to obtain their views of the service. We used this information to help inform our inspection planning.

As part of our inspection we spoke with the registered manager, the provider's nominated individual, the provider's recruitment and training coordinator and two care staff. We spoke with one relative by telephone to gain their view of the service they received. We looked at the care plans and records of two people using the service, three staff records including training, supervision and recruitment records and records relating to the management of the service such as audits and policies and procedures.

Is the service safe?

Our findings

People told us they felt safe with the staff that supported them. One relative said, "The staff are marvellous. They treat [relative] so well, they are very caring."

There were policies and procedures in place to safeguard people from possible harm or abuse. Staff we spoke with understood the types of abuse that could occur, the signs they would look for and who to report any concerns to. One member of staff told us, "If I had any concerns at all I would report them straight to the manager. I know they would take action to ensure people are kept safe." Records confirmed that staff had received safeguarding training to ensure they were knowledgeable about how to respond to concerns appropriately. The registered manager was fully aware of their responsibilities to safeguard people and how to respond and report concerns including contacting the local authority safeguarding team and notifying CQC where appropriate. There had been no safeguarding concerns raised since the provider registered with the CQC. However, we saw there were systems and processes in place to respond to and record concerns appropriately, local and regional safeguarding policies and procedures and local authority contact and referral information. Safeguarding information and guidance for staff was displayed within the office for their reference.

Risks to people's health and well-being were identified, assessed and reviewed on a regular basis to ensure people's safety. Comprehensive risk assessments were conducted and highlighted levels of risk to people in areas such as medicines, mobility, personal care, skin integrity, mental health, nutrition and hydration and their home environment amongst others. Risk assessments contained guidance for staff on how best to meet people's needs safely. For example, there was information regarding the need and use of specialist equipment to support safe mobility. Staff we spoke with were aware of individual risks to people and the support they required to reduce identified risks. There were arrangements in place to deal with emergencies. This included an out of hours on call system that ensured management support and advice was available to staff when they needed it. One member of staff told us, "The manager is always available if I need them, they are very supportive. The phone is always answered at any time day or night." The registered manager told us that they also used a staff group message system which allowed them to share information with the staffing team instantly so people's needs and risks could be addressed promptly.

There were systems in place for the monitoring, investigating and learning from incidents and accidents. The registered manager showed us an incidents and accidents folder which included a monitoring tool and audit log, and told us that these were monitored to identify any themes or trends and to prevent reoccurrence. There had been one incident reported since the service registered with the CQC and we saw that this had been addressed promptly and appropriately. Staff were provided with training and guidance on how to respond, report and record accidents and incidents which supported them to manage and mitigate repeated hazards.

People told us they felt there were enough staff to meet their needs promptly and they had regular care staff who visited them. A relative said, "They [staff] always arrive on time and communicate very well with us so we know what's going on. We always have the same carers who are lovely, the service is excellent."

There were systems in place that ensured people received their care on time and that care staff stayed the required amount of time to ensure people were safe and their needs were met. There was an electronic call monitoring (ECM) system in place which allowed the registered manager and office staff to see if any care staff were running late and to check that staff stayed the full required time. Staff were provided with a phone application system that allowed them to electronically sign in, on the system once they had arrived for their care visit and to sign out when they left. This enabled the service to respond promptly and safely to any late calls or emergencies. The registered manager told us that the ECM phone application system allowed relatives with permission, to access their relative's care plans and records so they were always aware of the care provided and any reported issues or concerns. Feedback from one relative stated that they experienced fantastic contact with the care staff and manager due to the phone application system. The registered manager told us they were due to change their ECM system at the end of the month which would enhance their care planning system. On the day of our inspection we observed there were no missed or late calls or staffing issues.

There were safe, robust staff recruitment practices in place to ensure staff were suitable to be employed in a social care environment. Staff records we looked at included application forms, photographic evidence to confirm identity, criminal records checks, references, history of experience and professional qualifications and eligibility to work in the UK where required. Staff we spoke with told us they were issued with a staff handbook containing information relating to the service for their reference, they were provided with a uniform and wore identity badges to ensure people using the service knew them before they entered their home. They also told us they were provided with personal protective equipment (PPE) to minimise the risk of infection. We saw there was an infection control policy in place and staff had access to PPE including gloves and aprons when required. Staff records showed that they had received training on infection prevention and control.

There were systems in place which ensured medicines were managed and administered safely by staff where required. At the time of our inspection there was no one using the service that required support with administering their medicines. However, we saw there were robust systems in place that ensured people's medicines would be managed safely by staff if required. Care plans and records allowed for the recording of people's current medicines and information about any support people required from staff or their relatives. Medicines risk assessments were in place to detail any risks and medicines audit tools were also in place to monitor the management of medicines. The registered manager told us that the ECM system would also monitor the management and administration of individual's medicines as care staff were required to remotely log when medicines had been administered and this would alert them if this had not been completed. Staff records confirmed that staff had received up to date medicines training and competency assessments to ensure they had the necessary skills and knowledge to safely administer medicines.

Is the service effective?

Our findings

People told us care staff were skilled, competent and understood how best to support them. One relative said, "They [staff] appear very well trained and are definitely competent in what they do. They know how to care for [relative]."

Staff we spoke with told us they received regular training appropriate to their development needs and to meet the needs of the people they supported. One member of staff told us, "Training is always made available to us. We have a trainer at the office and the training we do is very good. I have done training in dementia and consent which was very helpful." Another member of staff commented, "Training is good. We have training in the office and do e learning which works for me. Training is very relevant to the people we support." Training records we looked at demonstrated that staff received regular training in a range of areas including, moving and handling, safeguarding, dementia, medication, first aid, palliative care, pressure wounds and the Mental Capacity Act 2005 amongst others. The registered manager told us that they had recently started to work with other health and social care professionals to seek further specialist training for staff. They advised that they had spoken to MacMillan nurses and the local fire safety officer to get them to visit the service and speak to staff directly providing them with further training and guidance in these areas.

There were suitable processes in place to ensure staff new to the service were provided with an in-depth induction into the service and their role. This included training and a period of shadowing experienced members of staff on the job. One member of staff told us, "I had a very good induction when I started. The manager came out with me and introduced me to the people I would be supporting. I thought this was very good as it enabled me to get to know people and for them to get to know me too." The registered manager told us that all new staff were required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. Staff records confirmed that staff had completed an induction programme when they started work to ensure they could meet people's needs safely and effectively.

Staff told us they felt supported to do their job and received regular supervision and annual appraisals of their work performance. Records confirmed that staff received regular formal supervision and appraisals of their work performance. The registered manager told us that supervisions were conducted both within the office environment and at clients home's where they were able to see the care and support provided by staff. They commented, "This is an excellent way for me to have a chat with the client and re-assess their needs and adjust their care plan accordingly if required."

There were arrangements in place to comply with the Mental Capacity Act 2005 (MCA). 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. This provides protection for people who do not have capacity to make decisions for themselves.

We checked whether the service was working within the principles of the MCA. The registered manager and staff demonstrated a good understanding of the MCA. They told us that the people they supported had capacity to make decisions in specific areas in relation to their care and treatment, however mental capacity assessments were completed, where required, for people whose capacity varied. They told us if someone did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with MCA 2005.

People's needs and choices were assessed before they started using the service. Assessments covered areas such as individual physical and mental health needs, medicines, nutrition and hydration and mobility amongst others. They also included detailed information sourced from relatives and in some cases health and social care professionals where applicable. The registered manager told us that when they developed care plans, they put the client's needs at the forefront of what they do, not only in terms of the physical aspects of care, but also their personal and diverse needs. They said, "Where we can, we involve family in the creation of the care plan so that we can ensure their needs are being met. We don't believe there is such a thing as a one-size fits all approach and strive to ensure that each care plan is tailored to meet individuals distinct needs."

A relative told us staff supported them to ensure their loved ones nutrition and hydration needs were met where this was part of their plan of care. Care staff we spoke with were aware of people's food preferences, allergies and risks when eating and drinking and we saw guidance and risks were recorded within people's care plans to ensure they were appropriately supported by staff.

People had access to health care professionals when they needed them and staff supported them to access services if required. A relative said, "If I wasn't around I know the care staff would raise the alarm and seek appropriate help if something was wrong." Care plans demonstrated that staff monitored people's general health and wellbeing and when required referred to appropriate health and social care professionals for support and treatment.

Is the service caring?

Our findings

People spoke positively about the care and support they received. A relative told us, "They [staff] are like gold dust. They treat [relative] so well and with such kindness. I simply can't rate them highly enough."

People told us they were consulted about their care and support needs and were provided with information that met their needs to help support decision making. One relative said, "We were given information when we first joined which told us all that we needed to know. They [staff] are very good at communicating with us." Care plans confirmed that people received appropriate information in a format that met their needs and that people were consulted and chose how they wished for their needs to be met.

The registered manager told us people were provided with information about the service when they joined in the form of a 'service user guide' which was kept in people's care records for their reference. This included information on the provider's values, standards of care and their complaints policy and procedure amongst other important information. We saw that information about people was treated confidentially and people's records were stored securely on the provider's electronic care planning system which was accessed only by authorised staff. The registered manager told us they sought people's consent to share their information with relevant parties where appropriate and we saw signed consent was in place within individual care plans. People were provided with a copy of their care plan and had access to their on-line care records at any time.

People told us staff treated them with respect, their independence was encouraged and their privacy and dignity was maintained at all times. A relative said, "The carers are very respectful to me and my loved one. They make sure [relative] is cared for well and always maintain their dignity." Staff we spoke with provided us with examples of how they maintained people's privacy and dignity when supporting them such as, by closing doors and drawing curtains when providing personal care. One member of staff said, "I always make sure I treat people respectfully. I make sure their dignity is maintained by covering them up when helping them to bath and talk to them throughout as I think it's important for them to know what I am doing." Staff were also knowledgeable about people's needs in relation to disability, race, religion, sexual orientation and gender and supported people appropriately to meet identified needs or wishes. One member of staff commented, "It's important to remember we are all very different with our own individual needs."

The service involved people and treated them with compassion and kindness. One relative commented, "They [staff] are simply marvellous." The registered manager told us of the initiatives and actions they took in terms of providing good customer care and in caring for their staff and their well-being. They told us they ensured that both customers and care staff received cards and flowers on their birthdays as they wished to show them that they valued them as people. They also commented, "Over Easter, we organised Easter eggs from the local college cookery school and restaurant to give to our customers and carers and posted links on social media in relation to this to highlight the excellent work the students are doing. Our customers loved the eggs and the fact that they didn't expect to receive something really made their day."

Is the service responsive?

Our findings

People told us they received responsive, personalised care and support that met their needs. One relative commented, "It is a very good service. They [staff] know how to do their jobs, they know all about the care and support we need and they do it all very well."

People received personalised care that met their needs. The provider used an electronic computer system for planning, recording and storing individual's care and support needs. We saw that the system included tools that enabled comprehensive assessments of people's needs to be completed and individual care plans were developed from assessments to support people with the different aspects of their care that they required. For example, managing medicines, personal care, nutrition and hydration, skin integrity, mobility, communication, palliative care and religious and cultural needs and wishes amongst others. Care plans detailed individual's care and support needs and provided guidance for staff on how best to support them safely. People were supported to engage in community and social activities that reflected their interests where this formed part of their plan of care. Care plans allowed for details of people's chosen leisure activities, such as maintaining family and social networks and attending social clubs or events to be recorded and met.

Care plans and assessments also considered the support people may require with regard to any protected characteristics they had under the Equality Act 2010. For example, in relation to age, race, religion, disability, sexual orientation and gender. Care plans documented guidance for staff on the support people required, for example, to practice their faith and to meet any cultural, spiritual and dietary needs. People we spoke with confirmed that staff supported them to meet any diverse needs they had. We saw that assessments allowed for people to document any end of life and palliative care needs and wishes they had, should they so wish. The registered manager told us, "Of late we have started to receive many palliative care customers, and in order to provide the level of care that we want, we have invested in further end of life training for all staff. We want to be able to provide the care and support needed by both the customer and their family at a time when they need it the most." They commented further, "For all our customers, but especially our palliative customers, I am on call 24 hours a day and will provide emotional support at one in the morning for a customer who really needed it."

The registered manager told us that the electronic phone application system allowed relatives with permission, to access to their relative's care plans and records so they were always aware of the care provided and any reported issues or concerns. They told us that the system allowed them to be very responsive to people's needs as staff also had instant access to the electronic system and so records were updated once care and support had been provided. They said, "Through the use of technology, we are able to monitor carers calls and timings as well as have a way in which carers are able to put notes onto the system for our review instantly." We saw that people's care and support needs were reviewed on a regular basis in line with the provider's policy and with people and their relatives involved where appropriate to ensure the service met any changes in their needs.

Staff we spoke with told us they felt the service was very responsive to people's needs and they worked

closely with health and social care professionals to ensure people's needs were appropriately met. One member of staff said, "The system allows us to respond to people's requests and needs when they need us to." A professional who commissions the service told us, "Our service requires rapid support; therefore, we call to ask for immediate start care packages which they have been able to do each time we call. The registered manager is always able to advise us if they can support in a timely fashion as she knows we require the care package as soon as possible. After every service we put in we ask for feedback from the client about how the service went and every time we have been given positive reviews about the service provided. Carers arrive at the arranged times and are efficient and friendly. Sometimes some of our care packages aren't straight forward which the registered manager and her team are very understanding and patient with. The service ensures they keep us up to date on any issues that may arise and feedback on how the calls have gone to give us an insight on whether the care package needs extending or not. Not all care providers would do this."

From April 2016 all NHS care or adult social care services are legally required to meet the requirements of the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information they can easily read or understand to support them to communicate effectively. The registered manager told us most people using the service could communicate their needs effectively and could understand information provided to them in the current written format, for example the service user guide and the complaints procedure. However, they told us that if someone was not able to understand this information they could provide it to them in different formats to meet their needs for example, in large print, easy read or pictorial versions or in different written languages.

People told us they were aware of the provider's complaints procedure and would raise any concerns if they needed to. One relative commented, "I have absolutely nothing to complain about. The service is wonderful. I know if there were any issues the manager would respond." The service had a complaints policy and procedure in place and people were provided with suitable information on how to make a complaint. The registered manager showed us a complaints folder which included a copy of the provider's complaints procedure and a complaints log and audit tool to monitor and manage any complaints received. We saw that the service had received no complaints since they registered with the CQC.

Is the service well-led?

Our findings

People spoke very positively about the staff that supported them and how well they thought the service was managed. A relative said, "It's superior to other services. The manager is extremely good and the staff are like gold dust. We couldn't be happier." A professional commissioning the service told us, "We have been working with the registered manager and her team now for a few months and they have been brilliant. Overall, I cannot fault the registered manager and her team, they are always reliable, friendly, efficient and go above and beyond."

There was an experienced registered manager in post who was also the joint provider. They knew the service very well and were aware of their registration requirements with CQC. They knew the different forms of statutory notifications they were required to send the CQC by law and had completed their CQC Provider Information Return as required in good time. They were aware of the legal requirement to display their CQC rating. They demonstrated an in-depth knowledge of people's needs and the needs of the staffing team. They told us, "From the outset we wanted to be part of the community as we believe this is how we can not only differentiate ourselves from the larger national care companies, but how we can integrate ourselves with those who need help, and those who can provide that help. We have recently become part of the Kent Integrated Care Alliance (KICA) and are trying to become part of the Bromley Care Consortium. As well as the KICA, we are members of United Kingdom Homecare Association (UKHCA) and Skills for Care and I attend the registered managers meetings for Skills for Care. We also use these resources to find training and other resources for cares. I am also personally a member of the Women in Business Society where I can meet with other women in the area to learn from them, as well as build up further links within the local community."

Staff told us they felt very well supported by the registered manager, received good training and the registered manager was always available to them day and night offering guidance when they needed it. One member of staff said, "I feel very well supported in this job. It's a really good organisation and the manager and office staff are always on hand. The training we have is good." Another member of staff commented, "I think the service is brilliant. We get lots of time to travel between calls and I never feel rushed or stressed. The phone system we use is fantastic as it keeps us up to date with everything. The manager is so supportive and caring and the team are great. We all talk to each other and help each other, I could not work for a better company." The registered manager told us, "On a personal level, I try to be available for my staff even if it's not a work problem and they just need someone to talk too. We have an open door policy and are trying to organise team activities for the staff as we are aware that being a carer often means they are working alone. We want to remind them that they are part of a bigger team and build that community amongst our carers."

There were effective communication systems within the service and staff told us they regularly attended supervision, training and team meetings within the office. One member of staff said, "We have meetings on a regular basis which gives us the opportunity to all meet and share issues and good practice." Another member of staff commented, "We have team meetings but we also have other methods of keeping in contact. We have the phone application system and a team group messaging service which is really helpful

and supports us to always stay in contact with each other." Records showed that staff meetings were held on a regular basis to provide staff with the opportunity to meet and share good practice or to discuss issues of concern. Minutes of the meeting held in September 2018 recorded agenda items for discussion such as the on-call system, staff Christmas party, the impending new computer system and the carer of the month award. The registered manager told us they held a 'carer of the month award' to recognise and praise good practice. We saw pictures in the office of staff who had been awarded the award and were presented with a bouquet of flowers for their work. The registered manager told us, "We keep a suggestion box in the office for carers to leave anything they feel would benefit the company and we remind them all at supervisions and team meetings that it's there for them. Prior to our team meetings, we send out a survey and address any points raised in the meeting, or shortly afterwards for those issues that need further work."

There were systems in place that ensured the registered manager and provider took account of the views of people using the service and their relatives. This was done through staff on site spot checks, telephone reviews and monitoring, reviews of people's care and care plans within their home's and annual feedback surveys which the registered manager told us would be sent to people at the end of October 2018 for them to complete. We saw that a staff survey was conducted in the summer. Results were positive showing that staff felt the service communicated with them well, that the registered manager was always on hand for them, that any concerns they had were listened to and that they had good training and development opportunities.

There were effective systems in place to regularly assess and monitor the quality of the service that people received. The provider's electronic computer systems stored records for staff recruitment information, staff's working rota's, staff training, supervision and appraisals, care plan's and records reviews, incidents and accidents, spot checks and telephone reviews and monitoring. The system also recorded and audited people's care needs and records, medicines management, health and safety and monitored missed or late care visits. The registered manager told us the system allowed them to monitor the service thoroughly on a regular basis and alerted them to any checks or audits that were due or late or missed visits.

The service worked well with external organisations including health and social care professionals to ensure people's needs were safely met and to help improve the quality of the service provided. The registered manager told us that they communicated with local authorities, commissioners of the service, GPs and other health professionals when required. People's care records confirmed that staff worked closely with health and social care professionals when required. For example, working alongside palliative care nurses to support people to meet their end of life care needs and wishes. The registered manager told us they attended meetings with commissioners and attended local authority provider meetings to support shared learning and to help drive improvements. They commented, "We have built up working relationships with carers organisations and are also in the process of working with Kent County Council to be part of their framework for the local area. In regard to GPs, we are in constant contact with them where the customer's needs require us to be, or where we have a concern. We very much take the lead in ensuring the well-being of our customers, for example by keeping in constant contact with local authorities to provide equipment needed by our customers."