

The Garden Of Kent Homecare Ltd  
The Garden of Kent  
Homecare LTD t/a The  
Garden of England  
Homecare

### Inspection report

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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 28 November 2018 and was announced.

The Garden of Kent Homecare is a domiciliary care agency. It provides personal care to adults who want to remain independent in their own home in the community. Most of the people who use this service are older adults. This inspection looked at people's personal care service.

There was a registered manager in post who was present during the inspection. 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. The registered manager was also the provider.

At the last inspection in October 2017, the service received a rating of requires improvement. The provider was in breach of five regulations of the Health and Social Care Act 2008. At this inspection we found that the provider had made the required improvements and was compliant with all the regulations.

People and their relatives told us they felt safe and comfortable. Staff continued to receive training in how to safeguard people and understood their responsibilities to report any incidences or suspicions of abuse.

The registered manager had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required.

Risk assessments were carried out to enable people to keep their independence and receive care with minimum risk to themselves or others. People received their medicines when they needed them from staff who had been trained and had their competency checked.

The provider made sure there was enough staff on duty. We found recruitment procedures were safe with appropriate checks undertaken before new members of staff commenced their employment. This helped to ensure, they were suited to work with people.

People received effective care and support from competent and well-trained staff. Staff were knowledgeable about their roles and responsibilities. They had the skills and knowledge required to support people with their care needs. Staff received a thorough induction at the start of their employment. All staff received regular supervision and annual appraisals.

Staff knew the people they were supporting well and provided a personalised service. Care plans were in place detailing how people wished to be supported and included people's likes and dislikes.

People's health and nutritional needs were assessed and staff contacted relevant health care professionals

for advice as necessary to help maintain people's wellbeing.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005. The provider and staff had received training on these. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

There was also a policy on the Mental Capacity Act which was accessible to staff.

People were cared for with kindness and compassion. They were treated with dignity and respect and supported to maintain their independence.

People were supported to maintain their health, access health services and were given advice about how to eat healthily.

People had access to a complaints procedure and were confident any concerns would be taken seriously and acted upon.

The registered manager conducted regular quality assurance assessments to help raise standards and drive improvements.

People and their relatives told us the registered manager was a good manager. The culture of the service was open and positive. The registered manager was very supportive and was committed to providing quality services to people.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Risks to people were assessed and there was guidance for staff to mitigate risk.

There were enough staff available to meet people's needs. Safe recruitment practices were followed.

People were protected from the risk of abuse, staff had the appropriate training and knowledge.

Medicines were managed safely and people received their medicine when they needed it.

Staff used personal protective equipment as appropriate and people were protected from the risk of infection.

### Is the service effective?

Good ●

The service was effective.

Staff had completed a range of training to ensure they had the necessary skills and knowledge to meet people's needs effectively.

People's needs were assessed before they started using the service.

Staff encouraged and supported people to access health care professionals when needed.

Staff had a good understanding of the Mental Capacity Act and promoted choice and independence whenever possible.

### Is the service caring?

Good ●

The service was caring.

Staff were kind and caring and understood people's needs and how best to meet them.

People said staff promoted their independence and their privacy and dignity was respected.

Records were stored confidentially.

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

**Good** ●

The service was responsive.

People's needs were assessed and care was planned in line with the needs of individuals. People were involved in planning their own care.

The service had a complaints procedure in place. People and their relatives knew how to make a complaint.

Concerns and complaints were listened and responded to.

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

**Good** ●

The service was well-led.

The service had a registered manager in place.

Staff told us they found the registered manager to be approachable and open.

The service had various quality assurance and monitoring systems in place.

Staff said it was a good environment to work in and they attended team meetings to keep them updated with changes taking place at the service.

The service had a clear vision for the future and staff were engaged in this.

# The Garden of Kent Homecare LTD t/a The Garden of England Homecare

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 28 November 2018 and was announced. We called the provider the day before the inspection. We gave them notice as it we wanted to make sure that we had access to all of the documentation that we needed and that any home visits could be arranged. One inspector and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The role of the Expert by Experience at this inspection was to carry out phone calls to people who used the service and their relatives.

We asked the provider to complete a Provider Information Return (PIR) before this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law. We contacted the local authority safeguarding and commissioning teams for feedback before the inspection.

During our inspection we spoke with 18 people who use the service and three relatives. We spoke with the registered manager and five members of care staff. We looked at five peoples care plans and the associated risk assessments and guidance. We looked at a range of other records including five staff recruitment files, training and supervision records, staff rotas and quality assurance surveys and audits.

# Is the service safe?

## Our findings

People told us they felt safe receiving care from The Garden of Kent Homecare. One relative told us, "I feel confident to go out knowing [person's name] is safe."

When we last inspected the service we had concerns around risk assessments, recruitment and medication documentation. During this inspection we found that improvements had been made.

At our last two inspections we found the registered provider had failed to ensure that care and treatment was provided in a safe way. Risks to people's safety and welfare were not appropriately managed to ensure the risks were reduced. This was a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 from August 2016 inspection. At this inspection we found significant improvements had been made and the breach had been met.

At our last inspection we found care plans did not have enough information in them to tell staff how to move people safely. At this inspection we found that improvements had been made and extra training had been given to staff to support them. One person told us, "I use a sara stedy to mobilise. Carers were not familiar with its use and were reluctant to use it. The Garden of Kent Homecare sent a moving and handling person to train carers."

Care plans had comprehensive and up to date risk assessments, to enable staff to support people safely. Risks within the internal and external environment and the use of equipment was discussed with the person and their family and recorded so that people and staff were kept safe. From the risk assessments and the daily notes, we saw, staff had a good understanding of people's needs, and the actions they needed to take to keep people safe and to support them to live in their own homes.

Risk assessments and management plans were in place for people at risk of choking, falls, skin breakdown and of not eating and drinking enough. Records showed the risk assessments were regularly reviewed as and when people's needs had changed and their support was changed to meet the needs. Staff told us they always checked equipment was safe before using it.

There was a safeguarding policy and procedure. Staff had undertaken training and were able to demonstrate that they knew what the possible signs of abuse were such as, bruises and a change in behaviour. Staff told us that they knew how to raise concerns about abuse and that they were confident that the registered manager would deal with any concerns. Staff were also aware of what to do if the concern was not addressed. Staff had a good understanding of safeguarding procedures and were confident in reporting any concerns. One staff member said, "We've done safeguarding training."

During our last inspection we found recruitment processes were not robust enough. Recruitment files showed that the provider now had a clear process in place for the safe recruitment of staff. Staff confirmed that they had completed an application form outlining their previous experience, provided references and attended an interview as part of their recruitment. We saw that an Adults first check had been undertaken

before the member of staff could be employed, this was followed up with a disclosure and barring service (DBS) check to ensure that the person was not barred from working with people who required care and support. The providers policy indicated car insurance and MOT certificates were required if staff were using their own car and we observed the recruitment coordinator asking staff for copies if they were close to the renewal date.

Staff told us they carried a mobile phone and had direct contact to the office or to the on-call manager any time they needed. One member of staff told us, "There is always someone on the end of the phone to ask for help or advice."

Staff told us all staff were flexible and worked as a team and were able to cover if necessary, for example if someone was off sick or on annual leave. The registered manager told us that if staff were unable to cover then they or other members of office staff would carry out the care visits. All staff in the office had received the training needed to do this.

There were enough staff employed to carry out the care calls each day. The registered manager told us, "staffing levels will be reviewed in line with changes in personal care plans, the tasks that need to be done and the dependency of a person."

During our last inspection we had concerns around medication procedures in that people's medication was not being clearly documented. Since our last inspection the provider had employed a new administrator. They were responsible for ensuring documentation about people receiving their medication safely was being completed legibly and accurately. The registered manager told us that when they had carried out medication audits they had highlighted that the medication administration records (MAR) sheets were complicated and as a result there were gaps in the MARs. Because of this, the provider was getting paper MAR charts put into people's houses and removing the MAR charts from the mobile device.

The provider ensured people were supported with their medicines safely. Medicines Administration Records (MARs) were completed, spot checks were done and medicines were audited monthly. People had clear care plans around their medicines which included medicines to be taken 'as required' (PRN). All staff were trained to administer medicines and staff we spoke to could tell us about their responsibilities with medicines.

People were protected from the risk of infection. Staff told us and records showed they received training on infection control procedures to keep up to date with current good practice and current legislation. People's care plans detailed infection control requirements. Staff told us they were provided with personal protective equipment (PPE), such as disposable gloves and aprons. One relative told us "The company provide gloves and aprons. We don't need to remind staff to wear them. They [the staff] respect our home and keep it clean."

The registered manager had produced a business continuity plan to make sure they could respond to emergency situations such as a major incident. The plan included a colour coded system detailing people that were able to manage on their own and people that it was essential received staff support. The plan identified members of staff who were within walking distance of each person. People's safety in the event of an emergency had been carefully considered and recorded.

## Is the service effective?

### Our findings

People and their relatives told us they were happy with the service they received. People felt staff had the skills and experience they needed to provide them with effective care and support.

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. We checked whether the service was working within the principles of the MCA. The registered manager told us they had not yet needed to assess any person's capacity to make any specific decisions as all those currently receiving support were able to make such decisions themselves.

At the last inspection we found the registered provider had not ensured that the requirements of the Mental Capacity Act 2005 had been understood by the staff and complied with. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. At this inspection we found that significant improvements had been made and this breach had been met.

At this inspection we found the provider had up to date policies and procedures in relation to the MCA so that staff were provided with information on how to apply the principles when providing care to people using the service. Staff had received MCA training and they were aware of how the MCA applied within their day to day practice. People told us that their consent and opinions were sought and respected. Staff told us how they would check consent with people, explaining things step by step.

Staff told us that since the last inspection they had received additional training about MCA. The registered manager tested staff's knowledge and understanding of MCA and had carried out a quiz at a recent team meeting. Staff's answers were looked at and any additional support was provided. Staff carried a pocket guide to MCA with them whenever they were working and used these for reference if they were unsure about anything.

Before a person started to use the service the registered manager would carry out an assessment of their needs, before an agreement for placement was made. This was carried out to ensure that the service could meet the person's needs. Records showed that an assessment of their needs had been carried out. Information was obtained from the initial assessment, and reports from health and social care professionals had been used to develop the person's support plan. This assessment included information on what they wanted from the service, their preferences and life history. One person told us, "They listen to what I need and make sure all the staff know how I like things done."

The registered manager explained that when there were changes to people's care plans these were communicated with staff by telephone and an updated plan would be sent to the person's house, ensuring staff had access to the right information at the right time. Staff told us they had the right information to provide effective support to people.

At the last inspection we found the registered provider had not ensured staff had received appropriate training to meet people's needs and carry out their duties they were employed to perform. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. At this inspection we found that significant improvements had been made and the breach of regulation had been met.

People told us that staff had the right skills to support them. One person told us, "The carer noticed an infection in my catheter and called the GP." Staff capability and competence was also assessed through regular supervision, shadowing and spot checks.

A comprehensive induction and training programme was available for staff. The provider had recently introduced five day's face to face training to the induction programme. This included the mandatory training modules staff would need such as manual handling, safeguarding, infection control and health and safety. Staff were expected to complete this before they started to work with people in the community. Ongoing training was available to staff.

Staff had regular one to one supervision meetings with a senior member of staff. One staff member said, "I always receive feedback during supervision to see how I am progressing with the organisation. Supervision gives me the opportunity to ask for any extra training I feel I need and also give any ideas to not only move myself forward within the healthcare sector, but the company forward as well."

The registered manager recognised that workplace stress can impact on well being and so takes steps to support staff with this. Staff are given the opportunity to talk to someone about what is causing the stress to try and identify possible changes. Staff are actively involved in the way that work is carried out to try and make sure that all areas that could cause stress are considered. The service provides people with flexible working hours where possible.

People were supported around eating and drinking. Details were recorded of people's likes and dislikes, although staff explained that people would normally tell them what they would like to eat or drink. Details about people's dietary needs was in their care plans with any guidance staff needed to support people. For example, one person had recently been diagnosed with diabetes, staff supported them to prepare meals that were suitable for their diet.

People were supported to live healthier lives. When appropriate, staff would contact health care professionals on behalf of people and support them to healthcare appointments. Care plans held information on people's medical conditions and their GPs.

## Is the service caring?

### Our findings

People said that staff were kind, friendly and knew all about them such as what they liked to do. One person told us, "They're very caring and willing to help me." Another person told us, "They do ever so well... I'm happy."

Staff told us that the people they supported had been with them for long periods of time so they knew them well. Staff spoke in a caring way about people they supported and told us that they enjoyed working at the service. One staff member said, "I enjoy what I do and take pride in the care I give."

Care plans contained information about people's interests, family life and life history. Care records also contained people's religious and cultural needs. This helped give staff the information they needed to build rapport with people in order to establish positive relationships with them.

People told us they were treated with dignity and their choices respected. People told us their homes and property were respected by staff. People's privacy was respected. For example, staff told us they ensured that doors and curtains were closed before providing personal care and covering people with a towel.

The service had policies and procedures in place which protected people's privacy and dignity. Staff had training in relation to general data protection regulations (GDPR). People's care files had written consent relating to information about their health and well-being and gave permission for this to be shared with professionals involved in their care needs. Personal records other than those available in people's homes were stored securely in the registered office. Staff files and other records were securely locked in the office to ensure that they were only accessible to those authorised to view them.

At our last inspection we made a recommendation that the registered manager reviews people's care plans and includes information regarding promoting and maintaining people's independence. At this inspection we found that all care plans had been reviewed and their additional information had been added about how to support people to remain independent. For example, one person who enjoyed shopping had been supported by staff to access online shopping.

People's independence was promoted. Staff told us they would encourage people to undertake tasks they were able to, for example washing their face and hands when completing personal care. All of the information that staff needed about what a person wanted to do for themselves could be found in their care plan. People told us that they would agree with staff which areas they needed support with. One person told us, "They do encourage me to do things by myself, sometimes we share a job."

The registered manager told us that when possible staff had regular schedules so that they saw the same people and this enabled them to build up positive relationships with the people they supported. One person told us, "We have the same carers, they're always on time."

The registered manager had produced a service user guide which was given to people prior to them

receiving a service. This document was regularly reviewed to make sure it had up to date information. The document included information about the agency, services the agency offered, expectations and the service people could expect to receive and information about making a complaint or compliment. People using the agency were given the information they needed about what to expect from the provider and the service they were receiving.

## Is the service responsive?

### Our findings

People told us the agency staff were responsive to their needs and they would recommend the agency to others. One relative told us, "They always make sure my husband is ok and has everything that he needs. One person told us, "It's a very good service, its improved the quality of my life."

At our last inspection we found the registered provider had failed to ensure people's care and treatment was planned in a personalised and individualised way. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. At this inspection we found that significant improvements had been made and this breach had been met. During our inspection we saw examples of how the service responded to people's changing needs. For example, one person's mobility had decreased and their care plan reflected the additional support that they required.

Care plans contained detailed information and clear guidance about all aspects of a person's health, social and personal care needs, which helped staff to meet people's individual needs. The care plans covered the person's health, finances, mobility, meals, falls, self-neglect, pressure sores, medicines, and personal care. The care plans we saw during our inspection were person centred and people told us that they had been involved in both development and reviews.

People's care and support was planned with them and the people who mattered to them. Relatives were fully involved, where appropriate, in identifying people's individual needs, wishes and choices and how these should be met. They were also involved in regular reviews of each person's care plan to make sure they were up to date. Records we saw during our inspection confirmed this.

At our last inspection we made a recommendation that the registered provider reviewed data that had been collected to improve the quality of the service that is provided to people. At this inspection we found that all feedback that had been received had been reviewed. People who had made comments within the feedback had been contacted to discuss concerns or comments. Changes had been made following feedback. For example, one staff member being responsible for the mobile app so that information is only being passed to one place. The registered manager told us that they wanted to be the homecare provider of choice for the area they worked in. The registered manager told us their priority was, "ensuring that the service met the expectations of the people using it."

The provider had a system in place to log and respond to complaints. There was a complaints procedure in place. This included timescales for responding to complaints and details of who people could escalate their complaints to if they were not satisfied with the response from the service. People knew how to make a complaint if needed and this information was available to them in their care plans. People and their relatives told us they would feel confident talking to the registered manager if they had a concern or wished to raise a complaint.

People were encouraged and supported to maintain links with the community to help ensure they were not socially isolated. Staff ensured people carried on doing things they liked if it was part of their care package,

for example, going to the local park or shopping. People were able to pursue their hobbies and interests.

Information about access to people's property was available to them as well as any key information when attending calls through a secure electronic application. This meant they could be sure to have up to date information about people and their needs, when things had changed. The registered manager explained the security settings around this were robust and allowed the service to remove access when staff left employment.

All staff had completed end of life training. There was no one being supported with end of life care at the time of our inspection. People had a 'my future care plan' in their support plan which provided guidance about how a person wanted to be supported at the end of their life. The document included religious beliefs, people that needed to be informed and funeral arrangements. The registered manager told us that if they were supporting people at the end of their lives they would work with other professionals to ensure positive outcomes for people.

Information had been produced to ensure it was accessible to people and to ensure it met the 'Accessible Information Standard'. This was introduced by the government in 2016 to make sure that people with a disability or sensory loss were given information in a way they can understand. For example, one person who was deaf had a white board that staff wrote on to communicate with them.

## Is the service well-led?

### Our findings

At our last inspection we found the registered provider had failed to ensure that the overall governance systems in place operated effectively to ensure compliance with the regulations. This was a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 from August 2016 inspection. At this inspection we found that significant improvements had been made and this breach had been met. The provider had good oversight of the service and had introduced additional audits and processes to ensure that this continued and improvements could be made. For example, new audits had identified issues with mobile MAR charts and the registered manager had changed the process so paper MAR charts were put into people's homes.

There was a registered manager in post. They were aware of their responsibilities as registered manager and of the need to notify the CQC about reportable incidents. All incidents had been reported to the CQC. They had current policies and procedures in place to run the service. The registered manager told us, "I will continue to review the policies and make sure they remain current." People told us they knew who the manager was and felt they were approachable. One person told us, "The manager will always talk to you if you want to."

There was a clear vision and positive culture within the service and staff team. People said the service was well-led and that the registered manager was very supportive. One staff member told us, "The registered manager is extremely supportive and will always listen to me if I raise concerns or have a general issue. She deals with things quickly and in a professional way." The registered manager told us, "I will support my office staff and ensure they are kept up to date with policies and procedures, and enrol them on any training as and when it is needed, so they are equipped to ensure the day to day running of the business is smooth."

The registered manager was passionate and dedicated to providing quality services to people. The registered manager knew the people using the service well and had a good understanding of their needs and preferences and worked closely with them on a daily basis. They told us, they were totally committed to providing the best service they could deliver, in order to achieve the best outcomes for people.

Staff and the management team were clear about the aims and vision of the service and how to put them into practice. The ethos of the service was to provide personalised homecare to people living in the community. The registered manager led by example and at times took on the role of support worker.

There were regular staff meetings to ensure information was shared effectively and staff were up to date with issues that affected the running of the agency. Staff told us they were confident that the registered manager and the registered provider would respond quickly to any concerns they had. They were aware of whistleblowing procedures and who to contact if they felt their issues were not being acted upon by the registered manager or the registered provider.

Staff told us they had received the training they needed and were well supported by the registered manager. The staff said they appreciated being able to readily contact the registered manager and confirmed they

were supportive and approachable. One staff member told us, "They deal with things quickly and in a professional way." Dementia and Parkinson's Awareness sessions had taken place and more sessions were planned. The registered manager wanted to expand on these, linking in with other health professionals and members of the community to raise awareness.

A range of meetings took place with staff to aid communication, discuss best practice recommendations and consistency in how to support people with their care and treatment. At appraisals staff were asked what the service could do better and this had resulted in additional training courses for staff in specialist areas such as Parkinson's and dementia.

The service's approach to quality assurance included completion of regular audits to ensure quality in all areas of the service was checked. Audits included checking medicine records were accurately completed, monitoring that care plans were to a good standard and regularly reviewed, and observing staff practices.

The registered manager encouraged people to give feedback about their experiences of care and support and regularly spoke with them to ensure they were happy with the service they received. People were also given the opportunity to complete customer satisfaction questionnaires. We looked at the questionnaires returned and noted people were satisfied with their service. Relatives had also been invited to complete and submit a satisfaction questionnaire.

The registered manager had been Runner up in the Community Care Awards 2018 and was the winner of the employer of the year award 2018. These awards were part of the Independent Business Awards Kent (IBAK).

The service worked in partnership with key organisations to support care provision, service development and joined-up care. For example, the registered manager told us the service had worked with the local authority, local health services, district nurses, and occupational therapists. Records confirmed this.

In their Provider Information Return (PIR) the registered manager told us how they used up to date guidance and good practice initiatives to help improve the services provided. During the inspection we saw that they had embedded best practice guidance into the care and support processes.

At this inspection the service could evidence that they were able to care and support people approaching the end of life. We saw that reviews were carried out when people were identified as needing end of life care, due to a need for additional equipment, changes in medicines or increased needs. The service worked in conjunction with other professionals, particularly district nursing teams, to ensure that people received good care whilst approaching the end of life.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had displayed their rating in the office and on the company website.