

All About Home Care Limited

All About Home Care (Kent)

Inspection report







1 Draper Street
Southborough
Kent
TN4 0PG

Date of inspection visit:
17 December 2019

Date of publication:
06 March 2020

Website: www.allabouthomecare.co.uk

Ratings

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

Summary of findings

Overall summary

About the service

All About Homecare is a domiciliary care agency which is registered to provide personal care and support to adults. It provides a range of services, including personal care, companionship, medication support, meal preparation and domestic assistance. There were 28 people receiving personal care at the time of this inspection.

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.

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

People continued to benefit from an outstandingly well-led service providing excellent care which was extremely responsive to meeting people's individual needs.

The staff were outstandingly responsive to the needs of people at the service, by providing a wide range of person-centred support and activities in line with people's wishes. Staff supported people to live as full a life as possible. There were strong community links and people accessed their community regularly supported by the staff.

Everyone we spoke with provided exceptional feedback about how caring and supportive the staff were and so often went the extra mile to ensure people were happy and felt well cared for. The service actively supported people to maintain their independence.

A very person-centred approach had been adopted in the assessing, planning and delivery of people's care and support. Care plans were exceptionally detailed.

Supporting people to live safely in their own homes for as long as possible was central to the provider's ethos. People were supported to take positive risks, maximising control over their lives. There was a strong, empowering and distinctive approach to safety and risk management.

We received consistent highly positive feedback and praise from health and social care professionals with recent involvement with the service. They told us staff were pro-active in managing people's health and social care needs in a person-centred way.

There were enough staff to provide people with the support they needed, when they needed it. Staff received a comprehensive training package and were provided with on-going support. Appropriate recruitment procedures were in place to help ensure only suitable staff were employed.

People were supported to maintain good health and had access to healthcare services. Staff worked with a

range of health professionals to ensure they knew people's care needs. Medicines were managed safely.

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.

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

Rating at last inspection

The last rating for this service was outstanding (published 8 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was exceptionally safe.

Details are in our safe findings below.

Outstanding 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding 

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding 

All About Home Care (Kent)

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector and one Expert by Experience who made telephone calls to people and their families to request feedback. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because 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 17 December 2019 and ended on 18 December 2019. We visited the office location on 17 December 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four people who used the service and six relatives by telephone about their experience of the care provided. We spoke with seven members of staff including the nominated individual, registered manager, care co-ordinator, senior care worker and three care workers. We also spoke with a visiting hospice training assessor. 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 multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from an additional six relatives, one person who used the service and five professionals by email.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- A transparent and open culture encouraged creative thinking in relation to people's safety. Staff showed empathy and had an enabling attitude that encouraged people to challenge themselves while recognising their lifestyle choices. People are encouraged to take positive risks.
- There were comprehensive risk assessments in place to enable people to continue living safely in their own homes for as long as possible. Staff, people and their families were involved in the risk assessment and review process. Staff empowered people to manage their own risks with minimal support from them. Staff told us they supported people to take positive risks to maintain their independence and confidence. A staff member told us, "You are going to get the client who furniture walks. We have risk assessments in place for the people who want to be independent. We don't stop people and sit them in the chair and all the girls are aware these are the steps we take."
- Staff worked with professionals to devise risk management plans to encourage people to increase independence with daily living tasks whilst ensuring safety. The registered manager told us they tried to encourage people to lead a normal life for as long as possible. A person wanted to continue to use their bedroom upstairs but did not want to install a stairlift. The service worked with a physiotherapist, the person and their family to devise an exercise plan to and agree a plan to safely support the person to use their stairs in the presence of care staff. Staff were trained on how to support the person and as a result, the person was supported to remain safe and independent in their own home. For a second person, staff arranged for an Occupational Therapist to visit to suggest aids to maximise safety in the home. Following this visit, a handrail was installed.
- A professional told us, "I feel people are safe as we always discuss the implications around risk in regard to the home environment and the client's physical and cognitive ability as well as individual factors like fatigue, lack of sensation, speech, pressure areas etc."
- We heard of many examples of where this pro-active approach to assessing risk had a positive impact on people and supporting them to maintain their independence. One person, living with dementia, enjoyed going into their garden as they had always done. However, there were trip hazards which increased their risk of falls. The service risk assessed their garden area to identify any improvements to be made. As a result, trip hazards were removed and raised flower pots and safer gardening tools were acquired. This meant that the person was able to safely continue spending time in the garden as they had always done.
- The service took a pro-active approach to supporting people to live safely as long as possible in their own homes. For one person, the registered manager assisted them with a grant application for getting a wet room installed as they were unable to use their bathroom safely due to mobility issues. The application was successful, and a wet room was installed which reduced the risk of harm.
- Furthermore, staff actively promoted and encouraged the use of technology to assist with safety in the home with as few restrictions as possible. For example, people were encouraged to wear emergency

pendant alarms for which the service was the first point of contact for some people in the event of an emergency. Also, staff advised people with capacity and families on the use of CCTV in their homes, use of doorbell cameras and key-safes. Staff also had access to the provider's policies and procedures on an app on their smart phones.

- One person's keypad fell apart which caused the person anxiety. The service arranged for the keypad to be replaced. As an interim measure, staff arranged a secure handover of the person's keys between care visits and arranged for a staff member to be with the person whilst the keypad was being replaced which provided reassurance.
- The service had an emergency contingency plan in place to cover various events which may affect the service, for example adverse weather and a no deal Brexit. A colour coding system (Reg-Amber-Green) was used to identify the most vulnerable people according to their risks in an emergency. During a period of severe wintery weather, the service used the management team's four-wheel drive vehicles to provide a taxi service for care staff to reach people in the more remote areas. This meant that all people received their scheduled visits.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risk of abuse and avoidable harm. People told us they felt safe when receiving care from All About Home Care. Comments included, "I am very safe. They really are special" and "There is nobody I don't trust and none of them cause me any grief." A relative told us, "Mum is secure and safe."
- Staff were well-trained and knowledgeable around safeguarding and whistleblowing procedures. Staff told us they were confident any concerns reported to the management team would be acted on. A staff member told us, "It is very important to look out for signs of abuse or neglect and to have knowledge of what it is." Staff knew where to report concerns externally.
- Safeguarding was built into working practice. For example, during spot checks, supervisions and staff meetings, staff were asked to discuss any concerns and scenarios, to encourage sharing of experiences and learning.
- The service actively encouraged people and their families to be knowledgeable around potential risks to people's safety and well-being. For example, signposting information was provided in the client welcome guide and people were encouraged to change the codes on their key safes regularly. Staff were supported to identify signs that people may be at risk of exploitation from scams or doorstep sellers and the management team liaised with external agencies such as the police and fire brigade, as appropriate.
- There was an open culture in which concerns relating to people's wellbeing were raised and thought out to mitigate future occurrences or risk. Staff told us that they were very confident that any concerns they had about people's safety and wellbeing would be taken very seriously and acted on immediately. This sentiment was also echoed in what people and their families told us.
- The service had a system to learn from incidents to reduce the risk of them happening again. All incidents had been recorded and investigated, where necessary appropriate authorities had been notified.
- Learning had been shared with the staff team in meetings. The management team analysed accidents, incidents and near misses to establish if there were any emerging trends which required monitoring.

Staffing and recruitment

- There were enough staff available to ensure people's needs were met. The registered manager told us they did not start a new care package unless they were confident they had enough staff trained and available to cover the care calls. This was also confirmed with relative's feedback. Feedback from relatives and staff indicated that where there were changes to people's usual carer or a rota change, this was communicated to all involved.
- People were actively involved in making decisions about the staff who supported them. The management

team identified matched staff to people based on common interests and skillset. All care staff completed a shadowing period with a person prior to being assigned to their care team. Feedback was asked from people and their families to inform the decision made. People were supported by a small team of care staff which promoted a trusting relationship.

- People and relatives told us they staff arrived for their care visits on time and stayed for the duration of the care visit. Care visits were set at a one hour minimum which allowed staff time to complete the care tasks required but also to have a chat with people or do any additional tasks identified. Feedback included, "The staff are all of the highest calibre and [person] looks forward to their visits and chats" and "They don't just dash in and out they are lovely and have all the time in the world for her."
- A professional told us, "[Staff] certainly have time and are very willing to help carry out prescribed exercises, practise walking/stairs, be seated correctly or supervise activities of daily living to help them to remain as independent as possible."
- The provider operated a careful values-based recruitment process which involved shadowing and an in-depth two stage interview process with the management team which was linked to the values of the service. This meant that only the right staff were employed which resulted in a low staff turnover and consistency for people and their families.
- The provider undertook checks on the suitability of potential staff to care for people using the service. Pre-employment checks included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care services.

Using medicines safely

- Medicines were safely managed. Staff were trained to administer medicines, with competency assessments completed on a regular basis, including observations, to ensure people were supported safely. In addition to medicines training delivered on induction, staff were encouraged to obtain an accredited Medicines qualification through their local hospice training partner which meant that staff had a thorough understanding of supporting people to take their medicines safely.
- People's medicines administration records (MAR) showed people received their medicines as prescribed. The service used an electronic MAR (EMAR) system which issued an alert to office-based staff if a medicine was not signed for before the end of the visit. This meant that any issues were addressed quickly and resolved before the care staff finished the care visit. The addition of new medicines, such as, a short course of antibiotics were added to EMARs and visible to care staff administering medicines immediately.
- Staff took a proactive approach to ensuring people were supported to manage their medicines safely, for example, picking up people's medicines from the pharmacy without additional charge. Tailored support was also provided where there were concerns that a person's mental capacity may have safety implications. For example, one person this meant locking their medicines away and for another person, this was to gradually increase the medicines support offered in consultation with their family when concerns were raised that the person was no longer able to manage their medicines themselves.
- The registered manager ensured regular audits and spot checks of medicines were completed.

Preventing and controlling infection

- Staff had access to protective equipment, for example, gloves and aprons, to reduce the risk of cross infection when providing personal care and support to people.
- Staff were aware of the service infection control policies and had received appropriate training in infection control and food hygiene. Staff had access to the relevant policies on an app which was instantly accessible should they have any concerns.
- Staff were pro-active in supporting people to reduce the risk of infection in their homes. For one person, after a period of tummy upset, staff arranged for the persons carpet to be cleaned and stayed with the

person, at no additional charge, whilst this happened to provide reassurance to the person. Another person used their own carpet cleaning products to clean a person's carpet.

- Where staff assisted people with food preparation and shopping, staff involved people in ensuring food stock rotation and labelling and storing open food appropriately. This helped to reduce food waste and reduce the risk of food contamination.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 physical, mental and social needs were holistically assessed. Prior to starting a new care package, the registered manager conducted an in-depth assessment with the person and their family. The information contained in the assessment resulted in an exceptionally comprehensive and person-centred care plan.
- People and their families were encouraged to express their views during the assessment process which resulted in people's views being incorporated into the care plan. A relative told us, "I have been closely involved. I wrote the care plan for my mother which they have incorporated into their plan."
- Professionals praised the in-depth nature of the assessment process. Feedback included, "All About Home cares unique approach ensures the care received matches the standard individuals deserve" and "[All About Homecare] have a comprehensive pathway for referral and care transition to ensure client choice is upheld."
- People's protected characteristics under the Equalities Act 2010 were identified as part of their assessment of needs.
- Before working with a person, the care staff were provided with a summary of the care plan with the person's needs. Staff told us having access to this information prior to working with the person helped them to start to build relationships with the person quickly. One staff member told us, "[Registered manager] tends to send the care and wellbeing plan which we read before we go. I normally shadow a carer to help the client get used to us. They do fully prepare and brief you."
- Care was delivered in line with standards, guidance and current best practice. Staff had access to policies which were regularly reviewed and updated to meet current best practice and standards. For example, staff had been provided with a falls prevention guidance booklet from The Chartered Society of Physiotherapy. A professional told us, "Care managers from both providers will work within best practice and complete joint reviews for joint clients; including the client or advocate in all conversations."
- Technology was utilised to enhance the delivery of effective care and support. For example, staff used an electronic platform to sign in and out of care visits and document medicines administration. This meant that office-based staff could monitor care delivery in real time which reduced the likelihood of missed visits or medicines errors.
- Staff told us they found that documenting medicines administration electronically saved time and reduced the likelihood of error. A staff member told us, "I find it very good, eliminates any writing errors. Much prefer [name of platform]."

Staff support: induction, training, skills and experience

- The provider understood that training was key to ensuring they provided the best and most effective care

and we saw this had led to better outcomes for people. The provider and managers were very proactive in taking every opportunity to facilitate learning and development to benefit the people using the service. A professional told us, "All About Home Care constantly upskill their care staff, they ensure the appropriately skilled staff are sent to relevant clients. All About Home Care ask for additional training regularly according to the client's needs."

- Feedback from people and relatives was very positive around staff understanding of how to support people living with dementia. Staff were trained in the Alzheimer Society's best practice approach which was delivered by one of the Company Directors. Relatives told us, "I do think there well trained they are very understanding of dementia" and "I feel the staff at All About Homecare are all very well trained before they start working with clients."
- Another relative told us how their loved one struggled to communicate with their dementia being so advanced. The relative explained to us how the staff have been excellent in trying different things to encourage them with general tasks, for example washing and that staff came up with various ideas on how to encourage her.
- The service is a member of the Hospice in the Weald Federated Scheme for vocational qualifications which resulted in most staff receiving accredited level two and three diplomas and certificates in medicine, dementia and end of life care. Staff told us the training offered was one of the best aspects of working for the service.
- A staff member told us, "Hand on heart this is the best company I have worked for. [Registered Manager] approached me to do NVQ through Hospice in the Weald. They jumped me straight onto level three. She has faith in me and that meant a lot. It built my confidence." A second staff member told us, "I have done level three, end of life care, currently level three dementia with the Hospice. It's a short course, we have six units with the dementia. She [Assessor] comes out and does an observation with a client, covering nutrition and personal care etc. It's helped me a lot actually. It makes you understand what that person is going through.
- We spoke with a training assessor during the inspection who told us, "Staff are really engaged in the training. That's why I love working here. They don't just want to do one qualification they want to learn more." They told us that they were working with the registered manager to develop additional training programmes based on the needs the registered manager identified around mental health and stroke awareness.
- Newly recruited staff completed a comprehensive induction with a period of shadowing prior to working alone with people. The registered manager told us it was only when both they and the staff member were confident to work alone that they did so. People and relatives confirmed that staff underwent a period of shadowing. One relative told us, "I would say staff were well trained, when someone new starts they will shadow experienced carers for a while."
- Staff were supported to develop and reflect on their practice by regular supervision and appraisals. Senior staff visited people in their own homes to check they were content with the care staff and carried out spot checks on the staff to ensure they were caring for the person as specified in the care plan. A staff member told us, "They come at beginning of visit, watch my hygiene, hand-washing, change gloves etc. They ask questions on safeguarding and make sure we are aware of polices and have access to polices."

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

- People's health and well-being was paramount. Staff liaised with health and social care professionals to ensure excellent outcomes for people. The service worked closely with a range of professionals such as physiotherapists, occupational therapists (OT's), GP's, district nurses and Speech and Language Therapists (SALTs) to ensure people's specific care needs were met.
- For one person, staff worked with a neuro-physio professional to develop a functional skills chart highlighting tasks to help the person with their recovery which had a positive impact on their mobility and

ultimately led to greater independence.

- Staff were proactive in escalating concerns to the appropriate health and care organisations which had positive outcomes for people. For example, one person was at risk of developing pressure ulcers. Due to size constraints, a standard bed would not fit into the person's bedroom. The registered manager liaised with the appropriate organisations to research a suitable bed. When one was found, they arranged for the removal of the old bed and supervised the installation of the new bed. This enabled the person to continue living at home.
- A person told us that staff were particularly supportive with helping them manage an ongoing dental health issue. The person told us staff accompanied them to appointments and helped them record the dates for follow up appointments in their diary. They told us, "I am very grateful for them taking me to the appointments. They also help me remember things said at the appointments."
- Staff were intuitive to people's needs and could recognise from people's behaviours when they may be unwell. They sought and followed advice which improved people's health and well-being.

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

- People were supported by staff to eat and drink where this was needed. Information about people's nutritional needs and preferences was recorded in their care plans including any associated risks. Care plans also included information about cultural and personal dietary preferences and the support people required to eat.
- People's nutritional needs were assessed and the support they needed to meet them was tailored to the person. Specialist advice from SALT's was recorded and followed. Where people might be at risk nutritionally, records were kept of their weight and dietary intake and referrals made to the GP and dietician as required.
- Feedback from people and relatives around the support received was positive. A relative told us, "They prepare her meals from the choice I have selected for her"

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

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

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

- People's care assessments included information about their capacity to make decisions. Care plans included guidance for staff about the decisions that people could make for themselves.
- Staff had received training on the MCA and were aware of the need to report any changes in people's ability to make choices and decisions.
- People were involved in making decisions about their care and support. They had signed their care plans and risk assessments where they were able to. Family members and other professionals had also been involved in supporting people to make decisions where required.
- Where people had a Lasting Power of Attorney, their details were documented in people's care files.

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.

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- Overwhelmingly, people continued to express how happy they were at the way they were treated. Feedback included, "They are marvellous they are very kind helpful" and "Very pleasant and helpful carers, they offered to do more for me all the time especially bigger jobs like the dishwasher and washing clothes etc."
- Similarly, relatives were very complimentary of the kind and caring nature of the staff and management team. They told us, "On the whole, they are excellent compassionate people" and "There is no doubt about it they are very caring."
- Each person was supported by a team of familiar carers which encouraged an open and trusting relationship. Feedback from people and relatives included, "They all know me so well now I know how I like things done" and "It works well because on the whole we have about four regular carers. This is nice for my elderly father as he feels he knows them and looks forward to their visits." A staff member told us, "We work in small teams. [Registered Manager] likes to match carers with clients based on personalities."
- Most staff referred to how they considered the 'Mum Test' when providing care and how important it was to make the person and family feel respected and involved during the care visit. Staff told us, "It's really good that it's a minimum of an hour visit. It just gives you so much time with the clients, you do the care and then gives you the time for a cup of tea and the chat. The travel time in between clients is good. If a client had an hour and they were having a bad day you can stay longer. It can change their day. I do think that's one of the outstanding things we do." A second staff member told us, "Over the weekend there is one lady, I am very fond of her. I gave her a Christmas card and her face lit up. She then wrote me a card. It's about making the difference, the little things. I just do it. If I can walk away and make them smile that's a huge bonus."
- We heard of many examples of where the service continued to go above and beyond for people and their families. From little acts of kindness that didn't take a lot of time, to really supporting people and their families through difficult periods. Staff often stayed 10-15 minutes longer at a care call to assist with small household tasks, that otherwise would not get done, for example changing lightbulbs, sewing buttons and running errands to the local shops. One staff member told us, "The best thing is they encourage us to go above and beyond. For example, I'll post letters for someone on way home. I've collected food for their pets. [Registered Manager] encourages us to do things ourselves. One person's pot handle was loose, so I found a screwdriver to tighten it."
- A staff member made two pillows for a person's cat following a visit at a person's request. Care staff often accompanied people to hospital, so they weren't on their own. One staff member accompanied a person shopping for new clothes prior to them moving into residential care.
- In one case, a staff member stayed four extra hours, free of charge, at hospital to be there to comfort the

person when they woke from eye surgery. When the person woke, they commented that the staff member had lovely brown hair, something they had not previously been able to see.

- The service maintained a calendar of people's birthdays and important events. The registered manager told us that staff were always consulted about a personalised gift the person may like and make use of, for example the care voucher to be used to go to the pub. We heard of staff visiting people on their birthdays even when not working with the person on that day. A professional told us, "They always help to make their birthday a special day and they go above and beyond with ensuring they have the food they like, the cleaning of bedrooms and kitchens and bathrooms." We heard that staff brought and prepared a person salmon on their birthday as they knew it was their favourite food.
- People's needs in relation to their culture, religion, disability or sexuality had been documented within their care plan. Staff were aware of people's individual needs in these areas and supported people accordingly.

Respecting and promoting people's privacy, dignity and independence

- Staff placed a strong emphasis and were exceptionally good at promoting people's independence. They provided individual support to encourage people to do what they could for themselves, and where possible, increase their abilities. Care plans reflected what people were able to do for themselves and how to encourage them to do this.
- Staff understood that many people who received personal care were no longer able to live their lives as they were used to or wanted to. They understood the importance of improving people's day to day experiences and empowering them to retain control of as many aspects of their lives as possible. One person told us they were a retired health professional and liked to maintain control of their medicines. They told us, "They know I'm very independent so do help me when I allow. They would do more for me if they could, but I insist on doing things myself." A second person told us, "They value my need for independence." A relative told us, "They ask her what she would like them to do or prepare to eat so she still feels in charge of her daily life and gives her mental stimulus."
- Professionals were particularly praising of this aspect of the care delivered. They told us, "The staff genuinely want to make the clients have a happier/ better quality of life and even with dog walking in the rain the clients came back cheery! Doing exercises with clients has helped to make them more resilient and stronger to allow greater independence" and "This is exactly why we choose to work with this care agency as they continue the clients therapy throughout the day not just when the physio is there. They enable clients to wash and dress themselves not do it all for them. They get that people need to be independent not dependent."
- People told us they were always treated with dignity and respect. A relative told us, "They are respectful in our home."

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

- People and their family members told us they were always fully involved in making decisions about their care. A person told us they are involved in their care plan and staff allow them to make all decisions for themselves. Relatives commented, "[Registered Manager] has always involved me in discussions around care plans" and "The care plan has been tweaked rather often and I have been involved in every step of this." A person told us, "They communicate well." A professional told us, "It is the one to one making them feel special, their approach and listening to the wishes of the clients and their families."
- Changes requested by people had been responded to promptly. For example, requests for changes to times of care calls or additional support had resulted in changes to people's care plans. For example, additional calls for one person was scheduled to assist with administering eye drops at timed intervals throughout the day. A relative told us, "[Registered Manager] has been very responsive when we have needed to change care visits."

- Where a person had a communication need, staff ensured they were supported with the appropriate aids to assist with communication. One staff member told us, "I have a [person] who is partially deaf/blind. I make sure [their] ears are cleaned, and the hearing aids are in. I speak clearly and slowly. I make sure there is enough light in the room. I know where their spare batteries etc are." People were provided with every opportunity to express their wishes.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People were continuously encouraged and supported to pursue their interests and experience new activities. Staff were proactive in ensuring people had a varied and fulfilled life. Staff understood that many people with personal care needs who lived alone were at risk of experiencing isolation and loneliness and did all they could to reduce this risk. One person told us that that staff take them wherever they need to go and recently took them to a workplace reunion. They told us they enjoyed meeting with their ex colleagues and commented on how grateful they were for staff supporting them to attend.
- A fundamental aspect of the service delivered to people and their families was to recommend and signpost people to community events and activities based on their interests. People and relatives told us this was much appreciated.
- People told us, "They have introduced me to some community groups which I thoroughly enjoy" and "Staff do encourage me to socialise." A relative told us, "We have spoken about [Named daycentre] and they have been kind enough to sort out transport for my mum to get there and back. Many of the carers are happy to take my mum."
- For a person who required support with their mobility, going out regularly was difficult. They told staff that they wanted to go to the pub on their birthday. For their birthday, the service gave them a gift voucher for two hours free care for the trip. Their risk assessment was reviewed, and staff were provided with guidance and support to safely take the person out to the pub as per their wishes.
- The service understood that people living with dementia were particularly at risk of social isolation and since the last inspection was involved in establishing a community singing group called Find Your Voice led by a qualified singing teacher for people living with conditions such as dementia, Parkinson's or MS. Many of the regular attendees are people who use the service and are supported by the service to attend the sessions.
- The singing group had a very positive impact on the people attending. The director told us that seeing someone with dementia learning a new song was "tremendous." A professional told us, "The staff are deeply caring, they ensure each person coming to the event is warmly welcomed and quickly integrated into the group, so quickly feels part of the Find Your Voice community. They are very skilled at this as people with quite advanced memory loss can easily feel alienated within a new context, however, the staff are so skilled at putting people at their ease and creating a strong 'group' that new (and existing) members feel valued and supported."
- People's care plans included information about their preferred activities, hobbies and interests. The service had developed a specific care plan around emotional well-being, social inclusion and indoor activities. Where it may not have been possible for a person to access the community, guidance was

available to staff to support people with their hobbies and interests within the home environment, for example providing preferred board games and ingredients for cooking and baking. For one person, staff supported them to continue their love of gardening and we heard that staff in their own time purchased plants for the person to plant in their garden. The care records that we viewed showed that staff had engaged people in activities and discussions in relation to these.

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

- People and their family members consistently told us that they were enabled to have choice and control over how their care and support was provided. A person told us, "They are responsive and dealt with any niggles very promptly." Relatives told us, "They are good at adjusting to the different needs of my parents. The routine that has been established has been important in lessening my mother's anxiety and also has helped immensely with my Dad's physical health due to the help provided with applying skin creams and medication and also his mental health by drawing him out into conversation and taking an interest in his hobbies" and "They adapt to her needs and mood."
- The service had responded quickly to meeting changes in people's needs. For example, one person was at risk of developing pressure ulcers. Due to size constraints, a standard bed would not fit into the person's bedroom. The registered manager liaised with the appropriate organisations to research a suitable bed. When one was found, they arranged for the removal of the old bed and supervised the installation of the new bed. This enabled the person to continue safely living at home.
- We heard of many instances where people and families were supported through times of ill health and staff often assisted at short notice. For example, on discharge from hospital admission, the service liaised with the hospital to ensure that a carer was on standby for when they were discharged to ensure the house was prepared and essential food items were in stock. Another example was care staff accompanying people when admitted to hospital in an emergency, so they are not on their own. Office staff ensured that their scheduled visits were covered to allow them to spend additional time with the person.
- A relative told us, "[Person] developed a UTI infection three days before I was going on holiday. She was very poorly, bedridden and I needed immediate help, within an hour of my call a carer was with me to assist. The manager then drew up a three times daily emergency package for the two weeks I would be away. It was a traumatic time and I managed to go on holiday in the knowledge that she would be well cared for."
- People had personalised care plans which described their personal histories, needs, preferences and interests. The care plans were reviewed and updated regularly and included detailed information for staff members on how they should support people to ensure that their needs and preferences were met.

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 service was proactive in ensuring reasonable adjustments for people with any communication impairments were in place. For example, documentation in large print, audio version of documents and Braille. The service had used technology available to assist a person with translation of documents to a voice enabled version on their PC.
- People's care plans included information about their communication needs. Staff were provided with guidance on ensuring that these were met.

End of life care and support

- The service occasionally supported people at the end of their lives. At the time of the inspection no one

was receiving end of life. However, the service had built strong links with a local hospice which provided care staff with accredited training in supporting people at the end of their lives.

- People had been supported to consider their wishes in relation to end of life care and some people had completed advanced decisions and funeral plans. The impact was that people had the reassurance that if they wished the staff that knew them would be able to support them at that time in their life.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which was provided to people and family members when they started using the service. People and family members told us they would contact the registered manager if they had a complaint and were confident that any concerns would be investigated and resolved.

- The service had a system for monitoring of complaints. The complaints log showed that one complaint had been received in the past 12 months, which was fully investigated and responded to with action taken and lessons learned identified.

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.

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour

- We received exceptionally positive feedback regarding the overall management of the service from people and relatives. The service was praised for dedicated and skilled staff, low staff turnover, attention to detail and a proactive management team.
- People told us, "[Registered Manager] does her best whatever it is she will do her best to help", "Management are very professional, and communication is excellent", "[The best thing is] The staff as a whole; [Registered Manager], the office girls and the carers are all lovely" and "I am very satisfied, happy with everything all round."
- Relatives told us, "[Registered Manager] made it very clear from the beginning they will work with me. She's committed to regularly reviewing her needs and support us as and when we need more help", "It is a very good service; we are lucky to have them" and "They have not disappointed, in fact [Registered Manager] has gone above and beyond what I would have expected of a manager."
- The registered manager was knowledgeable about what was happening in the service and demonstrated a good knowledge of people's needs and the support they required. Everybody we received feedback from knew the registered manager and gave us examples of when they personally responded to queries and requests or assisted with care delivery, if needed. A person told us, "[Registered Manager] will roll her sleeves up and does the care work just like the carers would." A relative told us, "The best thing about the service is the quality of communication. If [Registered Manager] implements something, it is passed to the staff and everybody works to the same care plan."
- People were empowered to improve their quality of life and increase their confidence and independence. For example, people had been supported to become more independent within their local community and broaden their social circle.
- Health and social care professionals gave consistently positive feedback about the care, leadership and management at All About Home Care. One professional told us, "I know what the managers have a background in running successful businesses and in my mind, this really shows through in their approach to running All About Home Care. It is very professional and well-structured with good team training and the staff feel valued."
- Clear and accurate records were kept about people's care and staff. The management system for complaints, incidents and accidents provided an oversight which ensured if things had gone wrong appropriate action was taken.
- We found the culture of the service was positive, person-centred, inclusive and forward thinking. The provider had clear values which the managers promoted to staff. Staff were committed to provide sensitive

care, treat everyone as individuals and help people to live as fulfilled and meaningful a life as possible."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People continued to benefit from receiving a service that was exceptionally well organised and managed effectively. The service had a clear, positive and open culture that was shared both amongst the management team and staff. The leadership team continued to be supportive role models and led by example. A relative told us, "The carers appear very happy with their management and they have often told me they are well supported by their management and like working for them."
- Staff continued to be extremely valued and supported. The registered manager and provider recognised the importance of ensuring all staff were valued. A professional told us, "In my professional life, I provide bereavement support and [Director] recently contacted me to obtain support for a staff member who had been badly affected by the death of a client. This tells me a lot about them as employers, and in all the 35 years I have been involved in bereavement support I've never been contacted by somebody looking to support an employee."
- We received overwhelmingly positive feedback from all staff we spoke to about working for the service. Staff informed us there was an open culture within the service and the registered manager and senior management team listened to them. Staff were asked for their input and told us they felt part of a team and were respected by their colleagues.
- Staff told us, "I have never felt unappreciated. They sent me a Thank You card. I wasn't sure what for. Every year, when we have an anniversary, we get gift voucher and a card. They do look after us" and "I'm very proud to be working at All About Home Care. I feel like I'm part of a team. We are all one big family. I haven't yet met a carer who hasn't taken the job seriously."
- Quality assurance systems were in place and used effectively to monitor key aspects of the service. Regular spot checks and reviews were in place to ensure high standards of care were met and maintained.
- The service involved people and their relatives in various ways and sought feedback on the service provided. This included regular reviews with people and relatives, quality assurance spot checks, and an annual survey. Feedback from annual satisfaction surveys were compared year on year to establish trends with or areas to improve. Any feedback given by people or families was acted upon and improvements made to service provision.
- People were asked to feedback their experience to the management team after each time they were supported by a new staff member. The meant that the service were able to act upon this information and ensure the person was only supported by staff they liked and trusted.
- People benefited from receiving a service that was continually seeking to improve. A service improvement plan which detailed improvements planned for 2020 which included increasing community engagement, reviewing the induction process and introducing a policy of the month for staff to access via an app.
- Staff told us they relished the training opportunities provided and were keen to ensure they were up to date with industry best practice. We spoke with a training assessor during the inspection who told us, "Staff are really engaged in the training. That's why I love working here. They don't just want to do one qualification they want to learn more." They told us that they were working with the registered manager to develop additional training programmes based on the needs the registered manager identified around mental health and stroke awareness.
- The service focused on how to support and retain staff which emphasised the providers understanding of the link between a knowledgeable and committed workforce and the delivery of good quality care. Staff turnover was low and when staff left, their reasons for doing so was explored and used as a learning point for the service. For example, introducing shadowing for applicant without previous home care experience reduced the numbers of staff leaving for that reason.

- The management team purposely kept their service size small. This was because they wanted to ensure that people received a personal and bespoke service. They also ensured that they had trained staff available prior to accepting a care package. A professional told us, "I think because they are a small service everybody is important to them."
- Throughout the inspection we gave feedback to the registered manager and office-based staff and clarification was sought where necessary. They demonstrated a willingness to learn and reflect to improve the service people received as a result.

Working in partnership with others

- All About Home Care demonstrated they were very firmly a part of the local community and were actively involved in building further links, fundraising and raising awareness for issues affecting people who used the service. The directors were heavily involved in running local charitable organisations focused on improving the wellbeing for older people which had very positive outcomes for the local community, including people using the service, such as increased engagement in community groups and social events and increased awareness on living with certain health conditions such as Diabetes.
- A professional told us, "I work closely with [Director] as fellow trustee and treasurer of the Sevenoaks Area Dementia Friendly Community, a Registered Charity who have instigated and set up several dementia groups with money raised through our 'Run Walk Push against Dementia' running event in Knole Park. We have raised £20,000 to date which funds five Forget-Me-Not cafe's running monthly across the district, four dementia friendly cinemas and Forget-Me-Notes singing group. We are working on dementia friendly garden allotment and inclusion for sport through 2020."
- One Director was also a chair of a local branch of Diabetes UK and organised group meetings with expert speakers on important topics related to diabetes care such as foot care, current best practice guidelines, medicines and peer support. People who used the service were supported to attend.