

CCK Support Ltd

CCK Support Ltd

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 20 and 22 September 2017 and was an announced inspection. The registered manager was given 48 hours' notice of the inspection to make sure people we needed to speak with were available.

The service provided care and support to adults with a variety of needs living in their own homes. This included people living with dementia and physical disabilities. At the time of the inspection the agency provided personal care for ten people. They also provided support for other people with their shopping and activities but this type of support is not regulated by the Care Quality Commission (CQC).

The service is run by three registered managers. 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.

This was the first inspection of the service as they had moved locations and appointed two registered managers in April 2017. The registered managers had not identified the shortfalls found at this inspection. The audits in place had not ensured that the quality of the service was checked to assess the care being provided.

Policies and procedures had not been updated in line with current practice and legislation.

Although feedback about the service had been gathered from people and staff, other stakeholders such as health care professionals had not been sent a quality survey. The results of the surveys for people and staff had been analysed but this overview had not been distributed to ensure people were aware of the outcome.

Medicines were not being managed or administered safely. In some cases medicines could not be accounted for and some medicines were being left out for people to take after the staff had left their homes without full risk assessments in place to ensure this practice was safe. Medicine records were not clear to confirm that people were receiving their prescribed medicines. The medicine policy did not have full guidance for staff to follow.

Not all risks associated with people's care had been identified, therefore guidance about how to manage risks and keep people safe were not in place. Staff were able to tell us how they moved people safely but this guidance was not in the care plans. Some people had medical conditions such as diabetes, and the care plans did not detail what signs and symptoms would indicate that their condition had become unstable. There was a risk that staff may not recognise the signs if a person was becoming unwell and when to seek medical advice.

People and relatives told us they felt safe whilst being supported by the staff, however the safeguarding

policy was not up to date and although staff had received training on how to keep people safe, this had not been updated. Staff did not have a good understanding of how to report safeguarding concerns to the local authority safeguarding team.

Staff training was being provided but in some cases training had not been updated so that staff were aware of the latest guidelines and legislation. Staff had received medicines training however; senior staff had not observed staff practice to ensure they had the skills and competencies to administer medicines safely. Staff were not receiving regular supervision in line with the company policy.

Staff completed a full induction, which included shadowing experienced staff so they were aware of people's needs and routines. Staff told us that they checked equipment such as hoists to ensure they had been serviced and were safe to use.

People said the staff asked for their consent when they supported them with their care. However people's mental capacity had not been assessed to ensure that staff had an understanding of how this impacted on people's daily lives.

People told us that the staff were reliable and they received their care from regular staff. They told us that each member of staff was introduced to them before providing their care. This gave them more confidence as they knew who was coming each day. There was sufficient staff on duty to cover the calls. Staffing levels were kept under review and there was ongoing recruitment to ensure there were sufficient staff to cover the calls. Staff recruitment required additional monitoring to ensure that all staff had two references including one from their previous employer.

Some care plans lacked detail to show that people received personalised care in line with their wishes. Although people were being supported to access health care professionals such as doctors or occupational therapists there was a lack of detail to guide staff how to support people with their catheter care or medical conditions such as diabetes. Staff reported any health concerns to the office staff who ensured appropriate action was taken so that people received the help they needed.

People told us there were supported with their meals and staff always gave them a choice. They talked about how staff left drinks and snacks out for them to eat later. People said the staff were kind and caring. Staff treated people with dignity and respect whilst encouraging them to remain as independent as possible. Staff told us how they supported people to access the community, such as dropping them off at social activities of their choice.

People told us that they would contact the office if they needed to raise any concerns. They told us that they did not have any complaints but were confident the office staff would sort things out if they raised any issues.

People and staff were aware of the out of hour's telephone number and staff confirmed that staff on call always responded if they needed further guidance or support.

The registered managers both provided direct care at times and worked alongside care staff completing the calls. Although spot checks had not been completed since April this year, they told us how they observed staff practice during this time, however there were no formal records to confirm this.

People and staff told us the service was well organised and there was an open positive culture in the service. Staff understood the visions and values of the service, such as treating people as individuals with dignity and

respect. .

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this report.

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 not always safe.

People's medicines were not being managed safely and there were shortfalls in the recording on medicine records. The medicine policy did not have full guidance for staff to follow.

Not all risks associated with people's care had been identified. There was a lack of guidance for staff to follow to show how risks were being managed to keep people safe.

People told us they felt safe and trusted their care staff. However, the safeguarding policy was out of date and safeguarding training had not been updated. The management team also lacked the knowledge of how to process a safeguarding referral with the local authority.

Staff recruitment required additional monitoring to ensure that all staff had two references including one from their previous employer.

People's needs were met by sufficient numbers of staff and regular staff provided people's care and support.

Requires Improvement 

Is the service effective?

The service was not always effective.

People received care and support from trained staff, however not all staff training had been updated. Although staff told us they had received an annual appraisal and supervision, the frequency of the supervision was not in line with company policy.

Although staff supported people to make decisions about their care, people's mental capacity had not been assessed in line with current guidance.

People were supported to eat and drink to maintain a healthy diet.

The service worked with health care professionals to ensure people received the support they needed.

Requires Improvement 

Is the service caring?

Good 

The service was caring.

People told us that staff were kind and caring. They said they were treated with dignity and their independence was promoted.

People told us that staff gave them choices and they were involved in the care they received.

People's records were securely stored.

Is the service responsive?

Requires Improvement 

The service was not always responsive.

People's needs were assessed before they started to use the service. Care plans were not always personalised with details of people's preferences. The plans had been reviewed regularly and updated with people's current care needs.

People told us they knew how to complain and did not have any concerns.

Staff told us how they supported people to access the community, such as dropping them off at social activities of their choice.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

The registered managers had not identified the shortfalls found at this inspection. The audits in place had not ensured that the quality of service was checked to assess the care being provided.

Policies and procedures had not been updated in line with current practice and legislation.

Feedback was sought from people and staff to give them an opportunity to voice their opinions to improve the service, other stakeholders such as health care professionals had not been included.

People and staff told us the service was well organised and there was an open positive culture in the service.

CCK Support Ltd

Detailed findings

Background to this inspection

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

This inspection took place on 20 and 22 September and was announced with 48 hours' notice given to make sure people we needed to speak with were available. The inspection was carried out by one inspector and an inspection manager.

This was the first inspection of this service since they registered in December 2016. Before the inspection the provider completed a Provider Information Return. 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 reviewed information we held about the service. We looked at notifications received by the Care Quality Commission. Notifications are information we receive from the service when a significant event happens, like a death or a serious injury.

During the inspection we reviewed people's records and a variety of documents. These included five people's care plans and risk assessments, three staff recruitment files, staff training, supervision and appraisal records, visit and rota schedules, medicine and quality assurance records and surveys results.

We spoke with three people who were using the service in their own homes; the registered managers, and four members of staff.

Before the inspection we contacted three social care professionals who had had contact with the service and received feedback.

Is the service safe?

Our findings

People told us they felt safe when staff were in their homes and that they trusted the staff. One person said, "I trust my staff, they know what they are doing".

People told us they had the support they needed to take their medicines and they were happy with the arrangements. However, in some cases people were not receiving their medicines safely or as prescribed by their doctor.

Staff worked with other agencies to support people in their own homes. The medicines policy did not explain how this would work relating to both agencies administering medicines so there was no guidance for staff to refer to. Records showed that staff had found a number of loose tablets in one person's home and staff were not aware where or how they came to be there. The systems in place to count this person's medicines and to ensure they were being given correctly were inaccurate and the medicine records had not been completed. There was no way of knowing what the medicine count should be, why the medicines were loose, what the correct stock left should be or who was responsible for this practice. The provider could not be assured that the person concerned had received their medicines in line with the prescribed instructions from their doctor.

One person told us that the staff put a 'pain patch' on each week. Pain patches should be applied to different parts of the body to reduce the risk of skin damage. The medicine record confirmed that this was being applied; however there were no guidelines of where staff should administer the patch or instructions to make sure it was not put in the same place each week.

There were gaps on some medicines records so the provider could not be sure that people had received the medicines they needed. One person's record showed the letter 'L' in place of a staff signature. There was no explanation recorded about what 'L' meant. A staff member told us that 'L' meant 'late' meaning the care staff arrived late for the call so the person did not have their medicine.

Some people took some medicines themselves and others had help from family members. Some of these medicines needed extra checks and there was a maximum that could be taken in 24 hours. Staff were not checking the stocks of these to check that people were not taking too much. The provider's policy did not include information about supporting people to take their own medicines and how to mitigate the risks.

One of the registered managers told us that no medicines were being left out for people to take later; daily notes confirmed that this was not the case. One person was living with depression and had regular tablets each day. Their notes clearly stated that this was left out to take later but there was no risk assessment in place to assess if this was a safe practice. There was no information or guidance in the medicine policy for staff to follow to make sure it was safe.

Risks associated with people's mobility had not always been identified in the moving and handling risk assessments. The detail varied, in some cases the assessments noted how people were able to assist the

staff by rolling and what position their hands and legs would be in but there was no mention that a slide sheet was being used to support this move. Although people described how staff moved them in line with their medical conditions this information was not included in the risk assessment. Other risk assessments noted to assist with 'hoisting' but no further detail of how to do this safely was recorded. One person told us how staff used flannels to make the sling more comfortable but there was no information in the care plan to show how this decision had been made and if it was safe to do so.

Some people were living with diabetes or needed catheter care, there was no further information in their care plan as to what signs and symptoms to look for should they become unwell and require medical attention. There was a risk they would not receive the medical attention they needed.

The provider had failed to do all that was reasonably possible to mitigate risks to people's health and safety. The provider had failed to have proper and safe management of medicines. This is a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider's safeguarding policy stated that staff should have training in how to safeguard people from harm every year. This had not happened and some staff had not completed the training for nearly three years. Although they could tell us about some different types of abuse some staff were not sure about safeguarding procedures and what outside agencies they might report to when we asked. There had been an incident that the registered managers had not recognised as a potential safeguarding incident so they had not taken advice or reported it. The registered managers did not have a copy of the Kent and Medway Safeguarding protocol to refer to. During the inspection they downloaded this policy.

The provider's safeguarding policy was not up to date so staff did not have up to date information to refer to. The policy had not been updated since the introduction of the Care Act 2014 which introduced new categories of abuse. The registered managers and staff were unaware of these changes and new categories of abuse despite completing training since the introduction of the Act.

The provider had failed to ensure that people were protected from abuse and improper treatment. This is a breach of Regulation 13 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were enough staff employed to ensure all calls were covered and people received the care and support they needed. Duty rotas showed that staff had regular people to call on. One member of staff told us that they received their schedule of work each Thursday and this was ninety per cent the same each week.

People confirmed that they were always introduced to care staff before they started to provide their calls. People told us that they had regular staff and they knew who would be coming to support them. They said staff were reliable and arrived on time and stayed for the whole allotted time. One person said, "The staff usually arrive on time and stay the full time of the call". They said that they had always received a call and they had not had any missed calls.

Staff had completed application forms with full employment history but in one file, of the two references obtained, one was not from the previous employer. This was an area for improvement. Proof of identity, health questionnaires and equal opportunities monitoring formed part of the application process. Disclosure and Barring Service (DBS) criminal record checks were completed before staff started working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Contingency plans were in place to cover emergencies such as bad weather in the winter. An on-call system

was available for people and staff to contact outside office hours. Equipment such as hoists were checked by staff to ensure they were safe to use.

Is the service effective?

Our findings

People and relatives told us staff knew what they were doing and were well trained. One person said, "The staff do a marvellous job, they are good at caring for people in their own homes".

A health care professional commented, "My clients have always reported positive comments about the support that they receive".

Staff told us that when they reported health issues when people were not well the office staff always responded, one staff member said, "I reported an issue with a person's skin and the community nurse called in later that day".

People told us they thought the staff were trained and knew what they were doing. One person told us "I think they are really good, the best agency I have had over the years." Some staff's training was not up to date according to the provider's policy. However, staff knew the people they supported and we observed staff supporting people with their medicines, food and drink in a sensitive way. Staff knew what was expected of them and what people wanted them to do during each call. However, the management team had not completed any observational competency spot checks since April this year to ensure that staff were applying the training effectively. For example to ensure that staff had the skills and knowledge to ensure they were administering medicines safely and in line with current practice.

The registered managers told us that they worked alongside the staff on a regular basis and observed their practice but there were no formal records in place to confirm these observations had taken place.

The provider's policy stated that staff should have regular supervision meeting either each month or every other month. This was not happening. Supervision meetings should give staff the opportunity to talk about their work and any training or development needs. The files we sampled showed that staff were having, on average two supervision meetings a year. Staff told us they had received supervision and felt supported by the registered managers. They told us they would not hesitate to contact the managers if they needed further guidance or support. Staff had received an annual appraisal to discuss their personal development. Staff told us that they were given the opportunity to obtain vocational training certificates.

Staff told us that they had completed an induction when they started working at the service. They talked about how they shadowed established staff to get to know people's routines. They said the shadowing time varied depending on people's dependency of needs. One member of staff said they were very well supported through the induction process by the management team which gave them confidence to do their job well.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). In domiciliary care this is called Court of Protection. There was one person who was being supported through the Court of Protection restrictions at the time of the inspection.

Staff had been involved in best interest meetings and were aware that people who lacked capacity needed support to make decisions about their care; however, the support that people needed to make decisions and choices had not been recorded. The sections in care plans relating to how capacity had been considered were not filled in. Staff were assuming that people had capacity, as they should do, but the consideration and assessment of capacity should have been part of the care planning process. The registered managers agreed to address this.

People told us that staff discussed the care that they were going to provide and always asked for their consent to carry out the tasks. Staff told us how they gave people choices and time to make decisions when they asked for their consent.

People told us that the staff supported them with their meals. The support varied from people having snacks and lunch or micro wave meals. People told us that they were encouraged to eat healthy meals in line with their dietary needs. People's likes and dislikes were recorded in the care plans and people told us they were offered choices. People told us that the staff always asked if they wanted a drink before they left and would ensure they had their preferred snacks available, such as biscuits or fruit.

Staff supported people to remain as health as possible and to access health care services.

People told us that the staff recognised if they were not well and would ask if they needed a doctor or to see the community nurse. One person told us they had been visited by health care professionals such as occupation therapists and community nurses. They described the recommendations made by the occupational therapist and how this supported the staff to move them safely. One person told us they received regular visits from the diabetic nurse to monitor their condition and give advice on how to keep the blood sugars stable.

Staff told us how they supported people to go to their out-patient appointments at the hospital or visit the doctors. They told us how they informed the office if they had any concerns about people's health and the office staff would take appropriate action to ensure people received the medical help they needed. Records confirmed the contact made and outcome of the visits. Staff were then informed to ensure they were up to date with people's current health care needs.

Is the service caring?

Our findings

People told us staff were kind and caring. One person said, "All of the staff are nice people, they are all very polite. I am happy with the staff". "My relationship with the staff is very good". "The staff are lovely; they shout out 'good morning' when they arrive in the morning, they are always cheerful". "The staff are like little angels, all of them, I would be lost without them". "We have a laugh with the staff".

Positive comments were received from health care professionals, they said, "The staff are always kind, considerate and courteous; always putting the care needs of their client's first. They carry out their duties with due diligence and thoroughness".

Staff told us the management team cared about everyone in the service. They said they put people first and were always ready to support the staff. One staff member commented "I can speak to the managers about anything; they are there for the people and the staff". Another staff member said, "This is a small company who really care, we work as a team and help each other".

Care plans had information about what was important to people such as their family and friends or what beliefs they had. One person was supported by staff to go to the church of their choice every Sunday.

Some staff accompanied us to meet people in their homes. Staff were polite and respectful and people appeared comfortable and relaxed with the staff. People told us that staff were respectful of their privacy and dignity. Staff described how they gave people space when providing personal care making sure curtains and doors were shut for privacy. They explained how they covered people discreetly when providing personal care and made sure people were as comfortable as possible.

Staff ensured that people were called their preferred name and staff respected people's decisions if they preferred female staff to carry out their personal care. Staff described how they supported people to maintain their independence; one person told us how they were able to help with their mobility by moving themselves whilst being supported by staff. Staff described how they would hand people flannels to encourage them to wash what they could for themselves. People confirmed that staff helped them when needed but would let them try to do things for themselves if they wished. One person said, "They (care staff) let me do what I can for myself. Independence is important to me."

People told us they liked the fact all staff that visited them were introduced before they carried out their calls. They said they had regular staff who knew them well and they were reliable. Staff said that people benefited from consistent staff, one staff member commented, "People know all the staff and their routines, so it works really well". People spoke about how staff took their time and had a chat with them to make sure everything was done before they left.

People we visited were able to make decisions about their care and if required they were supported by their family. They told us the staff always offered them choices such as what they wanted to eat or where they wanted to be either in bed or in their arm chairs.

Staff were aware that people could also be supported by an advocate if they did not have family or they needed additional support to make decisions. An advocate is someone who supports a person to make sure their views are heard and their rights upheld to ensure that people had the support they needed.

The service had introduced apps for staff to use to ensure that people's information was communicated and recorded effectively and systems were in place to ensure that people's records were stored securely.

Is the service responsive?

Our findings

People told us that the service was very responsive; they said they received the care they needed. They told us communication with the care staff and office was good and they were confident to discuss any concerns and talked about how reliable and good the service was. They said they would contact the office if they needed to and the office would take action and resolve any issues.

Health care professionals said, "I have worked with CCK on many occasions, providing comprehensive rehabilitation and support, to my clients', for which they demonstrate an effective and collaborative team approach. They always work closely with me and are happy to take guidance and instruction and also use their initiative when required". "Communication is good and they always respond in a timely manner".

Senior staff visited people before they started to use the service so that details of their care could be assessed. This information formed the care plan. Staff were then introduced to people and care was taken to match staff with people to ensure positive relationships could be developed.

Each person had a care plan and in parts these were personalised with information about how people liked for example, to clean their teeth and how they liked their personal care to be provided. Information of what was important to people such as they liked listening to the radio and likes and dislikes was also recorded. However, the plans lacked detail of how to support people with their catheter care (a catheter is a tube that goes into the bladder to drain urine) and what signs and symptoms to look for should the catheter not be working properly. There was no information in the plans to ensure that staff would recognise the signs and symptoms of infection.

Some people were living with diabetes and further details were required in the care plans about this medical condition and how it affected people's lives. One care plan mentioned that the person had diabetes which was controlled by their diet but there were no further details what support they needed to remain as healthy as possible.

Staff knew people well and talked about people's personal preferences such as how they liked their pillows in a certain place and where to leave their belongings but this information was not reflected in their individual care plan.

Care plans were not always person centred and did not contain details of people's individual medical conditions. This was a breach of regulation 9 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had signed their care plans to agree to the support to be provided. People said they discussed their care with the staff and the plans were reviewed regularly. One person told us that their relative helped them to speak to the office staff if they had any issues. Staff told us that the plans were reviewed regularly and they were informed through the apps on their phones, texts or contacted by telephone so they were always updated with people's current needs. Staff told us that the out of hour's service was responsive and the

office would call people if the staff were running late.

Staff supported people so they were not socially isolated. They told us how they encouraged people to visit the local day centres and if required would drop them off at the relevant centres. One person told us that the service changed the times of their calls so they could be ready to go to a social event. Staff talked about how they supported one person to go to their hairdresser and to do their shopping.

People told us that they would contact the office if they needed to raise any concerns. One person told us that they had no complaints; they told us "I raised an issue in the past and they (registered managers) dealt with it."

A health care professional commented, I have never had to make any formal complaints and have been extremely happy with the service that they provide. I am confident that they will always deliver a professional service that I can trust".

The registered managers said they took all complaints seriously. The provider had a complaints procedure which required complaints to be recorded, investigated and resolved. A leaflet about how to complain was given to each person when they started to use the agency. Not all complaints had been recorded and logged. The investigation into complaints and any outcome had not been recorded although all of the complainants had been written to. The provider had not tracked the complaint themes to see what lessons could be learned. This was an area for improvement.

On occasions the service received thank you letters and compliments, People had commented, "Thank you all for the excellent job you did for us". "Your thoughtfulness and compassion have been second to none and has helped us through an extremely difficult time, our heartfelt thanks".

The quality survey carried out in October 2016 indicated that people knew how to complain about the service. Each person had a complaints leaflet with information how to complain in their care folder in their homes. People told us they would not hesitate to complain if they had any concerns

Is the service well-led?

Our findings

People told us the service was organised well and they knew the registered managers. The registered managers and senior staff covered the on call system and they were knowledgeable about the people and their care needs. They were motivated and passionate about providing good care in line with people's preferences and choices.

People, health care professionals and staff told us they would recommend the service, a health care professional commented, "I would highly commend and recommend CCK Support Ltd. as a care agency and often recommend them within the local community and would indeed use them with any family members, if it became relevant to do so".

Staff told us that both the registered managers were approachable and supportive. They said, "This is a brilliant company to work for, people receive care from a good staff group". People are very complimentary about the service when we have reviews". "The organisation is very well led, the two registered managers are 'hands on' and know what is going on with the care. They pick up shortfalls and take the required action. They lead by example and are very professional". "The management are flexible they listen to staff". "The service is well led, it is very well organised and runs smoothly".

There were systems in place to monitor the quality of the service provided, however these were not effective. Checks and audits had been carried out on a regular basis but the shortfalls identified at this inspection had not been noted. The medicines audit dated 10/3/2017 stated that a member of staff had signed for the medicines but the medicines were not given; they had given the person their ear drops but had forgotten the medicines. The action taken stated that the member of staff should 'receive supervision'. There was no follow up to check the person's well-being or to assess if the member of staff had learnt from this error as there had been no spot checks to confirm their practice had improved. Another error was identified in August 2017 when a person received their medicines twice, the service had taken the appropriate action and sought medical advice but the outcome recorded was that staff needed to 'be more thorough'. There were ongoing medicine concerns found at this inspection which indicated that the action taken was not effective and medicine management had not improved.

The registered managers supported some people with their personal care and had some regular calls to people. They said this enabled them to observe some of the care staff and to talk to people about their support. This was not recorded. Some spot checks had been carried out by the registered managers to check on staff practice. Spot checks had been completed for less than half of the staff and no spot checks had not been carried out since 27 April 2017.

People and staff were encouraged to feedback about the service. The last quality assurance survey was sent out to people in October 2016. Overall the feedback was positive, and all of the questions were responded to with a good or very good rating. When one person had identified a missed call, the system was reviewed and staff now text when they had completed each call. Comments from the survey included, "Thank you all for the excellent service". "Fantastic team of support workers, I am very happy with the service".

The staff survey was also very positive and noted that they received the support they needed to do their jobs well. One member of staff commented, "I love my job and the people I work with".

Although staff and people had completed the surveys, other stakeholders such as health care professionals had not been included. This did not give them an opportunity to voice their opinions about the service being provided.

Records were not all accurate or in some cases not completed. There were no risk assessments in place for people who had their medicines left out and medicine administration records had gaps on the records where staff should sign to confirm medicines had been given safely and medicine stock count sheets were not accurate.

Not all policies and procedures were up to date in line with current guidance and legalisation to guide staff about how to carry out their duties.

The provider had failed to ensure that the systems in place to quality assure the service were effective. Records were not always accurate or completed. This is a breach of Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff understood their roles and responsibilities. They all had a staff handbook which had recently been reviewed. The handbook did not contain information on safeguarding, medicines and other policies and procedures. This was an area for improvement.

People, staff told us that communication with the office staff and care staff was good. They told us that staff were kept aware of any changes to the service and this worked well.

The registered managers told us that they strived to improve their practice and had attended dementia forums and one registered manager had completed an on line course about how to be an effective manager.

Staff understood the visions and values of the service they told us they treated people how they would like to be treated themselves. They commented, "We give people the care they need, make sure they have their medicines, and treat them with dignity and respect". "We treat people like a member of our family just like mum or dad". "We always try our best to support people to remain living at home with our support".

Staff talked about the regular staff meetings and the supervision they received. They felt valued and were given the opportunity to voice their opinions and discuss the service. Minutes of the meetings were available for those staff who were unable to attend.

At the time of the inspection the registered managers did not have a full understanding of their responsibilities in recording and notifying incidents to the Kent local authority and the CQC. After discussion with the inspectors they completed the necessary notifications and addressed the issues. All services that provide health and social care to people are required to inform CQC of events that happen in the service so CQC can check appropriate action was taken to prevent people from harm.

The provider had not notified CQC of other incidents such as any abuse or allegation which is a required statutory notification. This is a breach of Regulation 18, of the Health and Social Care Act 2008 (Registration) Regulations 2009

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had not notified CQC of other incidents such as any abuse or allegation which is a required statutory notification.
Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Care plans were not always person centred and did not contain details of people's individual medical conditions
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to do all that was reasonably possible to mitigate risks to people's health and safety. The provider had failed to have proper and safe management of medicines.
Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had failed to ensure that people were protected from abuse and improper treatment.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure that people were protected from abuse and improper treatment.</p>