

Dover Age Concern Limited

Age UK Dover Community Support

Inspection report

Age Concern Dover Town & Rural Riverside Centre
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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 visit took place at the service's office on 12 and 13 January 2016.

Age UK Dover Community Support are registered to provide personal care to people living in their own homes in the community. The support hours varied from one to three calls a day. The service office is based in the local Age UK day centre in Dover. They offer care in the Dover, Deal, Sandwich and surrounding areas, and support a wide range of people, including, older people and people living with dementia. At the time of this inspection there were 65 people receiving support with their personal care.

The registered manager was new and had only been in post since August 2015. 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 and associated Regulations about how the service is run. The registered manager had overall responsibility for this service, as well as being the Chief Officer for the Age UK local branch. The care co-ordinators in the office and care assessor were also new in post. The registered manager told us that they were aware that improvements needed to be made in the service and were in the process of implementing action plans in some areas to address the issues.

The majority of risks associated with people's care had been identified, but there was lack of risk assessments regarding bathing and showering. The guidance in the risk assessments for staff to follow was not always clear to ensure that people were being supported as safely as possible. Some people could display negative behaviours due to their anxieties but there were no risk assessments in place to guide staff to the strategies to adopt to positively support people when this occurred.

Care plans were being reviewed and were up to date, however they did not have all of the personalised information staff needed to make sure people received the care they needed. The plans did not always include comprehensive details of people's preferred routines, their wishes and preferences, skills and abilities.

People told us they received their medicines when they should. However, care plans did not clearly show how medicines were being managed safely and there were shortfalls in some medicine records to confirm people had received their medicines. Not all staff had received medicine training.

People were supported to maintain good health. People told us staff were observant in spotting any concerns with their health. We observed staff checking that people's medicines had been delivered and they also contacted doctors or community nurses when needed.

People told us that they chose what they wanted to eat and were supported by staff to prepare their meals. Some people were living with diabetes but this information was not linked to their dietary needs recorded in their nutritional care plan.

There was enough staff employed to give people the care and support that they needed. The registered manager told us that there was an ongoing recruitment drive to maintain staffing levels and improve the continuity of the service. A system of recruitment checks were in place to ensure that the staff employed to support people had the skills and experience to carry out their role. Further details of how decisions were made to employ staff who may need to be monitored were not in place to ensure they did not pose a risk to people when carrying out their calls.

The programme in place for staff to receive regular one to one meetings with a senior member of staff and the arrangements for 'spot checks' to be carried out on their skills and competencies, had lapsed. Staff appraisals had also not taken place to ensure that the training and development needs of all staff were being discussed and updated. This had been recognised and an action plan was in place to bring this up to date to make sure staff were caring and supporting people safely.

Not all staff training was up to date and there was a lack of accurate information to show that staff had received appropriate training in line with their role. There was no system in place to alert managers when staff needed training or further updates. New staff had induction training, which included shadowing experienced staff, until they were competent to work on their own.

Although not all staff had received their updates in safeguarding training, staff spoken with told us how to keep people safe and demonstrated a good understanding of what constituted abuse and how to report any concerns.

Some staff needed to receive updated mental capacity training to ensure that they had understood the current guidance to support people to make decisions, and consent to care and support. The Mental Capacity Act provides the legal framework to assess people's capacity to make certain decisions, at a certain time.

Deprivation of Liberty Safeguards (DoLs) provides a process by which a person can be deprived of their liberty, in a care home or hospital, when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. However in domiciliary care these safeguards are only available through the Court of Protection. At the time of the inspection no one was subject to an order of the Court of Protection. People were supported to make their own decisions and they told us their consent was gained at each visit. People had also signed and agreed with the care to be provided as part of their care plan.

Some people had equipment in place to aid their mobility, such as bathing aids. Staff were aware that the equipment needed to be serviced to remain safe, but there was no system within the office to show that the equipment was being serviced according to the manufactures guidelines.

Although staff told us there had been no accidents and incidents in the last year we noted that an accident had occurred, which had not been followed through. There was a system in place to record accidents, however this system did not include a process to summarise any events to look for patterns and trends to reduce the risk of any further occurrences. There was a business continuity plan in the case of an emergency, such as fire, flood or the breakdown of the technical systems. There were on-call arrangements in place, which people and staff could access if they needed support outside of office hours.

People told us their regular carers were very kind and caring. They told us they knew their daily routines and were always polite and respectful. People we visited were relaxed with the staff and chatted to them about their care. They told us that the staff upheld their privacy and treated them with dignity at all times.

People told us that staff arrived on time, stayed for the duration of the call, and always stayed longer if they needed more time. Some people told us that they had different staff completing their calls quite often and although this did not cause them any concern they said they would prefer a better consistency of staff.

There was a system to address any complaints made, which included a complaints log, timescales to respond and details of what action had been taken to address any issues raised. People told us they knew how to complain and they had information on how to complain in their care folders in their homes. There had been no complaints during the last year.

The registered person was open and transparent and recognised that there were shortfalls in the service. They had a consultant to advise them on how to meet and sustain the required regulations.

Staff understood the visions and values of the service and they also understood the ethos of the service by treating people as individual's, with compassion, and with dignity and respect.

There were systems in place to monitor the safety and quality of the service, and actions plans had been developed and implemented to improve the service.

We found a number of breaches in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version 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.

Most risks associated with people's care and support had been assessed, but there was a lack of assessments in some areas such as bathing, showering and supporting people with their behaviour.

There were sufficient numbers of staff to fully cover people's care and support needs. Recruitment procedures ensured new members of staff received appropriate checks before they started work but ongoing monitoring of staff was not in place to ensure that staff continued to be suitable to work in the service.

Staff knew how to protect people from abuse, however some staff required updates to their training. They knew the correct procedures to follow if they thought someone was being abused.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Not all staff had received appropriate training, regular one to one meetings with their manager or an annual appraisal. New staff had received induction training but staff had not recently received observational 'spot checks' of their skills and competencies.

When people needed support from health care professionals they told us that the care staff acted promptly.

Staff understood that people should make their own decisions, however not all staff had a basic understanding of the mental capacity act and the process to support people to make decisions in their best interests.

People were supported to have a suitable range of food and drink.

Requires Improvement ●

Is the service caring?

Good ●

The service was caring.

People said the staff were kind and caring. They said that staff were polite and respected their privacy and dignity.

People were relaxed in the company of staff and chatted to them about their daily routines.

Staff supported people to maintain and develop their independence.

Is the service responsive?

The service was not always responsive.

People's care plans were not personalised to reflect their wishes and preferences. Their personal histories were not included in their care plans so that staff knew what was important to them.

People had opportunities to provide feedback about the service they received.

People and their relatives said they would be able to raise any concerns or complaints with the staff, who would listen and take any action if required.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

There was a lack of checks being made in the service to monitor the quality of service being provided and to identify the shortfalls identified at this inspection.

Some shortfalls in the service had been acknowledged by the registered manager who was working with the new team to implement the necessary changes to improve the service.

People completed feedback surveys, but other stakeholders such as staff and health care professionals had not been involved to voice their opinions on the service.

The staff were aware of the services ethos for caring for people as individuals and putting people first.

Requires Improvement ●

Age UK Dover Community Support

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 was 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 12 and 13 January 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure we are able to speak with people who use the service and the staff who support them. On the 12 January 2016 we went to the office and looked at care plans, staff files, audits and other records. We also spoke with people using the service at home in the Care UK day centre. On the 13 January 2016 we visited and talked with people in their own homes. The inspection was carried out by two inspectors.

On this occasion the provider had not received a Provider Information Return (PIR). 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 gathered and reviewed information about the service before the inspection, including notifications. A notification is information about important events, which the provider is required to tell us about by law.

During the inspection we visited and spoke with two people and one relative in their own homes. We spoke with the registered manager, the consultant, two office staff and an assessor, who organised the work for the staff, plus two other members of staff. After the inspection we spoke with ten people by telephone. We also contacted three members of staff by telephone to gain their views and feedback on the service.

We reviewed people's records and a variety of documents. These included eleven people's care plans and risk assessments, four staff recruitment files, the staff induction records, training and supervision schedules, staff rotas, medicines records and quality assurance surveys.

The previous inspection of this service was carried out in September 2013. At this inspection no concerns were identified.

Is the service safe?

Our findings

People said that they felt safe when they were receiving their care and support. They said they trusted the staff and were receiving the care and support they needed. People said: "I feel safe and secure in my home".

A relative commented: "Yes, I think my relative feels safe, they trust the staff and are very comfortable with them".

Risks to people were identified but full guidance on how to safely manage the risks was not always available. There was a lack of details in the risk assessments in care plans relating to moving and transferring people safely, bathing or showering people and how to reduce the risks of pressure sores developing. The assessments did not reflect each person's specific risks, including risks associated with daily living. One person's plan stated that they had reduced mobility on one side of their body due to their medical condition but there was no other details how this affected their care and support. Some people had behaviour that may challenge. Their behaviour had not been recorded in the care plans and there were no risk assessments in place to guide staff to reduce people's anxiety and positively support them to reduce the risk of future occurrence.

People had equipment in place to aid their mobility, such as bath aids. Staff told us that the equipment was safe to use as it had been regularly serviced. However, there was no system within the office to ensure that equipment was serviced regularly, according to manufactures guidelines.

Staff told us that there had been no accidents or incidents recorded however in one person's care plan it stated that they had fallen. Staff told us that this had not been recorded as it had happened before staff completed their call and the relatives had dealt with the situation. Therefore, no accident form had been completed and this event was only mentioned on the day of the accident in the person's notes. There were no other records to show that the person's health had been monitored to ensure they were receiving the care they needed.

The provider did not have sufficient guidance in place for staff to follow to show how risks were managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People told us that they received their medicines when they needed them. Records showed that staff were giving or promoting medicines, but clear information was not always recorded to show if the person had in fact received their medicines. For example, in one case, a person's relative was filling a dosset box, (A dosset box is a pill container organising tablets to be stored in separate compartments for days of the week or times of the day) with their medicines and it had been agreed that on some days the family would administer the tablets whilst on other the days the care staff would be responsible. There were no clear guidance or risk assessment on the care plan to show that this was being done as safely as possible. The medicine record had only been signed for by the care staff on the days they were responsible with no other entries had been made to confirm the family had given the person their medicines. It was not clear if staff

were giving the person their medicine from the dosset box, which had been filled by the family, which is not in line with their policy or current guidance. The medication procedures of the service stated that a risk assessment should be in place to show if any other persons were involved in the daily medicines but this procedure had not been followed as there was no assessment in place.

Some people were prescribed creams to protect their skin. Staff applied these creams to people's skin. The administration of prescribed creams was not always recorded in the medicine record sheets. Not all staff had received medicine training to ensure they had the skills and competences to give people their medicines safely.

One care plan stated that prescribed cream, together with other creams should be applied daily and that staff should record such detail in the comment sheet stating what cream was used. This was not in line with the medication procedures of the service.

There was a risk of people not receiving their medicines as prescribed.. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was enough staff employed to give people the care and support that they needed. There was an ongoing recruitment drive to maintain staffing levels and improve the continuity of the service. A system of recruitment checks were in place to ensure that the staff employed to support people had the skills and experience to carry out their role. Further details of how decisions were made to employ staff who may need to be monitored were not in place to ensure they did not pose a risk to people when carrying out their calls.

Not all staff had received up to date training in protecting people from abuse. Staff demonstrated they understood how to recognise the signs of abuse and knew what procedures to follow to report any concerns, both internally and outside of the organisation. People were protected from financial abuse. There were procedures in place to support people with their shopping, and each time staff completed shopping the receipts were kept and receipt books confirmed what transactions had taken place. Staff were aware of the whistle blowing policy and were confident they could raise any concerns with the registered manager, or outside agencies if necessary.

There was a business continuity plan in the case of an emergency such as fire, flood or the breakdown of the technical systems. There were on-call arrangements in place, which people and staff could access if they needed support outside of office hours.

Is the service effective?

Our findings

People were satisfied with the care and support they received. People and staff told us that 'spot checks' of staff had taken place to make sure staff had the skills and competencies to fulfil their role, but these had not happened for a while. People told us that they felt the staff knew how to care for them well and they had a caring nature.

The registered manager told us that the training programme had lapsed. On the day of the inspection there was a lack of accurate information to show that staff had received appropriate training in line with their role. After the inspection the service sent us a training matrix which confirmed that there were shortfalls in the training programme, such as 7 staff required moving and handling training, 8 staff required Health and Safety training, 6 staff fire awareness, 6 staff infection control, 6 staff food hygiene, 4 first aid, 8 safeguarding, 11 medication and 9 mental capacity. The service was providing support and care to people living with the effects of strokes, diabetes and dementia. However, staff had only received specialist training in dementia and no other specialist training had been provided to meet people's individual needs. The action plan received after the inspection showed that training courses had been booked to address these shortfalls to ensure that all staff received the appropriate basic training or updates by June 2016. There was no further information with regard to specialist training being provided.

The programme in place for staff to receive regular one to one meetings with a senior member of staff and 'spot checks' to be carried out on their skills and competencies, was not up to date. Staff appraisals had also not taken place to ensure that staff's training and development needs were being discussed and updated. This had also been recognised and an action plan was in place to bring this up to date to make sure staff were caring and supporting people safely. Staff told us that they felt supported by the office staff and that they had recently been asked to attend an appraisal meeting.

People were not receiving care from staff that had the training and regular supervision or appraisal to discuss and improve their practice in order to develop their skills and improve their practice. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

New staff received induction training, which provided them with essential information about their duties and job roles. The induction training also included new staff shadowing experienced staff, until they were competent to work on their own. The registered manager told us that the induction was in the process of being linked to the care certificate, which has been introduced nationally, to help new care staff develop key skills, knowledge, values and behaviours, which should enable them to provide effective care.

Eleven of the fifteen staff had obtained work based vocational qualification diplomas in Health and Social Care and two members of staff were in the process of completing the award. Diplomas are work based awards that are achieved through assessment and training. To achieve a Diploma, candidates must prove that they have the ability to carry out their job to the required standard.

The Mental Capacity Act 2005 (MCA) requires that as far as possible people make their own decisions and are

helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In domiciliary care, these safeguards are only available through the court of protection. At the time of the inspection no one was subject to an order of the court.

Staff told us how they supported people to make their own decisions but there were no mental capacity assessments on file to ensure that people had the support they needed. One care plan clearly stated that the person was living with dementia, and was quite forgetful, but no mental capacity assessment had been completed.

Staff explained how they asked people and gained their consent to their care at each visit. People had also signed and agreed with their care to be provided as part of their care plan. Not all staff spoken with demonstrated that they had a basic understanding of the Mental Capacity Act and had not received updated training to ensure they were aware of the current guidance to support people to make decisions in line with their best interests.

People told us that the staff supported them well with their health care needs. They said that staff were observant and if they did not feel well staff supported them to ring the doctor or request the district nurse. Staff told us that when they contacted the office when people needed further support, this was done promptly. They told us that the office staff acted quickly to make sure people accessed health care professionals such as the doctors or community nurses.

People said that staff arrived on time and stayed the duration of the call. People told us they received a service from a regular team of staff and were happy with the numbers of different staff, who provided their care and support. Relatives told us that the continuity could sometimes be improved, they said: "Staff always do their best, some are better than others". "The continuity of staff has improved since the new office staff took over". "The service has settled down a lot now although there are still some occasions when different staff arrive". "Usually the consistency of staff works well but there are times when staff are late or sick and their replacements are not as good as the regular staff". The registered manager told us that they had recognised that further improvements could be made with the continuity of staff and the new recruitment drive would help to improve and maintain the continuity of the service.

Records confirmed that staff schedules were planned so people received continuity of support from a team of regular staff. The co-ordinator told us that they tried to match staff members to cover the visits, for example making sure staff had been trained in dementia if they were visiting a person living with this condition. Visits were planned geographically to reduce the travelling time between calls. One person told us that they had requested that one member of staff did not complete their call, and this request had been respected.

Within the service most people required minimal support with their meals and drinks. People told us that staff prepared what they choose, asked what they would like to eat, and always offered them a choice. However, some people had been identified as living with diabetes and this detail was not recorded in their nutritional needs in the care plan to make sure they were being supported to eat healthily. Details of what people liked and disliked were also not recorded in the care plans, to make sure people who were less able received the food of their choice. People said staff encouraged them to drink regularly and would leave a stock of drinks ready for later. One person's plan did have clear guidelines for staff to follow to encourage them to eat, including leaving snacks and drinks out for them to take later.

Is the service caring?

Our findings

People told us the staff were caring, kind, polite and respectful. They said they felt listened to and staff took time to speak with them to make sure they received the care they needed. At a recent quality survey, 97% of the people surveyed said they thought the staff were caring.

People said: "The staff are lovely girls". "The staff are kind and helpful". "The staff do a marvellous job". "I can't fault the staff, they do anything I ask them to". "The staff always have time for me, I am never rushed". "The staff are caring, they always make sure I have a cup of tea before they leave". "I have nothing but praise about the staff".

Staff told us of the importance of treating each person as an individual and being flexible to help people in a way that they wanted. They told us that sometimes they went over their time to support people if they just needed a chat before they left the call. They said: "We go out of our way to meet people's needs". "I love working here, the office do a fantastic job to make sure people get the care they need".

People's preferred name was recorded in their care plan. People told us that they were given choices and told us that the staff responded to their wishes. They told us how staff would be flexible to support them to go to appointments and change the time of their calls to suit their arrangements.

During the inspection we observed that people who felt lonely or isolated were encouraged to come into the day centre at Age UK to meet other people and have a meal. We saw that the member of staff had accompanied the person to give them support to and confidence to visit the centre.

One relative told us that their relative received personalised care that was individual to them. They said staff knew them well and did the little things, like adding extra clothing when it was cold to make sure they were as comfortable as possible. Another relative said that the staff had a good rapport with their relative.

One person said that they felt the staff team understood their specific needs relating to their age and medical conditions. The regular staff were familiar with people's routines and what was important to them. One member of staff told us how one person liked to go for walks, and enjoyed knitting and watching television. People told us that the staff encouraged them to be independent by asking them to carry out tasks that they were able to do themselves.

During the inspection staff spoke with people in a respectful and caring way. People told us that their privacy and dignity was always respected. They said: "The staff respect my privacy and dignity absolutely, they are also very polite". "They treat me with privacy and dignity all of the time". A member of staff said: "We are there to support people to make their life easier and treat them with dignity and respect".

Staff described how they closed doors, pulled the curtains and covered people when providing personal care. Staff had received training in treating people with dignity and respect as part of their induction and their practice. The service was part of the 'dignity champion' national scheme. Dignity champions ensure

that everyone is treated with dignity as a basic human right, not an optional extra.

People told us they talked about their care with the staff and were involved in decisions about their care. They said that the staff asked them if there was anything else they needed before they left.

People told us the staff who visited them were polite and respectful. They said that they received the care and support they needed and in the way they preferred. People said staff knew them well and were able to support them with their daily routines.

Advocacy services and were available to people if they wanted them to be involved. An advocate is someone who supports a person to make sure their views are heard and their rights upheld. No one at the service was being supported by an advocate at the time of the inspection.

Is the service responsive?

Our findings

People told us that staff were responsive to their needs and would help them with anything they needed. People told us about their care plans and how they had been involved in the development of their plans.

When people first started using the service, an assessment of their needs was carried out, which formed the basis of the care plan. People visited told us that they had been involved in planning their care and that the assessment was thorough and covered everything they needed. However, one assessment showed that the person had previously suffered epileptic seizures, and although this had not occurred for several years this information was not followed through to the care plan, to ensure that staff were aware and had the guidance to manage this situation, should this happen in the future.

Care plans did not include details about people's life histories to enable staff to care for them in a personalised way. People's individual choices and preferences, such as their individual routines when being supported with their personal care or food likes and dislikes, were not recorded in the plans to give staff the guidance to provide care in way that suited them best.

Although staff told us how they monitored people's skin to make sure it remained healthy there were no clear guidelines in people's care plans to ensure this was being done consistently. One plan stated 'staff to be vigilant' about a person's skin condition and to inform the office if there were any concerns, so that the doctor would be contacted, but there were no details of what staff should be doing to prevent the risk of pressure areas occurring.

Staff were supporting people with their diabetes, and although they had been given generic information about the condition, there was no information in the care plans to alert them to the signs and symptoms of when people's blood sugar levels may rise or fall, or when they may require medical attention.

Staff felt confident that they were providing the care that people needed and said the care plans needed to be improved to reflect the detail of the care being provided. Some staff felt that further information should be included in the care plans so that all staff could provide consistent care to people, especially for those people living with dementia. They said that there were not always suitable guidelines for staff to follow to ensure that people were being supported consistently and positively with their behaviour.

The registered person told us that a new format of care planning was to be introduced but this had not commenced at the time of the inspection and there were no timescales when this task would be completed.

People were at risk of receiving inappropriate care as the registered person had failed to ensure that person centred care plans were in place. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People said senior staff from the office visited them to review their care plan. Care plans had been updated

and staff told us that if a person was not well, or their mobility had changed, the assessor visits them and people were reassessed on their return from hospital. One person told the care staff that they wanted further support with their medicines. Records showed that the assessor promptly visited the person, reviewed the administration of their medicines and implemented clear guidelines for staff to follow.

People and relatives told us that communication with the office was good. One relative said: "Communication with the office is excellent, it could not be any better". There was only one comment from a member of staff who felt that communication from the office to staff and people could be improved. This was because there were sometimes issues with cancelled calls, for example when one person cancelled one day at the weekend both Saturday and Sunday calls were cancelled, which had resulted in a missed call. People told us that when they telephoned the office to say the care staff had not arrived this was addressed promptly and usually another staff member came later.

People and staff told us that the on call arrangements were responsive. They said they had called the out of hour's telephone number and had received the support and guidance they needed.

The service had policies and procedures in place to explain how they would respond and act on any complaints that they received. When people started to use the service they were given a copy of the complaints procedure that explained to them what they had to do. There had been no formal complaints this year but there was a system in place to address any concerns that might be raised.

People said: I have never had cause to complain I am completely satisfied with the service". "They do listen to what we say, my relative phoned the office to say that my call was too early so they changed the time and it is much better now".

Is the service well-led?

Our findings

People told us that the organisation was well led. They said that they were satisfied with the care being provided and would recommend the service.

People were very positive and complimentary about the staff who visited them in their homes but felt the organisation lacked clear leadership. One person said, "The office staff are always a pleasure to deal with". "I can't recommend them highly enough".

Relatives were also satisfied with the service. They said: "We are really impressed with the service and the communication". "I would definitely recommend the service, they are a wonderful organisation". "There is a good ethos in the organisation, they treat people with respect".

Staff told us that they were happy working for the service; they said it was a good organisation to work for. One staff member said: "They always put people first". "A very caring organisation, we are recognised nationwide that we do things correctly".

Our observations and discussions with people, relatives and staff showed that there was an open and positive culture in the service. Staff told us that they felt supported by the registered manager and were confident to raise any issues and they would be listened to and acted upon. The registered manager told us the team were new and were working towards the action plans in place to improve the service.

There were no formal systems in place to audit the quality of service being provided. Some checks were being carried out by the office staff, such as the checking of time sheets, medicine records and daily notes, however there were no reports to show what, if any, shortfalls had been identified and actioned. The lack of audits demonstrated that the service was not being monitored effectively by the registered manager to have an oversight of the quality of care being provided in all aspects of the service.

Some shortfalls had been recognised by the registered manager before the inspection and action plans had been implemented to update the supervision and appraisal programme but other shortfalls, such as the lack of training had not been actioned it was identified during the inspection.

Staff were not receiving regular team meetings, spot checks, one to one supervision meetings. This did not give them the opportunity to raise any concerns or discuss people's changing needs and any risks or concerns. Appraisals had lapsed and were not up to date. There was no system in place to alert managers when staff needed training or further updates.

People were encouraged to voice their opinions through surveys and meetings. The last quality assurance survey was sent to people in September, 2015. The outcome had been analysed and the results were positive. When people made negative comments, such as one person said they did not have a care plan, action had been taken to visit the person to ensure that this was in place.

Although feedback had been received from people, the provider had not actively encouraged feedback about the quality of care from a wider range of stakeholders, such as visiting professionals and other professional bodies to ensure continuous improvement of the service.. The results of the survey had been shared with the people.

The systems and procedures in place in order to assess, monitor and drive improvement in the quality and safety of people were not effective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us that they kept up to date with people's care needs by reading the care plans and speaking with office staff. They said they signed for policies and procedures to confirm they had read and understood them, and memos were sent to them regularly, should they need updates about the service.

The service worked closely with Age UK including the day care services. There was a mission statement which promoted the wellbeing of all older people and the aim to help make later life a fulfilling and enjoyable experience. Staff knew about the visions and values of the organisation and told us how they put people first, treated them as equals and respected their dignity.

Although records were stored securely to ensure people's confidentiality, they were not always completed accurately. There were gaps in medicine record sheets because staff had not signed to confirm that medicine had been given. Some assessments had not been signed or dated to show that people had agreed with their care. Records, such as risk assessments did not have detailed information to guide staff how to keep people as safe as possible and care plans lacked detail of people's individual preferences and choices. Training records were not up to date at the time of the inspection.

One person had an accident in their home and this was only recorded on the daily notes. There was no other information in the records to confirm what action had been taken to make sure this person's health had been monitored.

The registered person did not make sure that people were protected against the risks of unsafe or inappropriate care arising from a lack of proper accurate records. This was a breach 17of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was an action plan in place to arrange for two meetings to form a focus group and encourage people to attend a social event. There were plans to request guest speakers at these events so that people would be able to keep up with current news, to discuss the quality of the care being provided, and voice their opinions on how to improve the service.

The service had links with the local partnership of Dover, Deal and Thanet, and the senior citizens forum and care of older people. They are able to work with the volunteer sector and can offer guidance and support, as well as a number of activities working in partnership with the Age UK. Riverside Centre.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>People were at risk of receiving inappropriate or unsafe care as the registered person had failed to ensure that appropriate arrangements were in place to monitor people's health care needs.</p> <p>Regulation 9(1)(3)(a)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not have sufficient guidance in place for staff to follow to show how risks were managed.</p> <p>There was a risk of people not receiving their medicines as prescribed. The registered person had failed to ensure that people were receiving their medicines safely</p> <p>Regulation 12 (2)(a)(b)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The systems and procedures in place in order to assess, monitor and drive improvement in the quality and safety of people were not effective</p> <p>The registered provider must ensure that</p>

people are protected against the risk of unsafe and inappropriate care arising from the lack of proper information.

Regulation 17(2)(d)

Regulated activity	Regulation
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Personal care	
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Regulated activity	Regulation
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Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
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The provider had failed to ensure that people were receiving care from staff that had the training, regular supervision and appraisal to discuss and improve their practice in order to develop their skills and improve their practice.

Regulation 18(2)(a)