

Compassion Home Care Limited

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Inspection report

Downe House
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 10 October 2017 and was announced. The last inspection of the service took place 06 June 2016 and they were rated requires improvement as we found areas which needed improvements because the service had not ensured risk assessment and management plans reflected people needs and training for staff were not updated. At this inspection we found the provider had made the required improvements. We have rated the service Good.

Compassion Home Care Limited is a domiciliary care service that provides care to people in their own home. At the time of the inspection the service was providing personal care to 45 people in their homes. People receiving care included older people.

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

Staff were trained to keep people safe and report any concern of abuse. The likelihood of people experiencing avoidable harm was reduced because the registered manager assessed people's risks and developed plans to alleviate them.

Staff reported incidents and accidents. The registered manager reviewed them and took actions to address them and reduce reoccurrence.

There were sufficient numbers of experienced staff to support people. Staff recruited were vetted to ensure they were suitable to deliver care and support to people. Staff provided people with the support they required to take their medicines safely.

People received care and support from trained, skilled and knowledgeable staff. People received the support they required to eat and drink. Staff supported people to maintain their health and access healthcare professionals as their needs required. People and their relatives were involved in making decisions about their care. Staff and the registered manager understood their roles and responsibilities under the Mental Capacity Act (MCA) 2005.

People received care from staff who were compassionate and caring. Staff supported people to make day to day decisions about their care. People were involved in planning and delivering their care. People were encouraged to maintain their independence. People's privacy was respected and their dignity was promoted. Staff knew people well and had developed positive relationship with them. The service delivered end of life care to meet people's wishes.

People had their needs assessed and reassessments were also carried out when people's needs changed

and care plans were updated to reflect people's current needs. People's care was delivered in a flexible manner in line with their preferences and requirements. People knew how to complain if they wished. The service sought the views of people about the care they received and acted on them.

The service had a registered manager who is a qualified nurse. People, relatives and staff told us the organisation was well managed. There was an open management style at the service. The provider undertook checks and audits to monitor service delivery and drive up improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. Staff were trained in safeguarding procedures and knew how to identify signs of abuse and the procedure for reporting their concerns.

People's risks were assessed and plans were in place to alleviate them.

People were supported by staff who had been recruited through a robust process. There were enough staff available to meet people's needs. People told us staff had enough time to support them.

Staff were trained in medicines administration and supported people to receive their medicines safely.

Is the service effective?

Good ●

The service was effective. Staff received training and support they required to meet people's needs effectively.

People and their relatives were involved in making decisions about their care. Staff and the registered manager understood their roles and responsibilities under the Mental Capacity Act (MCA) 2005.

People were supported to meet their nutritional needs.

Staff made timely referrals to healthcare professionals.

Is the service caring?

Good ●

The service was caring. People told us that staff were caring and kind towards. Staff knew people and understood their needs. Staff had developed positive relationship with people.

People's independence was promoted.

Staff treated people with dignity and respect. People received the end of life care they wished.

Is the service responsive?

Good ●

The service was responsive. People's needs were assessed and their care was planned and delivered to meet their individual needs and requirements. The service was flexible in the manner they delivered care to ensure it remained person-centred.

People were supported to do the things they enjoyed and participate in activities.

People's complaints were addressed appropriately and in a timely manner.

Is the service well-led?

The service was well-led. There was a registered manager in post who was supported by the director. Staff told us they were both open and approachable. Staff felt supported by the registered manager and the leadership team.

There were robust quality assurance processes in place to monitor and improve the service. The provider actively sought the views of people about their experience of the care provided and used feedback received to improve the service.

Good ●

Compassion Home Care Limited

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 announced inspection took place on 10 October 2017. The provider was given 48 hours' advance notice because the location provides a domiciliary care service and we needed to ensure the registered manager and director would be available. It was undertaken by one inspector and an expert-by-experience (ExE) who made calls to people using the service to gather their feedback about the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the information we held about Compassion Home Care Limited including notifications we had received. Notifications are information about important events the provider is required to tell us about by law. We also reviewed the Provider Information Return (PIR) we received from the provider. PIR 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 used this information in the planning of the inspection.

During the inspection we spoke with the registered manager and the director. We also spoke with four care staff, the moving and handling assessor and one care coordinator. We reviewed eight people's care records, risk assessments and medicines administration records. We looked at 10 staff files which included recruitment checks, training records and supervision notes; and other records relating to the management and running of the service such as the provider's quality assurance systems, complaints and compliments. The ExE spoke with 15 people and relatives about the care they received from Compassion Home Care.

Following the inspection we contacted seven health and social care professionals to gather their views about the service provided to people and we received feedback from two.

Is the service safe?

Our findings

At our last inspection of 06 June 2016, we found that risk assessments and management plans did not reflect people needs and provided staff guidance to support people safely. At this inspection we found the provider had made improvements. The registered manager carried out risk assessments as part of their initial needs assessments completed for people prior to receiving a service. This covered areas such as pressure sore, moving and handling, nutrition and home environment. Where assessments identified risks plans were developed to manage them. Where necessary, a professional in the area was involved in developing the risk management plans to give staff adequate guidance to be able to support people safely. We saw that moving and handling plan in place for people at risk of falls and with reduced mobility had been developed with the input of the manual handling risk assessor.

Risks management plans provided staff with instructions to follow to reduce harm to people. For example, there was guidance in place to support people who may be at risk of pressure sores. There were instructions for staff to ensure people sat on their pressure relieving cushions and applied prescribed cream prescribed and they were regularly repositioned. Moving and handling plans were in place that included number of staff required to safely undertake a task, equipment's required and how to use them. Staff we spoke with understood the risk management plans for people and they told us plans guided them on how to support people safely and minimise risks to them. This meant people's risks of falling were identified and mitigated.

People told us they felt safe. One person said, "Yes absolutely why wouldn't I." Another person told us, "I would be surprised if anyone would work as a carer and be abusive. I am safe and fine." The service improved the safety of people by ensuring staff who delivered care and support to them were trained to identify and respond to alleged abuse. All staff had completed safeguarding training and understood the provider's safeguarding procedures. They were clear about the various types of abuse, signs to recognise them and actions they would take. A member of staff told us, "If I suspect abuse I would report immediately to [registered manager name] I would rather raise an alarm than not. In this job, you have to be observant to identify when something is going wrong." Another member of staff said, "I will report any concerns to my manager immediately. I trust they would definitely do something about it. I will not approach the person or say something to anyone in case I put the person at more risk or make the wrong judgement or jeopardise the evidence." Staff also knew how to whistle-blow if they needed to protect people. One staff member said, "If I think my manager has not done anything about my concern, I will go to the Healthcare Commission or social services." Another staff member said, "If nothing gets done about a case of abuse I will take it to someone higher. Wherever I need to go I will do it to protect people."

The registered manager knew their responsibilities to protect people and aware of their duty to respond to alleged abuse. This includes undertaking an investigation; alert the local safeguarding authority and notifying the Care Quality Commission (CQC). Record showed that they had followed their procedure in addressing safeguarding concerns and had taken adequate steps to protect people.

The service handled people's money in a safe way. Where the service assisted people with shopping or

carrying financial activities, they maintained clear and up to date records. They kept details of transactions, including receipts and audit of accounts were conducted regularly by the director. Records we checked showed an open, transparent system and showed people's money was safe.

The service managed incidents and accidents to reduce a reoccurrence and to keep people safe. Records of incidents and accidents was kept and they were reviewed regularly. The registered manager updated care records and guidance to staff to prevent recurrence. Where people had frequent falls, they were referred to the falls clinic for support.

The provider deployed enough staff to meet people's needs. People told us staff were able support them as required. One person said, "Yes and they have enough time to do everything." Another person told us, "Always, they get everything done on time and correctly. They are very good." And a third person said, "Yes, absolutely and sometimes they will do a few extra things I ask them to." Staff also told us they had sufficient time allocated to them to care for people. One staff member said, "The time I get for my care calls are mainly enough. Sometimes people are slow or unwell... but if we let the office know they increase the time. It is never a problem." Another staff member said, "The time is adequate. Sometimes things run over or you may even use less time but the time is adequate definitely."

Staff told us they received their rota in advance showing care calls they would be undertaking, duration of calls and tasks to complete. People also knew who will be coming to support them. The service planned the rotas looking at people's needs and preferences, staff skills and staff availabilities. To manage the risk of late and missed care visits, the service considered geographical locations and matched staff to people within same area to reduce travelling time. The service had an electronic monitoring system used to manage care visits in order to spot a potential late call or missed visit. This system sends alerts to the registered manager who then organises an immediate cover. The registered manager and office based staff were hands-on so provided cover in emergency. People we spoke with did not raise concerns about staff timekeeping or attendance. One person said, "They [staff] Always get here on time. I can't think of a time when they have been late." Another told us, "Sometimes they [staff] may get delayed outside of their control. But it is not a problem."

Care records provided staff with details of people's preferences for how staff should gain entry into their homes. For example, one person's care records informed staff that the person would use an intercom system to let staff in to provide care. Whilst another person's care records advised that staff should use the key safe. Where people were able to open their doors to let in staff this was stated in their care records.

Staff knew how to respond to emergency situations. Staff told us if people did not respond as planned to their arrival at their homes, they contact the office from where the office staff would phone family members. If it was an urgent medical emergency, they would contact ambulance service.

People received support from staff who were recruited in a safe way. Prospective staff submitted applications and were interviewed as part of the process. The service explored gaps in applicants employment histories if any was identified. References, proof of identify, right to work in the UK and criminal records checks were also undertaken before staff recruited were allowed to start working with vulnerable adults. This meant staff were confirmed to be suitable to work in caring role.

People received their medicines as required. The registered manager assessed the support people needed to manage their medicines. Support provided included ordering repeat prescription, collecting medicines from the pharmacist, administering and returning unused medicines. People told us and record confirmed that staff provided people with the appropriate level of support to take their prescribed medicines. Staff had

completed training in medicine management and their competency assessed. Medicines administration records [MAR] sheets we checked showed people received their medicines as prescribed by their GPs. The registered manager and director regularly reviewed MAR sheets to ensure they were accurate.

Is the service effective?

Our findings

People received care and support from staff that had the skills and knowledge to do so. One person told us, "I don't know what training they have but they have experience and do the job well." Another person said, "I get looked after really well so I would imagine they get training to do so." And a third person told us, "They [staff] are wonderful and know what they are doing."

People were supported by staff who had been inducted in their roles. New staff received induction training which included classroom based training and on the job training. The training covered during these sessions included moving and handling, safeguarding and learning about the provider's procedures. Staff told us they found the induction helpful in understanding their roles and responsibilities. One staff member said, "When I started here I didn't have much experience and knowledge. The induction helped me understand the role. I absolutely find the training useful and interesting in developing my experience." Another staff member told us, "I completed the Care Certificate as part of my Induction. It was helpful."

Staff told us and records confirmed they received training to meet people's needs. Training completed included medicine management, safeguarding, health and safety, manual handling, infection control and first aid. Staff had also received training in specialist areas such as dementia care, stoma bag and catheter. Staff told us they were pleased with the opportunities offered to them by the provider to learn and improve their skills and experience.

All the staff we spoke with confirmed they were supported in their roles. One staff member said, "I feel well supported. We get regular observations, feedbacks, spot checks and one-to-one chats. We can pop into the office at any time to talk about issues both personal and work related and they [management] would listen." Another staff member told us, "I feel supported. I can ring anytime and can come into the office to discuss concerns I have. They listen and deal with the concerns. They keep me in loop with the actions taken too which is good." Record also confirmed what staff had told us. The registered manager ensured staff received regular spot checks, observations, one-to-one feedback and updates and performance reviews.

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. We checked whether the service was working within the principles of the MCA.

The registered manager and staff we spoke with understood the MCA principles and their responsibilities to promote it and ensure people consented to their care and support before they were delivered. One member of staff told us, "Never force my opinion or decision. Always let them make their decision. If I am concerned

about their capacity to make a decision I will inform my manager and they will arrange a meeting with social services and the person's relatives to discuss it." Another member of staff said, "I do what the people I look after want. I don't force them. If I feel they are making a wrong decision I let my manager know and they will arrange a meeting to deal with it the best way." Records showed people, their relatives and social workers discussed people's best interests in meetings about their mental capacity, risks and support needs.

People received the support they required to meet their assessed nutritional requirements. Care plans indicated what support people needed meet their nutritional needs and how staff should support them with this. Staff told us and notes from care visits showed staff supported people to shop, prepare meals in line with their requirements and preferences and maintain a healthy balanced diet. Records also showed where required, people were supported to meet their hydration needs. Food and fluid chart was maintained to monitor the person's intake.

People were supported to maintain their health. Staff told us and record confirmed that they supported people to make and attend appointments with healthcare professionals and recorded outcomes as required. Record showed a range of health professionals were involved in meeting people's health and social care needs. During our visit we heard the registered manager following up with a person's GP about their medicines.

Is the service caring?

Our findings

People were supported by caring staff. One person told us, "The carers that come to me are very caring and treat you well." Another person said, "They treat me very nicely."

Staff knew people well as the provider operated a system where each person had allocated staff member responsible for delivering their care and support. The provider also ensured care records detailed people's personal preferences, likes and dislikes and choices relating to how, when and who provides care to them.

People confirmed they received care visits from staff members they know. One person said, "Yes, mostly the same carer." Another person said, "It only changes when she is off sick or on holiday otherwise it's the same girl." A third person told us, "Yes, it's always the same carer." However, three people told us they often get different carers to do their care calls but said it was not a problem. One person said, "They often change but I don't mind. I don't have any problems with them." Another person said, "Usually get a different person that visits. They are all lovely." Staff told us about what people liked and they prefer to be supported. One staff member told us how they worked with a person who was particular about how they wanted things done for them. They said, "We follow instructions they give us and we inform them of everything we are doing. They like it this way because they want to call the shot at all times. This approach has helped build relationship." Staff gave us examples of what people they cared for liked and disliked and how they preferred to be cared for. For example, people's routines, how they liked their personal care done or how they preferred their cup of tea. This showed staff understood the needs and preferences of the people they cared for.

People and their relatives were involved in planning of their care and they contributed actively in how they wanted their care to be delivered. Care records showed people's involvement in their needs assessments and care plans which stated their preferences for how their needs should be met. We saw that people and their relatives were regularly consulted and updated about changes in care arrangement. One person told us, "Everything is discussed with me and I can pick what I want." Another person said, "Yes, I just tell them what I need and they do it for me." And a third person told us, "I have had meetings with them a few times to discuss the things I want. Then they try to do it for me." On the day of our inspection we overheard the registered manager discussing with a relative about change of carer and explaining the reason why. At another time we heard the registered manager negotiating time for care visit with another relative.

Staff were understanding, compassionate towards people and showed them empathy. Staff told us they provided people with emotional support when they felt uncomfortable and distressed or unhappy. They explained that they knew when people showed signs that they were unhappy. Staff told us they made sure they found out from people what the matter was and gave them the needed support before they leave. For example, they said people may be feeling lonely or wanting to speak to their loved one. Staff told us how they supported people to maintain contact with their family. One member of staff told us, "You need to be gentle with people so they can trust you to share their problems. Sometimes just listening to them help them feel better."

People were supported, to maintain their independence. Care records stated what people can and cannot do for themselves. For example, one person could dress themselves but required help to bath. Staff understood the importance of enabling people their independence as much as possible. One staff member told us, "I try to encourage them to maintain their independence by doing anything they can." Another staff member said, "For example, [person name] like to be involved and take the lead. I let them. It means a lot to them and they feel in control." People confirmed staff supported in a way that promoted their independence. One person said, "The care I get helps me to do things I would not normally be able to do." Another person told us, "Yes I can't walk much they help me regain some control over that."

The service enabled people to maintain their cultural and religious beliefs. Care records noted what mattered to people including relationship with family, faith and culture. One person's care record noted how seriously they took their religious system. We saw staff regularly supported them to attend church and practice their faith.

Staff maintained people's dignity and treated them with respect. One person told us, "They treat me as a normal person with much respect." Another person said, "The way they [carers] speak to me is always respectful." Staff told us how they maintained people's dignity and privacy. A member of staff told us, "Always ask for permission before anything. Cover them when doing personal care and do not expose them unnecessarily." Another staff member said, "Be gentle with them and be sensitive to how they are feeling." Dignity and respect formed part of staff induction.

The service enabled people receive the end of life care they wished. The service provided end of life care to people in line with their wishes. People who wished to be cared for by staff in their homes received this support. The service worked closely with the local palliative care team and people's GPs and relatives to care for people at the last stage of their lives. Care plans stated care and support required. We read comments from relatives about the support their loved received from the service. Comments included. "I can't express in words how sad we are at mum's passing but [staff] made her last few years much easier for her. She was extremely well looked after, always clean, neatly dressed with jewelleryes and well fed", "Once again we can't thank you and the your team enough for helping our father to stay in his own flat for the time left to him which is his dearest wish. You are an amazing team with lovely staff. Thank you all once again for your outstanding service", "Compassion Home Care helped me carry out my mother and father's final wish to end their last days in comfort in their own home and not in private or state care home. Thank you, Compassion."

A member of the palliative care team we contacted told us people's wishes were respected as regards to where they spent their last days. They also confirmed staff treated people with dignity and respect and that staff were experienced and knowledgeable when carrying out people's end of life care wishes. They added that staff followed the advanced care plan in place for people and liaised with the palliative care team and GP appropriately.

Is the service responsive?

Our findings

People's care was tailored in a way that met their individual needs and preferences. The registered manager conducted an initial consultation with people and their relatives either over the phone or face-to-face to discuss their care requirements, needs, and goals. Based on the information gathered a decision is reached if the provider could meet the person's needs. Care plan is then developed on how the assess needs and goals would be met. Care plans provided information about people's preferences, likes, dislikes, goals and what's information to them. It also contained their preferred visit times, tasks to be undertaken, how they prefer these completed and key people involved in delivering aspects of their care. We saw some people had live-in care staff who delivered aspects of care as agreed such as night time care. The number of daily visits, duration of visits and time of visits was dependant on people's needs and preferences.

Care was delivered to meet people's needs. People received support as required with their personal care, meal preparation, mobilising, transferring, medicine management; socialising, managing and maintaining health were detailed in their care plans. For example, one person received support needed to manage their stoma bag. The support included emptying the bag, maintaining good hygiene and liaising with the stoma care nurses. Another person received support to maintain their skin integrity. Support included ensuring skin was clean, dry, well moisturised and reporting any concerns needed was detailed in their care plan. Another person who suffered reoccurring urinary tract infection was supported to keep up with fluid intake and to have regular blood tests. Another person who had poor appetite and low body mass index was supported to maintain their nutritional needs. Staff supported them to prepare meals and encouraged them to eat and drink appropriately. Staff kept a record of food and fluid intake and liaised with dietitian and GP as required.

Daily care logs showed care was delivered in line with people's needs. Staff we spoke with understood people's care needs as detailed on their care plans. They also showed they understood the importance of following it. One staff member told us, "Care plans tell me about what people want, what they enjoy and how to care for them." Another staff member said, "Care plans provide enough information to help me care for the clients I look after. They give you an insight about the person's likes and dislikes which is helpful."

The registered manager regularly reviewed people's care needs to ensure they were met and remained relevant to their circumstances. When people's needs changed they were supported to have reassessments. For example, if a person had a fall or hospital admission. Care plans were reviewed and updated to reflect their current needs. Staff confirmed they were informed about changes in people's care by reading through the care plans, and phone calls from the registered manager and regular updates meetings. This meant people's needs were identified and met.

The service was flexible in the way they operated and responded appropriately to people's requirements and choices. We saw people amended and adjusted the service required based on their needs. One person regularly requested to either increase or decrease their daily service as needed. For example, a family member was around to support them; they cancelled care visits and were not charged for this. We also saw people could change the times of their care visits based on need. For example, they could request for an

earlier visit if they had hospital appointments or travelling.

People were supported to do the things they enjoyed and maintain their lifestyles. One person enjoyed going out for coffee and staff supported them with this. Another person was supported to attend their local church service. We saw people were supported to maintain contacts with their family and friends. One person was recently supported to prepare and attend a family celebration. Staff had assisted them with improving their physical appearance, and dressing up for the occasion. They were complimentary of the staff for this.

People and their relatives knew how to complain. One person told us, "No, I don't have any complaints at all; everything they are doing is great. I would phone the office if I need to complain." Another said person said, "I would ring my son and get him to sort it out with them but I am happy with the service." A third person said, "I would contact social services or the council." People received information about the provider's complaints procedures when they began using the service. The complaint procedure included how to escalate concerns if not resolved internally by the provider. There had not been any complaint since our last inspection.

Is the service well-led?

Our findings

There was a registered manager in post who is a qualified nurse. The director of the service had strategic management experience. Both the registered manager and director understood their role and responsibilities in delivering effective care service and meeting their CQC registration requirements including submitting notifications of significant incidents. Our record and the incident records we reviewed showed they had complied with these requirements.

People told us the organisation was well run and service provided was good. One person said, "From everything I have seen the service is good." Another person told us, "Nothing needs to be improved they are pretty good."

The provider gathered people's views through annual surveys, quality monitoring visits, phone calls and spot checks. The provider reviewed and evaluated the information it received and used it to inform how it planned care and support. The result of the last survey showed that 100% satisfaction with the service with 85% would strongly recommend the service to others and 15% would recommend it. We reviewed comments relatives made about the service during surveys and notes of compliments sent and they included, "If I had the chance to do it all again; Compassion Home Care – I would choose no other. Thank you", "A huge thank you for all the loving care, attention and support you have provided for [name of person] and us as a family. He couldn't have been better looked after and we have really valued your support." "And thank you hardly seems adequate for all you and your team have done for the family over the past years. We simply cannot imagine how we would have managed without their constant care, advice and kindness that you provided. In particular the wonderful carers who looked after her so well will long stay in our memory." Your company and staff have been so helpful both to me and mum and a very big thank you for the carers. I will always recommend you to my friends." The provider had developed an action plan to further improve the service. They had put a plan to improve staff punctuality, and staff training. They had installed an electronic call monitoring system since the last survey to improve in this area.

All the staff we spoke with told us they were well supported and felt satisfied working for the organisation. One staff member told us, "I like it here. I have worked with other agencies and I like it here. They [management] are really nice to work for. They take care of us and listen to us. They know their stuff." Another staff member said, "I am loving it here. I am happy here. I enjoy the feeling of making a difference to people. This organisation allows me to do so. They are very friendly, open and transparent, and supportive. They listen to you. They operate an open door policy and you are always welcomed to share your views and express your concerns and get advice." And a third member of staff told us, "I love my job and the company gives me the opportunity to be myself and do the thing I enjoy. For example, If I need training, I can ask and they put me on it."

The registered manager and director held regular meetings with staff to consult, update and listen to their concerns and suggestions about the service provided. The registered manager told us they operated an open door policy where staff can visit anytime to chat with them about anything. Staff confirmed this to us and told us they found this approach helpful. We observed staff come in as they wished. We heard them

inform their managers about various issues and they shared ideas how best to resolve it. We observed an open and free interaction between staff and their managers. Staff told us they would recommend the service to their family and friends. They enthusiastically told us they marketed the service by distributing organisation's flyers and leaflets.

Staff understood their roles and responsibilities. Staff were able to discuss with us the expectation of the service which was focused on delivering person-centred care to people. They confirmed they received job description when they applied for the job. They also received staff handbook which also highlighted the values and aims of the service, standards expected and key policies and procedures. Staff also had their performance reviewed by their managers and feedback given to them. The provider provided staff with regular updates about the service, changes in policies and procedures and health and social care legislation through newsletters.

The quality of service was subjected to quality monitoring. The registered manager and director undertook regular monitoring of their systems. Checks undertaken included care plans, medicine management, documentation/record keeping, incident and accident analysis, staff training and finance. They held regular operational meetings with care coordinators where they reviewed the effectiveness of the day to day operational matters and systems. They also used these meetings to review actions from local authority monitoring visits and CQC inspection. We saw action put in place to address areas recommended for improvement. We saw the provider had updated their medicine management policies and procedures in line with the National Institute of Clinical Excellence guidelines following our last inspection. The provider had also reviewed their care planning system and documentation.

The registered manager and care coordinator worked closely with other agencies to promote positive outcomes for people. They regularly sought advice from health and social care professionals to ensure people's needs were met. For example, they made referrals to falls clinic for people who had frequent falls. They also worked closely with St Christopher's Hospice to deliver end of life care to people.

The organisation received an award in 2015 from Bromley and Orpington Business as the 'Best Small Business'