

PCAS Kent Ltd

PCAS Kent Ltd

Inspection report

Isha House
8 Wrotham Road
Gravesend
Kent
DA11 0PA

Date of inspection visit:
08 August 2018
09 August 2018

Date of publication:
02 October 2018

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 8 and 9 August 2018 and was announced.

PCAS Kent Ltd is a domiciliary care agency. It provides personal care to people living in their own houses in the community and provides care and support to people living in 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. This was the service first inspection since they registered with CQC in August 2017.

Not everyone using PCAS Kent Ltd receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection, the service was supporting eight people with their personal care needs. This included older people, younger adults and people with complex health needs such as epilepsy, dementia and mental health. People who use the service live in Gravesend, Isle of Sheppey, Maidstone and the surrounding areas.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager, who was also the provider and director was supported in their role by a director, finance manager, office administrator and a team of four supported living managers. The provider was also actively recruiting for a service manager, who would have the responsibility for the day to day management of the service.

People were at the heart of the service. Staff demonstrated thorough understanding of each person's individual needs and preferences and used this knowledge to provide them with flexible, responsive support which enhanced the quality of their lives.

People, their relatives, health and social care representatives consistently told us staff were very caring and always treated people with great respect and empathy. People told us staff knew how to meet their needs, were kind, always respectful and well trained. Staff were empowered to work creatively and to develop positive relationships with people. Staff were proud of the support that they provided to people and the positive outcomes that they had observed.

People were safe using the service. People told us they felt safe and comfortable when staff were in their home and when they received care. Recruitment practices ensured the right staff were recruited to support people to stay safe. Staff told us they were happy in their jobs and had access to training. They said they felt well supported and had regular opportunities to discuss their work. The rotas reflected the support people required to maintain the choices they had made, and as a result the staffing arrangements were flexible to

meet those needs. A number of people received care from staff on a one to one basis and records showed that people received their care in the way they needed to maintain their safety.

People were supported safely with their medicines and told us they were happy with the support they received. Staff completed medicines administration records (MAR) after giving people their medicines. MAR sheets were audited to ensure people had received their medicines as prescribed.

Support plans and risk assessments were developed from the initial assessment information. Support plans were comprehensive, individualised and developed with each person. They described the support the person needed to manage their day to day health needs. Risks to people were identified and guidance and control measures were in place to enable staff to support people safely.

People's communication needs were met. The service was complying with the Accessible Information Standard (AIS). The AIS applies to people using the service who have information and communication needs relating to a disability, impairment or sensory loss. Information was provided to people in an accessible format to enable them to make decisions about their care and support.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People's care records documented whether they had capacity to make specific decisions. Staff told us they gained consent from people before carrying out personal care and respected people's choices.

People's health and well-being was monitored by staff and they were supported to access healthcare services in a timely manner when they needed to. The service worked in partnership with health and social care representatives to meet people's needs and helped reduce avoidable hospital admissions. The service was responsive and quick to adapt to meet people's changing needs. People were supported to have sufficient amounts to eat and drink to maintain a balanced diet.

The registered manager and director were prominent role models. They took a leading role in demonstrating the values and standards they expected staff to demonstrate by focussing on continuous improvement, leading to positive outcomes for people.

The service used feedback as an opportunity to learn and improve. People were consulted about how their care was delivered and given opportunities to feed back about how they felt the service was doing. People told us they were completely satisfied with the service they received and said they had no reason to complain about the service but were confident any complaint would be handled properly if they did.

There were quality assurance systems in place to monitor the quality and safety of the service and to drive 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.

People felt safe and staff knew how to recognise and report any concerns to keep people safe from harm.

People were supported by suitable numbers of skilled and qualified staff. The service's recruitment processes helped ensure suitable staff were employed. People and staff were matched together for compatibility and staff had time to meet people's physical and emotional needs.

Risks relating to people were safely managed. Measures to reduce risk were put in place and staff were confident about putting guidance into practice.

People who needed staff assistance to take their medicines were supported safely.

Is the service effective?

Good 

The service was effective.

The service provided support, supervision, training, learning and development programme which helped keep staff's skill and knowledge up to date.

People's physical health needs were kept under regular review. People were supported by a range of relevant health care professionals to ensure they received the support that they needed in a timely way.

People received support with their dietary needs in line with their choice and health requirements.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and people's consent was sought appropriately.

Is the service caring?

Good 

The service delivered very good care and support.

The provider, director and staff were committed to a strong person centred culture.

Feedback from people, their relatives and health and social care representatives was positive. People and their relatives told us staff were warm, friendly and very caring and that they were always treated with great respect, dignity, kindness and compassion.

People benefited from staff who took time to listen to them and get to know them. Staff had formed meaningful and caring relationships with people.

People benefited from staff who promoted their independence. Staff encouraged people to stay active in their homes and to exercise choice and control over their lives.

Is the service responsive?

The service was responsive.

Staff supported people to ensure they received responsive care and support in accordance with their needs and preferences.

Assessments were made before people began to use the service and people were involved in the development of their individual support plan, which reflected them as a person and the support they required.

People were supported to remain part of the community, follow their interests and take part in social activities.

Arrangements were in place to deal with people's concerns and complaints. The service had not received any complaints in the last 12 months.

Good ●

Is the service well-led?

The service was well-led.

People were at the heart of the service and focused on providing a person-centred service to people.

The service worked in partnership with other agencies to make sure that they followed current best practice and provided a consistently high-quality service.

The provider was committed to making continuous improvements and developments to the service and had clear

Good ●

management system in place to ensure the quality and safety of the service was maintained and built upon.

The provider and director displayed strong leadership which was admired and appreciated by the staff team.

PCAS Kent 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 comprehensive inspection took place on 8 and 9 August 2018 and was announced. We gave the service short notice of our inspection to ensure that people using the service could decide if they wished to receive a telephone call from us and to ensure we had the correct contact details for people and their relatives.

The inspection was carried out by one inspector and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Inspection site visit activity started on 8 August and ended on 9 August 2018. On 8 August, we made telephone calls to people that used the service and their relatives. We also met with people using the service and we visited the office to review the documents associated with the running of the service. On 9 August we made further telephone calls to staff and external health and social care representatives to gain their feedback on the service.

Before the inspection took place, we looked at information we held about the service including registration information and statutory notifications. Statutory notifications include information about important events which the provider is required to send us by law. On this occasion we did not ask the provider to send us a provider information return (PIR). This is information we ask providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information with us that they felt was relevant, during and following the inspection process.

During our inspection we spoke with the registered manager/director, another director and three care staff. We also spoke with three people who used the service and six relatives. We looked at a range of documents and written records including four people's care records, three staff recruitment records and information relating to staff training and the auditing and monitoring of service provision.

Following our inspection, we gathered further feedback about the service from health and social care professionals who worked closely with the service.

Is the service safe?

Our findings

People told us they felt safe using the service and were able to explain why. One person said, "I feel safe with all the staff; they help me every day in the house and when I am out." Another person said, "I know all the staff. They help me keep safe and take me places." A relative told us, "I am sure [person] is safe with the staff, they are really nice." A health care professional commented, "PCAS Kent Ltd have been able to keep [person] safe and minimised many of the risks that were present when [person] was living alone."

People were protected from the risks of avoidable harm and staff had a good understanding of the different types of abuse, and knew how to report any concerns promptly so they could be investigated. All people, their relatives and external professionals who we contacted fed back that they felt that staff helped people to feel safe from abuse and harm. Staff had received training on protecting people from abuse as part of their induction and they also continued to receive refresher training to ensure they were up to date with best practice procedures. This helped them identify the actions they needed to take if they had concerns about people. One staff said, "I feel confident to report any concerns to the directors and I can also contact the local authority or CQC to report any safeguarding concerns." The registered manager had a good understanding of safeguarding procedures and knew how to raise concerns when necessary and to submit safeguarding notifications when required.

People's risks of avoidable harm were reduced. Staff assessed people's risks and plans were in place to mitigate them. Staff ensured that risk management plans did not limit the range of activities people engaged in. Staff we spoke with were knowledgeable about the risks associated with people's care and support and were able to give us examples of how they supported people to manage those risks. People were involved in their risk assessments and management plans. A healthcare professional commented, "At a meeting the director listened carefully to what [person] was saying and was able to talk about possible things the service could do to try to support [person] who had particularly complex needs. It was clear that [person] was listened to." Risk assessments were regularly reviewed and updated to meet changing needs.

People were supported to manage environmental risks within their own homes. Staff carried out regular fire and health and safety checks to ensure people remained safe. People had personal emergency evacuation plans [PEEPs] in place which ensured staff had access to people's support requirements in an emergency situation. PEEPs were also in place for staff who had any support requirements or health conditions.

People were supported safely with their medicines. People told us they were happy with the support they received. People also had the opportunity to manage their own medicines if they wanted to and were safe to do so. Staff had completed medicines training and been assessed as competent to administer medicines. We sampled medicines administration records (MAR) and found these were completed in full with no gaps or inaccuracies. Medicines records were returned to the office and audited every month or sooner to ensure people had received their medicines as prescribed.

Recruitment practices ensured the right staff were recruited to support people to stay safe and ensured the

service employed staff of suitable character and experience. Recruitment files were stored electronically, password protected and accessible to authorised personnel only. These included an application form with full employment history, references, right to work in the UK documentation and evidence of a Disclosure and Barring Service (DBS) check. A DBS check helps employers make safer recruitment decisions by identifying applicants who may be unsuitable to work with people.

Staffing requirements were assessed according to people's individual needs and there were enough competent staff to support people and keep them safe. People were able to make suggestions about the staff they would like to support them, and the directors worked hard to ensure that people and staff were closely matched. For example, people that liked to be active and enjoyed participating in activities were matched with staff that also enjoyed those types of activities. People's preferences for staff were respected wherever possible, for example, if people had a preference of gender to help them with their personal care, staff ensured this was accommodated. The registered manager and director were available to provide additional cover and worked together to provide an on call and out of hours service. People received a rota in advance so they knew who was supporting them.

The registered manager told us that people were supported by the same members of staff to maintain continuity, build trusting relationships and ensure good communication between staff members and people using the service. Staff were knowledgeable about people's health history, including any current conditions they had and how they could recognise any signs of deterioration. People's care records included the contact details of healthcare professionals in the event of any incidents or changes in people's health and well-being.

Accidents and incidents were recorded by staff and reviewed by the registered manager. Staff discussed incidents to identify if any immediate action needed to be taken to prevent future incidents. The registered manager reviewed accident and incident records to identify if there were any trends or repeated incidents. Learning was shared with staff in team meetings and supervisions. The registered manager worked with external partners and stakeholders to identify where improvements could be made.

The service had systems in place to reduce the risk of infections. Staff were provided with infection control training to ensure they followed good infection control principles. Staff had easy access to personal protective equipment including disposable gloves and aprons.

Is the service effective?

Our findings

People felt supported by knowledgeable, skilled staff that had the right competencies to effectively meet their needs. The staff team supported some people with complex needs and behaviours that challenged others. A health care professional said, "The service has managed to provide a home for clients with particularly challenging behaviour and continue to endeavour to ensure that the placement is appropriate and committed to avoid it breaking down."

Following successful recruitment, each new staff member completed an induction programme that was in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers should adhere to in order to deliver caring, compassionate and quality care. The induction included both theoretical and practical training in addition to the shadowing of more experienced staff. The induction training programme for new staff included safeguarding, infection prevention and control, moving and handling, equality and diversity and medicines management. The registered manager told us all staff were expected to complete the full induction programme and this was because they wanted to ensure that all staff understood the organisational values and expectations from the very beginning.

The registered manager obtained information from provider networks, the local authority, Skills for Care, the National Institute for Health and Care Excellence (NICE) and other social care forums to ensure staff reflected current good practice in their work and were up to date with relevant legislation. Staff had the guidance and support when they needed it. Staff had confidence in the management team and were satisfied with the level of support and supervision they received. Supervisions and appraisals were used to discuss performance issues and training requirements and to support staff in their role. One staff member said, "The support I have received so far has been very good and helped increased my confidence."

The registered manager completed comprehensive assessments for people who wished to use the service. These considered people's mental, physical, and social care needs to ensure a full picture of each person was completed. The registered manager obtained information from all parties that might have an insight into the care each person required and involved the person to ensure the service would be able to meet their needs. They used the information they received to ensure they had the staff available which would best meet each person's needs.

People were supported on an individual basis to have their nutritional needs met. One person said, "The staff help me buy food and they help me with cooking." People told us they enjoyed making their own meals with the support of the staff and were able to make their own choices. The registered manager told us, "We worked with [person's] family to learn about recipes, which helped staff prepare culturally appropriate food for them. [Person] was involved throughout this process." Staff told us that people were encouraged to eat healthily and they were supported to lose weight where this had been identified as a goal.

People's healthcare needs were monitored, and care planning ensured people had the support they needed. Staff worked closely with a range of local health and social care services on behalf of the people who used the service, including GPs, district nurses and therapists. Appropriate referrals were made to

external services to ensure people's needs were met. We saw evidence in people's care records where they had attended appointments with opticians, dentists, occupational therapists, speech and language therapists and district nurses. We noted from correspondence that people were supported to attend annual health checks, breast screening and other specialist services when required. Staff were knowledgeable about people's health needs and staff were vigilant to any changes in these. Due to the strong relationships staff had built with people, they were able to identify signs to indicate when people might be unwell and were able to support people to get the help they required.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The MCA 2005 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.

The registered manager and staff were fully aware of their responsibilities under the MCA 2005 and of the requirements to obtain people's consent for the care they received. Staff received relevant training and when they had identified that people's mental capacity may be limited, staff understood they had a responsibility to request further support for people. People's care records documented whether they had capacity to make specific decisions and contained a written record stating whether people had appointed someone as their Lasting Power of Attorney (LPA). An appointed power of attorney is somebody with legal authority to make decisions on behalf of another person, if they are unable to make decisions themselves. Support plans were signed by each person or appointed person and showed consent to care and treatment had been obtained. Where necessary, mental capacity assessments had been completed to consider if people were able to consent to the care they required. Staff were fully aware of the restrictions that were in place for some people and understood their role to ensure people made their own decisions, where possible, about their care. The registered manager took action to ensure that the least restrictive options for people were used whenever possible.

Is the service caring?

Our findings

People were treated with care, compassion, and kindness. People and their relatives consistently commented on the caring approach the staff provided. People and staff had developed caring relationships and people told us they were consistently well supported and well cared for. One person said, "All the staff and managers are always kind to us." A relative told us, "Staff are very good with [person] and they all get on well together. [Person] is very happy. They stay with me one day a week and they always say, 'can I go home now?', meaning back to the house, so they can't be doing anything wrong!"

An external health professional commented, "When I have met with the managers regarding a client at their service their attitudes were not only caring towards the client, but also the people that work for them. They are clearly respectful of the client with whom I also work, and try to advocate on their behalf. I believe they go above and beyond to support." A social care representative said, "PCAS Kent Ltd are brilliant in terms of providing support to the clients. They engage well with all health and social care professionals and respond positively to any changes. They are proactive with all the clients and ensure that they are at the centre of the support being provided."

All of the relatives we spoke with told us they trusted the staff and the service with the care of their loved ones. They commented that their family members had made significant progress whilst being supported by the service and their lives, as well as their family member's lives, had been transformed. People were actively encouraged to maintain relationships with their families and friends. Staff were passionate about supporting them in any way possible in order to remain connected to important people in their lives. For example, staff supported a person to make contact with a close family member, with whom they did not have any contact. Staff supported the person by gradually introducing the idea to them, preparing and reassuring them prior to meeting with their family and also supported them during the visits. As a result, this helped the person re-build and develop a close relationship with their family with whom they now enjoy regular contact. Staff consistently provided the person with the right support and helped them maintain this relationship which is clearly very important to them. A staff member told us, "It was such a pleasure to help this person making contact with their family. We all felt a sense of achievement."

Staff were highly motivated and reflected pride in their work. Staff told us they had sufficient time allocated for them to talk and socialise with people. They talked about people in a way which demonstrated they were fully committed to supporting people in any way they could, in order for them to achieve as much independence as possible. Staff sought to provide the best standards of care for each individual. One member of staff said, "It is about giving people opportunities to achieve things which we take for granted. It is satisfying and it feels good knowing that we are doing something positive for people."

People received care and support from staff that knew and understood their life history, background, preferences, needs, hopes and goals. People's care records provided staff with information about what was most important for them to be aware about each person. Key information was collated from people upon starting care services, which helped to shape their care plan to ensure staff were following their wishes and preferences. On the day of our inspection, we observed that people enjoyed excellent relationships with the

staff that supported them. There were friendly exchanges and discussions about events that they had enjoyed together. It was clear that staff and people had similar interests and this helped develop their relationships and understanding of each other. Staff were knowledgeable about people's needs and how to support them. What they told us about the needs of the people they supported consistently matched with information held within people's care records.

There was a very strong person-centred culture at all levels and staff understood that people were at the heart of the service. This was because the registered manager, director and staff promoted a consistently caring culture based on a range of clear policies and procedures they had in place. The registered manager and staff understood the importance of promoting equality and diversity. Through our discussions with people and their relatives, we noted that arrangements had been made to meet their personal wants and diverse needs, and from the information contained in their care records we saw people were fully enabled to develop and maintain any religious beliefs they had and their personal relationships with their circle of support. For example, one person who previously was only able to go to their place of worship once every six months now had the support they needed to go as often as they wanted. The person told us that they were very happy about this as this was a positive change for them and helped with their health and wellbeing.

Staff encouraged people to maintain their independence in the day to day activities they undertook. For example, people who previously relied on staff to manage their finances were supported to develop their confidence in managing this. Staff encouraged people to pay for their shopping and other services. They obtained receipts, which they then recorded in their books.

Staff and management strongly advocated for people requiring the support of other services and did all that they could to ensure their care was suitable for their needs. For example, staff raised concerns regarding additional support people required and as a result, best interest meetings were organised and people were supported to access the right level of support to help them stay safe. Staff consistently advocated and supported people to have better living conditions and levels of support than they had previously.

Staff recognised the importance and value of good advocacy for people and valued people's opinions and feedback. People were supported to ensure their voice was heard by the use of independent advocates. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up. The service had links with external advocacy services and used these services whenever necessary. For example, people were supported by an advocate to help them express their views and preferences, and these were respected by staff and responded to as required by the registered manager.

People told us staff respected their privacy. One person said, "Staff always knock before coming in, they give me time to do my own things." Staff gave examples of how they made sure they maintained people's privacy when supporting them with personal care. People told us they had access to private space when they needed it. Staff told us they never spoke about people's health, finances or other confidential affairs in front of other people who used the service or anybody who did not need to know. People's records were kept confidential, electronic systems were password protected and were accessed by authorised personnel only.

Is the service responsive?

Our findings

People told us the service was personalised and responsive to their needs. One person told us, "Staff know how to support me. They understand me." People's needs were assessed before they started to use the service. The registered manager or director met with the person and their family, where appropriate, to ensure the service would be able to meet their needs. A comprehensive needs assessment was completed and included information about the person's life, medical history along with contact details for relevant health and social care professionals. Support plans were tailored to meet people's individual needs and included further information about people's preferred routines, what tasks they required support with and other information relating to their care needs, likes, dislikes and preferences.

People had full involvement in developing their support plans. This aimed to put the person at the centre of their support planning. People's relatives also felt involved in planning their loved one's care and support. One relative told us, "I know about the care plan but they can ask [person] what they want and they will say." Another relative said, "We have been involved in reviews and they are good at letting us know about things." To ensure people's care records remained up to date and that the provider was responsive to any changes in their needs, each person had a monthly review with their key worker. A key worker is a member of staff who took the lead on ensuring they received the care and support people needed. Keyworkers helped people to review their progress against their goals at agreed intervals and we saw examples from these reviews indicating that people were moving towards achieving goals.

The service worked flexibly to arrange and provide care in response to changes in people's needs. The service had a consistent record of providing personalised care packages within short timeframes which enabled people to return home from hospital with all the necessary care arrangements in place. A social care representative told us, "We have been pleased with what PCAS Kent Ltd have provided for us in this locality. They have been able to help us out at short notice with care packages. They communicate well and appropriately and we have a trusting relationship with them." Another social care representative commented, "The service responds well to changing needs of the clients and are flexible in managing their staff team rotas at short notice if required to meet a change in need."

People's communication needs were met. The service was complying with the Accessible Information Standard (AIS). The AIS applies to people using the service who have information and communication needs relating to a disability, impairment or sensory loss. Each person's initial assessment identified their communication needs and contained details of how staff should communicate with them and whether people used hearing aids and/or glasses. People were empowered to express their views in a way that suited them. Each person's care was tailored specifically around their individual needs, and each person's communication preferences were respected. Where people preferred to communicate their needs in pictures or photographs, staff ensured that these formats were available for people. People were supported to take photographs of activities, achievements and engagements with staff and collated albums which they showed us with great pride.

Staff were aware that some people may be at risk of social isolation and understood how important

connections with the local community were for people using the service. Staff worked with people to support them access the community and to engage positively in community activities which increased their skills, well-being and independence. Staff gave people information about events taking place in the local area. People had the opportunities to attend clubs, day centres, places of worship and other events that were meaningful to them. A relative told us, "They are always out. They went down to Chatham docks the other day and they go on picnics and all sorts." Another relative said, "I live away. Staff rang the other day and said [person] wanted to see me, so they came up on the train and we had lunch out. Wasn't that nice!" Another relative told us, "They go out and about all the time. When I broke my leg, and couldn't get to see my relative, they brought them over to see me instead and that was so nice."

Everyone we spoke with told us that they had had no reason to complain about the service they received from PCAS Kent Ltd but were confident any complaint would be handled properly if they did. A relative told us, "If I had a problem I would go straight to the registered manager and sort it out but, there is nothing really to worry about." People were given information in their preferred formats about who to contact if they wanted to complain and what sort of response they should expect from the service. There had been no complaints received in the last 12 months the service had been operating.

Is the service well-led?

Our findings

The management team demonstrated an open and transparent leadership style. They provided visible direction and a person-centred approach to their staff teams. They were passionate for providing a high-quality service, in order to meet people's needs in a holistic manner. The team was led in a way which consistently focussed on ensuring people had the opportunity to live the life they chose, with the support they required.

Staff benefitted from a strong and stable leadership. The registered manager promoted a positive, open culture, where staff at all levels held the same values and worked towards a common cause. The company ethos was 'To help individuals using our services to achieve their goals and ambitions and to enable as much independence as possible.'

The culture of the service put people and their choices at the forefront of the service and people were able to have a say about matters that could have an impact on them and the support they received. The registered manager understood and valued the contributions people made and took these into account when making decisions, for example when recruiting new staff or considering accepting new people into the service. Staff confirmed that the provider's vision for the organisation was covered in their induction when they started working for the service and was also something that was reinforced during supervision and staff meetings.

Staff told us they felt valued and were supported in their job roles. One staff said, "The directors are both very supportive and understanding." Another staff said, "The leadership from the directors and managers is great. They strike the right balance." Staff also told us they felt listened to and involved in the development of the service. They were kept up to date with information or any changes through staff meetings and e-mails or when they came into the office. Meetings were used to share good practice ideas and problem solve. The open and progressive culture of the service meant that people received continually improving support.

Staff contribution and hard work were recognised and celebrated. Staff received spa vouchers on occasions when they had gone above and beyond to support people. People using the service and staff said they always felt very welcomed in the office and regularly stopped by for support or for a chat. We observed people and staff visiting the office during our inspection and saw this to be the case.

The directors had oversight of the service and knew all the people using the service very well. They both maintained regular contact with people using the service and their relatives; listened to their views and made adjustments to care delivery where needed. The registered manager told us and records confirmed that people using the service were contacted over the telephone on a regular basis and also visited in person. The registered manager informed us that they were planning to send out survey questionnaires to people and their relatives to gain their feedback on the service. They told us this would help people and their relatives influence changes in the service they provided.

There were systems in place to monitor the quality of the service. Care records and written daily notes were reviewed monthly or before if necessary. The registered manager was aware of what incidents needed to be reported to the CQC or the local authority and had regular contact with social workers, care managers and other teams when any advice was needed. The service had a clear process for dealing with accidents and incidents. The registered manager told us accidents and incidents were discussed in meetings to ensure lessons learnt were shared with all. Any safeguarding concerns were also discussed in the same way.

The provider participated in local network meetings which enabled them to find out what was happening in the care profession, share good practice and keep up-to-date with new legislation. The service participated in a work force development program, which was organised by KCC to explore best practice solutions in staff learning and development. They also maintained links with the local police, probation services, mental health and continuing care teams and a local homeless charity.