

Lauriem Complete Care Limited

Lauriem Complete Care Limited - Deal

Inspection report

32 Albert Road
Deal
Kent
CT14 9FE

Tel: 01304361222
Website: www.lauriem.co.uk

Date of inspection visit:
18 July 2017
19 July 2017
20 July 2017

Date of publication:
12 September 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place at the service's office on 18 and 20 July 2017 and in people's homes on 19 and 20 July 2017.

Lauriem Complete Care Ltd - Deal, is a privately owned, independent provider of community health and social care services. The service provides care and support to adults who want to retain their independence in their own home. It provides a service to mainly older people.

There was a registered manager employed at the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 was responsible for the day to day control of the service.

Risks to people were identified, monitored and reviewed. Risk assessments gave staff guidance on how to minimise and manage risks. However some care plans needed additional information to guide staff in the event of an emergency such as people suffering a seizure or if people living with diabetes required medical attention. When people needed specialist equipment, such as a slide sheet to help them move in bed, this was not consistently recorded.

People said they generally had regular carers and the calls were usually covered in time of sickness or annual leave. However, people told us they did not know which staff would be supporting them each day. Some people told us this did not pose a problem for them other told us it made them rather anxious. There was a risk that people would receive inconsistent care and support.

Quality audits were completed to monitor and assess the service. During the inspection we found some files which had not been fully updated.

People told us they trusted the staff and that they felt safe. One person said, "Yes I feel safe. I would have no hesitation in phoning if there was an issue".

People were protected from risks of abuse and avoidable harm. Staff knew how to protect people from the risks of abuse and the action they needed to take to keep people safe. Staff completed regular training about how to keep people safe.

Some people needed support and guidance from staff to take their medicines as prescribed by their doctor. Staff were trained to support people with their medicines and senior staff checked they were competent to do so.

There were sufficient staff employed to give people the care and support they needed. The provider made

sure recruitment checks were carried out to ensure staff were honest, trustworthy and reliable to work with people in the community. Disciplinary processes were followed when needed.

People told us they received care and support from staff who were trained. People said, "The staff are well trained" and "Carers are definitely well trained". Staff told us they regularly completed training to keep their knowledge and skills up to date and in line with best practice. Staff attended regular supervision meetings and had an annual appraisal.

People felt informed about, and involved in their healthcare and were empowered to have as much choice and control as possible. Staff were aware of the importance for people to be supported to make decisions.

People were supported to maintain a healthy and balanced diet. Staff monitored people's health care needs and referred people to health professionals when needed.

People said their care and support was provided by staff who were caring and kind and who respected their privacy and dignity. People said, "They do a good job. They don't do it for the money but to look after people. It's not an easy job", "They are very caring" and "They always speak to me in a nice manner. They are nice people".

People were involved in their care planning, knew about their care plans and said their needs were reviewed. Staff were knowledgeable about people and their preferred routines.

People knew how to complain and there was information in their care folders of who to contact to raise any concerns. People said they would not hesitate to speak with their family or the staff if they wanted to complain. People were asked to feed back their views on the quality of service through surveys, reviews and spot checks.

People told us they felt the service was well-led. There was an open and transparent culture. Staff said the management were very supportive. Staff were clear about what was expected of them and their roles and responsibilities. Leadership was visible at all levels.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager submitted notifications to CQC in line with guidance.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Risks to people were identified, assessed and reviewed to guide staff on how to keep people safe. Information for staff about people's specialist equipment was inconsistently recorded.

People did not know which staff would be supporting them and people were not offered a copy of the staff rota. People told us that the staff were usually on time but sometimes could be late. There was a risk that people would receive inconsistent care and support.

People were protected from the risks of abuse.

People were supported by enough suitably qualified, skilled and experienced staff to keep them safe and meet their needs. The provider had a recruitment process which helped check staff were of good character.

People's medicines were managed safely.

Is the service effective?

Good 

The service was effective

People received effective care from trained and knowledgeable staff.

People were supported to make decisions about their care and support. Staff understood the requirements of the Mental Capacity Act.

People were encouraged and supported to maintain a healthy diet. People's health care needs were monitored and people had access to health professionals when needed.

Is the service caring?

Good 

The service was caring

People were treated in a kind and caring way and staff respected

their privacy and dignity.

People were encouraged to do as much as they could for themselves to remain as independent as possible.

People's records were stored securely to protect their confidentiality.

Is the service responsive?

Good ●

The service was responsive

People received personalised care in line with their choice and preferences. People were involved in their care planning.

People knew how to complain and said they were happy to do so if needed.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led

Audits were completed on the quality of the service; however they had not identified some of the shortfalls we found during the inspection.

There was an open and transparent culture where people and staff could contribute ideas for the service.

The provider asked people, relatives, staff and health professionals for their views on the quality of the service.

Records were not always accurate and up to date.

Lauriem Complete Care Limited - Deal

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 checked 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.

The inspection took place on 18, 19 and 20 July 2017 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 were able to speak with people who use the service and the staff who support them. The inspection was carried out by two inspectors and two experts 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.

Before the inspection the provider completed 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 sent a questionnaire to people using the service and reviewed their responses. We reviewed information we held about the service. We looked at notifications received by the Care Quality Commission. Notifications are information we receive from the service when a significant event happens, like a death or a serious injury.

On 18 July 2017 we went to the office and reviewed people's records and a variety of documents. These included people's care plans and risk assessments, staff recruitment files, the staff induction records, training and supervision schedules, staff rotas, medicines records and quality assurance surveys. We spoke with the director, registered manager, team leaders and care staff. The experts by experience spoke with 18 people using the service and two relatives.

On the 19 and 20 July 2017 we visited seven people in their own homes. We spoke with office staff who organised the work for the care staff, plus other members of staff. We also spoke with people and their

relatives by telephone to ask their views of the quality of service delivered by Lauriem Complete Care Limited – Deal.

This was the first inspection of Lauriem Complete Care Limited – Deal.

Is the service safe?

Our findings

People told us they felt safe when they were receiving support and care from staff. They said, "I feel safer knowing that the staff are coming", "Yes, quite safe" and "Very safe, thank you". Relatives said they felt their loved ones were safe.

When people needed specialist equipment, such as a slide sheet to help them move in bed, this was not consistently recorded. The daily notes written by the staff reflected that they had used the correct equipment however the care plan did not state this equipment should be used and how. This person was supported by a team of regular care staff. However, there should be clear and accurate guidance for staff to follow on how to move people and use any equipment safely.

Another person's care plan noted they were able to move around their home independently using walls and furnishings as support. This person had walking sticks and a walking frame in their home. They told us they were unable to use these and had not been able to move around independently for "Quite some time". The care plan had last been reviewed on 04/06/2017 and the change to the person's mobility had not been recorded. Information regarding using a hoist to support people to move was detailed and included what sling to use and how to attach the different straps. People told us they felt safe when staff helped them with their mobility.

Risks associated with people's care had been identified and risk assessments were in place. Staff told us about the signs they looked for if people had complex medical conditions like diabetes. However some care plans needed additional information to guide staff in the event of an emergency such as people suffering a seizure or if people living with diabetes required medical attention. There was generic information in place but this was not personalised to their individual needs. We discussed this with the registered manager who took immediate action to rectify this shortfall. On the second day of the inspection these guidelines had been provided, care plans were updated and staff had been made aware of the changes. A new section for care plans had been ordered and would be printed on coloured paper to ensure it stood out as highly important guidance for staff to read and follow. Staff spoke confidently about what action they would take.

There was sufficient staff employed to give people the care they needed and to ensure that all calls were covered but there had been occasions when calls were late. Staff told us that they had permanent schedules and in times of absence the calls were always covered by the team. People told us that the staff were reliable and they had never had a missed call. People said, "I haven't had any missed calls", "No have never been let down" and "They have never not turned up". One person told us that they had called the out of hour's telephone number to request support. They said this helped them to remain in their own home whilst having the back up if anything went wrong.

People told us that the staff were usually on time but sometimes could be late. They told us they understood why as staff had been held up at their previous call. People said, "I get my calls at the same time each day, they are reliable", "Not organised. Timings are a big issue", "There's no notification if they are running late", "They have rung me if they have been late", "They would let me know if they were delayed"

and "They don't always come at the same time, I appreciate sometimes they may be a few minutes late. They phone me from the office to let me know if they are going to be late". Staff told us they contacted the office if their calls were running late. The office staff confirmed they rang people to notify them if their call was going to be very late but some people told us this did not always happen. The provider asked people, through a quality survey, if care staff arrived within 45 minutes either side of their allotted time. Results of the last survey noted that, 87 of the 90 people who responded indicated that staff arrived within this time. 45 minutes was used as a benchmark as the local authority contract defined early or late calls as 'A call starting 45 minutes or more from the time stated on the Service Delivery Order'.

People told us they received care from a team of regular carers and they knew them well. People said, "On occasions I get the odd carer covering for people on holiday but I usually have the same team of staff", "We get the same staff, and they are all very good", "They are very dedicated. I get the girls I ask for", "They've given me a carer that I get more or less every day except their day off" and "I usually get the same ones". Others said, "I don't get the same carers. But I don't worry now, it works ok" and "I just wish I could have the same ones". Office staff told us they tried to make sure, when possible, that people had consistent care staff on the rota.

During the inspection we spoke with people by telephone and visited people in their own homes. Many people told us they no longer received a copy of the rota and did not know which staff would be providing their support. Whilst some people told us this did not pose a problem for them five of the 18 people we spoke with on the telephone told us it made them rather anxious. People's comments included, "I see quite a few people. I don't know how many. I have got to know most of them. They don't send a rota"; "I do have a main carer. More regular than others and I am OK with that. They let me know if someone else is coming. We used to get a rota", "In the past we knew who was coming but not now", "There is no rota". "I have a regular carer. I don't know who is coming if they are off unless I check with the office. There isn't a rota" and "You never know who is coming because there isn't a rota".

We discussed this with the provider who told us, "Some people telephone us to ask who is coming. Rotas are not sent out unless people ask for one". They said that rotas used to be sent out but that it became difficult with staff absences to keep people up to date with changes. The provider said they would discuss these concerns further with people to find a solution. After the inspection the provider told us this had not been raised as a concern by people during their reviews and that the majority of people had a maximum of four regular carers to provide their support and we will follow this up at the next inspection

There was a risk that people would receive inconsistent care and support. The provider had failed to do all that was reasonably possible to mitigate risks to people's health and safety. This is a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were protected from risks of abuse and avoidable harm. When people started to use the service they were given a 'service user guide' which contained information about what constitutes abuse and what they should do if they were concerned. Staff understood the different types of abuse and had received training on keeping people safe. Staff recognised different types of abuse and knew who to report any concerns internally or to the local authority safeguarding team. The provider had a policy for safeguarding adults from harm and abuse which staff were able to access for guidance on how to report concerns. Staff were aware of the whistle blowing policy and were confident that any concerns raised would be acted on.

Most people had control of their own finances although some people were supported with their monies. For example, staff collecting their pension or paying bills for them. Staff were aware of their responsibilities and the provider had a policy and procedures in place to give staff guidance. This included guidance on

recording, receipting and raising concerns.

Recruitment checks were carried out to make sure staff were honest, trustworthy and reliable to work with people in the community. The provider noted on the provider information return (PIR), 'We have a robust recruitment process which is led by our HR manager and is implemented by our HR assistant. We request two references of which one must be their most recent employer'. The staff files we checked contained two references. Disclosure and Barring Service (DBS) criminal record checks were completed for all staff before they began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff files were organised and included proof of identity, health checks to make sure the staff were fit to perform their role and equal opportunities monitoring forms. The registered manager followed the provider's disciplinary processes when needed and records of these were kept securely.

People said they received their medicines when they needed them. People said, "They give me my morning one, they write it in the book", "They see to my tablets, it's all written down what they do" and "I wouldn't know what to take, they write it down". The provider noted on the PIR, 'Service users are encouraged and supported to be self-medicating wherever possible. If they require assistance with medication, this is administered from a pharmacy filled dosset box or the original containers'.

Medicine records in people's homes were in good order. The record sheets had been signed consistently to confirm that people received their prescribed medicines. There was guidance and body maps about the support people needed to have their topical medicines (creams) applied. Staff training about medicines included specific lessons in how to monitor and record 'as and when' (PRN) medicines, such as pain relief. Regular audits of the medicines records by senior staff identified any recording errors. These were addressed with the individual staff member and additional training was implemented when needed.

The provider told us they had been researching safer ways for staff to record the administration of medicines by using electronic medicines administration records. They hoped to have this in place by the end of the year so we will follow this up at the next inspection.

Staff were made aware of any environmental risks and important information, such as where the electricity fuse box and water stopcock were in case of an emergency. Details of how to enter people's properties were recorded. Information about how to check their equipment and when it was due to be serviced was recorded to help make sure it was kept in good working order.

People said that staff wore gloves and aprons. Staff told us, and training records confirmed that staff completed training about infection control. The provider commented, "Personal protective equipment is used to minimise any chance of cross contamination and staff are aware of safe disposal of waste procedures to follow".

Is the service effective?

Our findings

People said they received effective care and staff supported them well. They also said they felt the staff were well trained. They told us, "The staff make sure I have everything I need", "The staff know when I am not right" and "They are very caring, when they come in they say 'you don't look very well', also when they shower me they say 'this looks a bit sore we'll put some extra cream on'".

Staff completed an induction when they started working for the service. New staff shadowed experienced colleagues to get to know people, their needs, preferences and their routines. The provider told us, "New employees shadow with an established member of staff to meet the people they will be visiting and gain experience and develop confidence and competence". During the three month probation staff told us they were monitored through spot checks and supervisions meetings. Shadow checks were recorded and noted approximately 12 shadow calls where new staff were observed carrying out tasks, such as personal care, bed making, using a hoist, cleaning a commode and supporting people to dress. The registered manager and provider confirmed that three month, and if needed six month, probationary reviews were carried out to make sure staff were working efficiently and effectively.

People said that staff knew their daily routines and knew how to support them as they had received training. They said, "The staff are well trained and it is only the new ones that ask me what I need to have done, the others know my routine really well" and "My carers seem to know what they are doing".

Staff told us that there was a good training programme and they completed regular training to keep up to date with current guidance and best practice. Mandatory training in topics, such as moving and handling, personal care, equality and diversity and safeguarding people were completed. Additional specialist training in dementia was provided to ensure staff had the knowledge to perform their roles effectively. This training explained to staff the different types of dementia, such as Lewy Body and Alzheimer's. Staff told us they completed activities during the training which included using virtual reality glasses to provide them with a better understanding of what it was like for a person living with dementia.

Staff told us the provider supported and encouraged them to undertake further development. The provider told us, "After a probationary period, staff are encouraged to undertake a QCF Diploma in Health & Social Care at the level appropriate to their working role". Training records showed that nearly half of the care staff had achieved this qualification.

Staff received spot checks from senior staff to observe their care and competencies. People said, "I know the supervisor, sometimes she comes to check on me and the staff", "They do spot checks" and "Girls from the office do assessments on the carers". Staff said they were supported by the management team, had one to one supervision meetings and a yearly appraisal to identify any further training or to complete qualifications in care.

Staff understood the key requirements of the Mental Capacity Act 2005 (MCA) and how it impacted on the people they supported. The 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. In domiciliary care, these safeguards are only available through the Court of Protection. No one was subject to an order of the Court of Protection.

Staff were aware of the importance for people to be supported to make decisions and mental capacity assessments were completed for each person. Staff had completed MCA training and they put this into practice effectively, and ensured that people's human and legal rights were protected.

Staff had a good understanding of how to support people to make decisions and how professionals would be involved if best interests meetings were needed to help them make a decision about their care. They told us how they sought consent from people each time they visited and gave people choices of how and where they wanted to receive their personal care. The registered manager was aware of the processes to follow should people need support to make decisions and that best interest meetings would be arranged if needed.

People felt informed about, and involved in their healthcare and were empowered to have as much choice and control as possible. People said, "They will ask what I need - Never just do" and "They will always explain and ask rather than just carry on with a routine". Staff knew that if people were not able to give consent to their care and support they needed to act in people's best interest and in accordance with the requirements of the MCA.

People told us that they were supported by their family to make decisions about their care. One person told us how they relied on their relative to speak with their doctor when they were not very well. There was information in people's care plans about their capacity and consent to care. Records showed people, who were able, signed their care plans to agree with their care and support. When people had a Lasting Power of Attorney (LPA) in place this was documented in their care files and staff liaised with the responsible person about their loved one's care and support. LPA is a legal tool that allows you to appoint someone to make certain decisions on your behalf. Some people had made advanced decisions and DNAR which were kept safely on their care plans should the need arise for easy access.

People told us they were encouraged to eat. People said, "They encourage me to eat and drink as I don't really have a good appetite", "The staff make sure that drinks and snacks are left out for me in case I get hungry", "They make me a sandwich for lunch and leave me a flask. In the evenings they will get me a ready meal and bring it to me", "They get my lunch and get dinner ready for me-put it on a tray" and "They do prepare breakfast and lunch. I'm limited to microwave meals as they don't have time for anything else". When people were at risk of not eating enough there were charts which staff completed to monitor this. Care plans gave staff guidance of what support was needed to help people maintain a healthy diet.

People's health care needs were monitored and met. People said, "If I am not well, they call the doctor and keep my family informed", "I did fall out of bed once and I banged my head. I was OK but they did phone the doctor. They would notice if I wasn't well" and "If I'm in bed, she'll ask if I'm ok, I'm sure if I needed a doctor she would call for one".

Is the service caring?

Our findings

People said their care and support was provided by staff who were caring and kind and who respected their privacy and dignity. People said, "They are quite caring. They do whatever I need. They are all very nice", "They are very caring. They always make sure I'm OK", "My main two [carers] are very caring and helpful, almost like family. They know how I like things done" and "I have no complaints, the carers are always very good with me. They always take note of what I say. They are all very kind and caring". Relatives commented, "They chat with [my loved one] and ask about his health. They are very personable" and "I think the staff we get are pretty caring, all nice. 90% of ours are all good, I honestly mean that".

People told us their care was centred on their needs and preferences. People said the staff knew them well. Staff said they had built strong relationships with people and their relatives. Details of people's lives were recorded in their care plans so that staff could chat about their family and what was important to them. People said, "The staff are very polite, we can have a laugh and joke which is good", "The staff are very patient", "The care is good, they come without fail, morning lunch and evening", "The staff are definitely respectful, I cannot fault them", "The whole attitude of the staff is friendly; they make you feel like a real person/friend" and "I don't have any problems with the way I am cared for, the staff are very good". A relative commented, "Staff are excellent, they are jovial, and we enjoy a joke or two".

People were encouraged to remain as independent as possible. Staff promoted people's independence and told us how they supported people to wash, dress and make meals. Staff knew people and their chosen routines well. Care plans noted how much people could do themselves and what support staff should give. For example, one care plan detailed how much support a person needed with washing and what they could do for themselves. People said, "They help me into the shower and wait for me to call them. It is more just having someone there, just in case. I am as independent as I can be. I do as much as I can manage", "I don't really have to do anything, but when I do they are always there to help" and "The staff never rush me".

People and their relatives told us their privacy and dignity were promoted and they were treated respectfully. People said, "They help me shower. The staff always close the doors and make sure I am covered", "Staff will always keep me covered. They make sure I am comfortable and are very gentle"; "I am well taken care of. They will put a dressing gown on me to go back to the bedroom" and "We are overlooked so the carers make sure the curtains are pulled". One of the co-ordinators had recently applied to become a 'dignity champion'. The Dignity in Care campaign is a scheme run by The National Dignity Council. Their core values are about having dignity in hearts, minds and actions and changing the culture of care services, placing a greater emphasis on improving the quality of care. A dignity champion is someone who believes passionately that being treated with dignity is a basic human right and not an optional extra. The staff member told us they were looking forward to becoming a dignity champion and commented, "I will act as a good role model and support colleagues to actively promote people's dignity and make sure people are treated as equals".

A record was kept of compliments received by email, letter, card or telephone and shared with staff. Comments included, 'We wanted to thank you for the quality service your staff provided', 'We would like to

thank you all for all you did to ensure [our loved one] was safe and cared for. We feel comforted in the knowledge that you worked as a team to ensure they were looked after', 'You all treated [our loved one] with the utmost dignity, respect & professionalism. We couldn't have done it without you' and 'I wish to thank all your wonderful staff for all the work they do'.

People's confidentiality was respected and records were stored securely. Staff understood it was their responsibility to ensure confidential information was treated appropriately to retain people's trust and confidence.

Is the service responsive?

Our findings

People told us they received personalised care in line with their choice and preferences. People were involved in their care planning, knew about their care plans and said their needs were reviewed. They said, "We had a meeting and discussed what my needs were. I have someone coming in today to talk to me. They normally ask how things are". "I have a regular review. They will ask if everything is OK" and "My care plan reflects my preferences".

People told us that someone from the office had visited them when they first started the service and that their family had been invited to support them at this meeting. The provider told us that before people started to use the service their needs were assessed to make sure Lauriem Complete Care LLP Limited could provide the care and support they needed. A relative told us they had been involved from the beginning and said, "[The care plan] has been updated lately and reflects [my loved one's] care very well".

Care plans were personalised. Information about how much people were able to do themselves was included so people could be empowered and encouraged to maintain their independence. Some people chose to wear a 'lifeline' pendant and staff followed guidance to make sure these were worn or within reach of the person when they left them. Pen pictures of people's hobbies, interests and life history were included in the care plan. The provider told us, "A pen picture of each person is included in the care plan to help staff gain an overview of the individual. This enables staff to pitch a conversation around the person's interests, their values, past history to help build a caring, professional relationship". Some of these were brief and staff were actively adding to these to build a bigger picture. People were supported to go out to the local community. One person told us how they had gone in their wheelchair, with the support of staff, to the local fete and how this promoted their independence.

When people needed specialist equipment, for example, a hoist to help them move from a bed to a chair, there was detailed guidance for staff on how to use the sling, attach the different straps and move the person whilst reassuring them.

Reviews of people's care and support needs were completed. People told us, "I had an assessment recently. Everything is detailed in the book" and "My care is reviewed every 6 months, someone comes from the office". Changes in people's needs were reflected in their care plans to make sure staff gave the right support.

People knew how to complain and there was information in their care folders of who to contact to raise any concerns. People said they would not hesitate to speak with their family or the staff if they wanted to complain. They said, "If I know something is not right, I would complain", "I have no complaints, but if I had a problem I would soon tell them", "I did kind of complain when they didn't turn up until very late. It has been resolved and is much better", "I have a contact number. There has been no need to complain", "No complaints", "The phone number is on the front of the folder" and "Only complaint I ever have is not informing me if they're going to be late. They are rarely late now".

The provider took feedback from people seriously. They had noted on the provider information return (PIR),

'Lauriem Complete Care Ltd has a complaints policy and procedures in place, a brief outline of which is included in the Service User Guide. This gives service users and their representative's information on how to make complaints, comments or give compliments on the service they receive. It explains procedures the company will follow and a timescale within which the service user can expect to receive information with an aim to achieve a positive outcome'. When a complaint was received the registered manager made sure it was investigated and resolved to people's satisfaction.

Is the service well-led?

Our findings

People told us that they thought the care was generally well organised and they would recommend the service. People said, "I am very happy with the service, they staff always do what I need them to do", "I would recommend them" and "It's a good service", "I'd say yes, but I feel that Head Office are not aware of what happens at local level". Staff told us that the organisation was well led. They said the management team were supportive and approachable. The registered manager ran the service on a day to day basis and the provider visited regularly to provide support. However, some people told us the communication from the office was not always good. They said, "I'd say yes, but I feel that Head Office are not aware of what happens at local level" and "Not organised. Timings are a big issue".

Quality audits were completed to monitor and assess the service. However, checks had not identified people's dissatisfaction with the lateness of calls or not having a copy of the rota to know who would be supporting them. Care plans, risk assessments and staff files were reviewed to check they were up to date. During the inspection we found some files which had not been fully updated. This included one person's moving and handling care plan and the inaccurate recording of another person's mobility.

The provider failed to consistently assess, monitor and improve the quality and safety of the services provided. The provider had failed to establish and operate effectively systems and processes to ensure compliance with the requirements. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Staff told us they worked closely as a team by working together in geographical 'clusters'. Some staff told us how they worked in pairs to provide people with their support. Staff understood the visions and values of the service and understood their roles and responsibilities. They said, "We give person centred care and make people comfortable", "We respect people as individuals, with equality, and respect their wishes", "The organisation listens to people and their staff; we all work well as a team" and "Communication is good, we work well together. This is a really good place to work".

Staff told us they were able to speak openly and honestly with the management team and felt that action would be taken if they raised a concern. Regular staff meetings gave staff the opportunity to discuss the service. The provider had noted on the provider information return, 'Team meetings are held quarterly for care workers in each of the areas covered to discuss concerns, share compliments and inform staff of company developments and office meetings are held on a regular basis'. Minutes of meetings were circulated to make sure all staff were kept up to date.

Staff were aware of the provider's whistle blowing policy and the ability to take concerns to agencies outside of the service if they felt they were not being dealt with properly. The registered manager reminded staff of the process during staff meetings to keep it fresh in their minds.

The registered manager and provider monitored the staff training to ensure it was kept up to date. They also made sure staff received regular mentoring and supervision and made sure they had an opportunity to

raise any concerns about the service. The provider, registered manager and senior staff monitored staff on a regular basis. Staff competencies were checked through spot checks to make sure they had the skills to perform their roles safely and effectively. When we asked for information it was immediately available. Records were organised and securely stored to protect people's confidentiality.

People told us they had been asked to feedback about the service; either through meetings or annual surveys. Some people did not remember having a survey to complete; others said they had not filled them in, but most people recalled receiving and completing surveys. The responses from people were collated and analysed by the provider and a letter, thanking people for participating and with the findings, was sent to people. They addressed any theme that was identified. For example, a number of people said they were not sure how to complain and others had noted they were not sure how to contact the service. The 'service user guide', which included the complaints process, was reissued to everyone along with a fridge magnet with the company name and telephone number.

The registered manager understood their responsibilities in recording and notifying incidents to the Kent local authority and the Care Quality Commission (CQC). All services that provide health and social care to people are required to inform CQC of events that happen in the service so CQC can check appropriate action was taken to prevent people from harm. We found one incident which should have been reported to CQC the week before the inspection. The registered manager realised this was an oversight and sent the notification retrospectively. Other than this one incident, the registered manager notified CQC in a timely manner and in line with guidance.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>There was a risk that people would receive inconsistent care and support. The provider had failed to do all that was reasonably possible to mitigate risks to people's health and safety.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to consistently assess, monitor and improve the quality and safety of the services provided. The provider had failed to establish and operate effectively systems and processes to ensure compliance with the requirements.</p>