

Voyage 1 Limited

Kent and Medway Domiciliary Care Agency

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Kent and Medway Domiciliary Care Agency is a domiciliary care agency providing supported living to people who wanted to live independently in the community. Some people receiving support were living with a learning disability or autism. At the time of the inspection they were providing support to 14 people who were in receipt of the regulated activity personal care.

People lived in their own flats in five supported living settings and had access to their own facilities such as kitchens and bathrooms. Services were provided in various locations in Kent including Maidstone, Deal, Dover, Hythe and Ashford. Depending on need, some people had support from wake night staff. Others were supported by sleep-in night staff who could be woken if assistance was required. Some people did not require support at night.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

Feedback from people and their relatives about the service was positive. One relative said, "We cannot thank them enough and would highly recommend their service." Another said, "[My relative] is happy there. We are pleased with the service."

The service focused on supporting people to increase their confidence and build self-esteem by ensuring people felt valued. Staff were kind and well-motivated and had gone the extra mile to provide excellent levels of support to people. Promoting independence was at the heart of staffs working practice. There was a strong focus on encouraging people to increase their daily living skills and do things for themselves and some people had become significantly more independent. The service promoted people's inclusion within society and links with the community. Staff dignity and respect was central to how staff worked.

Support was truly person centred and tailored to people's needs. People had been involved in choosing their own care staff and planning their own support. Staff had supported people to build relationships within the community and be active in society through social events, participating in education and employment and voluntary opportunities. People's end of life care had been planned for so that staff understood people's preferences. If people or their relatives wanted to complain they knew how to do so.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People and their relatives were at the centre of planning people's care. People were very well supported to express their views and make decisions about their support.

Staff had the skills they needed to support people and were well supported. Staff had access to a wide range of training courses which benefited people. Staff were recruited safely and there was enough staff employed to provide people with effective support.

The service was well managed. The registered manager was visible and well known by people and their relatives. Staff told us that they led by example and were positive about the leadership of the service. People were supported to participate in the running of the service, working in the office and arranging meetings and social events. Staff worked well in partnership with other services to improve outcomes for people.

The assessment process was comprehensive and used to develop effective support plans for people. People were very well supported when they went in to hospital and staff provided excellent levels of support to ensure people were involved in decisions about their medical treatment. Healthy living was promoted, and people were encouraged to improve their diet and exercise.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The service was safe. People's risks had been assessed and staff knew how to support people to reduce risks. Medicines were managed safely. If concerns arose such as incidents, accidents or safeguarding staff knew how to raise these appropriately and ensure that actions were taken as needed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

At the last inspection the service was rated Good overall and Outstanding in Caring.

Why we inspected

This was a planned scheduled inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Kent and Medway Domiciliary Care Agency

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The service was inspected by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service provides care and support to people living in five 'supported living' settings, so that they can live 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.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because people are often out, and we wanted to be sure there would be people at home to speak with us. Inspection activity started on 6 December and ended on 2 January 2020. We visited the office location on 6 and 10 December 2019 and spoke to relatives in January 2020.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan

to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and four relatives about their experience of the care provided. We also received written feedback from one relative. Where people did not communicate verbally staff explained their signs and gestures to us to facilitate conversation. Some people used electronic communication devices to communicate directly with the inspector. We also observed interactions between staff and people, including at a social event. We spoke with six members of staff including the operations manager, registered manager, office staff, and support workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at one staff file in relation to recruitment and records of staff supervision and training. A variety of records relating to the management of the service, including audits and systems were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We sought feedback from the local authority and professionals who work with the service. However, we did not receive any feedback from professionals.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to be protected from the risk of abuse.
- Staff had completed safeguarding adults training and knew how to identify and raise concerns.
- Staff had built relationships with trust with people so that people felt safe raising any concerns. One relative said, "[My relative] will raise things and talk to staff, they would not have done so before."
- Staff were confident that the registered manager would deal with any concerns raised. Where issues had arisen, these had been reported and addressed appropriately.

Assessing risk, safety monitoring and management

- Risks continued to be assessed and there was information for staff to support people to remain safe. For example, where people had risks to their skin integrity there was clear and detailed information for staff on what to look out for and what to do if there was a concern.
- Information was available for staff to support people to remain calm if they were at risk of displaying behaviour that could cause distress to themselves or other people. For example, there was information on what setting the person was more likely to become upset in and how staff were to support them in that setting. Emotional based behaviours had reduced for people using the service.
- Risks to people and staff from the environment were also assessed. This reviewed whether the environment was safe for staff to provide support and whether there were any risks to people which needed to be addressed.

Staffing and recruitment

- There continued to be enough staff to provide support to people.
- Staffing was arranged flexibly around people's support needs and events they wanted to attend.
- Staff continued to be recruited safely. Recruitment checks continued to be carried out centrally by the provider to ensure that staff were recruited safely. For example, to make sure Disclosure and Barring Service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable.

Using medicines safely

- People continued to receive their medicine on time and as prescribed. Medicines administration records were complete. Medicines were ordered, stored and disposed of safely.
- People's support needs for medicine administration had been assessed. People told us they were happy with the support they received with medicines.
- There was information on what medicines were for and how and when to administer them. Where people

had 'as and when' medicine such as pain relief there was information for staff such as how often the medicines could be taken and when it may be needed.

- People had STOMP plans in place and were actively supported to reduce their medicines. STOMP is an NHS England initiative to reduce the uses of mood-altering medicines for people with learning disabilities. As result some people had been supported to reduce or stop taking these medicines.

Preventing and controlling infection

- People were supported to keep their flats and the communal areas clean and free from debris which could harbour the growth of bacteria.
- Staff had access to personal protective equipment and used these where appropriate.
- Staff had completed infection control and food hygiene training and knew how to keep people safe.

Learning lessons when things go wrong

- When things went wrong lessons were learnt and learning was shared with staff to reduce the risk of concerns reoccurring.
- Incidents and accidents were analysed, and any trends were monitored.
- People's support plans had been updated where this was needed to reduce the risk of a further incident occurring.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to take control of their own health care. For example, where people had declined to attend appointments staff worked with them to build up their confidence. As a result, people were now attending healthcare appointments and some people now booked their own appointments without staff support.
- People were well supported to maintain their dental health. People had access to different dentists and specialist equipment depending on their specific support needs. As a result, people had improved their dental hygiene and were more conscientious about caring for their own teeth.
- Staff provided support to encourage people to improve their health. For example, people were encouraged to participate in exercise such as hydrotherapy and accessible sports. Some people had lost weight or improved their posture. This reduced the risk of possible health conditions from developing.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff provided effective support for people to improve their diet and nutritional intake. For example, people had been supported to learn about healthier eating.
- Where people were at risk of choking they had been assessed by the speech and language therapy team (SALT) and there was detailed personalised information for staff on how to support them to eat safely and well.
- Where people were at risk of dehydration their fluid was monitored to ensure that they were getting enough to drink. If people were not drinking enough staff worked with them to identify what might encourage them to drink more. Staff said, "We experimented and found new things. It's not been a quick process, but they are drinking much better now."

Staff support: induction, training, skills and experience

- People benefited from a well skilled, knowledgeable staff team. Training was focused around meeting people's individual needs and had a significant impact on people's quality of life. For example, staff had attended a specialist course to develop a better understanding of one person's health condition and how this affected their reactions to certain situations. They had used this understanding to adapt how they planned the person's support. As a result, there had been a reduction in emotional based behaviours.
- Training included a wide range of relevant topics such as autism awareness, mental health awareness and active support. Active support is learning designed to enable staff to promote engagement and participation in all activities that make up day-to-day living.
- Staff completed an induction which included four days of face to face training on areas such as

safeguarding, the mental capacity act, medication and manual handling.

- Staff were provided with good levels of support both during induction and ongoing. Staff had regular supervisions and an annual appraisal.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were supported to fully engage with the assessment process including where there were barriers in place which could limit people's opportunity to be heard. For example, where people's first language was not English, they were supported by a translator.
- Assessments were used to plan people's care which focused on supporting people to become more independent and make decisions for themselves. Assessments were holistic and included information on their physical, mental, social, equality and cultural needs as well as understanding people's goals and wishes.
- Best practice guidelines were followed and actively reviewed at the service. For example, the registered manager regularly discussed the REACH standards with staff and reviewed if these standards were being met for people using the service. These standards look at how people are supported to be in control of their lives and choices. Such as, how they engage with the community, choose where they live and who they live with.

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and found that they were.

- No one using the service was being deprived of their liberty under the Court of Protection.
- Staff had a very good understanding of the MCA and were able to explain the principles of the MCA in depth. Staff understood that people could be supported to make decisions for themselves with the right support. For example, by adjusting the environment and how information was presented to people.
- Staff took care to make sure people's rights under the MCA were protected. There was a strong focus on supporting people to lead their own decisions at the service. For example, one person needed an operation. Staff had arranged for the person to spend time discussing the decision to support the person to understand the implications of the operation and make their own choice.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Supporting people to express their views and be involved in making decisions about their care

- Staff ensured that people were consistently in control of their support as much as possible and were at the core of making decisions about their lives. People were supported to be empowered and staff had built relationships based on trust. For example, one person's care placement had repeatedly broken down in other environments. Staff understood that it was important that the person had a 'safe space' they felt comfortable in. The person was assisted by staff to decide where they wanted to live. The environment was holistically assessed, and changes were made to support the person to feel more comfortable living there. For example, the lighting was changed. The person chose which staff they wanted to support them, and their staff team understood how important being listened to was for the person. As a result, the person was less anxious, went out daily and was able to spend time in people's company where they were not able to do so before. They were engaging with support to manage their health conditions. The person told us they were very happy with their support and loved going out. Their relative said, "[My relative] has exceeded all expectations. They are sleeping better. [Their] behaviour has been superbly managed by the staff that work with them."
- People were fully involved in planning their support and were supported to overcome barriers which prevented them from expressing their views. For example, one person was supported to host their own care review to give them control of the process. They chose the location and baked cakes for the people attending the meeting. This reduced the person's anxiety and enabled them to attend and participate in the review. Staff said, "I am proud that we give our clients the ability and confidence to speak and make decisions."
- Staff had fully considered people's individual communication needs to enable them to express themselves in a range of situations, using a variety of tools including technology. The service went the extra mile to ensure that people were involved in decisions about their care. For example, while one person was in hospital staff provided round the clock support. This was more one to one support than the person would normally have. The person was not able to communicate verbally. Staff provided effective support to ensure that the person was able to understand and make decisions about the medical treatment they were having, and their views were heard. This meant staff had ensured the person's right to be effectively involved in decisions about their care was fully respected.
- People received highly effective support to communicate using tools, including electronic tools. Staff ensured that communication tools were relevant and continued to enable the person to maximise their opportunities for expression. For example, one person used a range of tools, including different types of electronic devices and pictorial tools. Staff also understood the person's gestures very well. This meant the person could express themselves in a variety of ways depending on the complexity and urgency of what they

wanted to communicate. Staff supported the person to review these tools to ensure they remained person-centred. After important events in the person's life staff worked with them to amend word libraries and update custom phrases so that the person's communication tools remained relevant. This meant the person was able to communicate with staff and other people more fully and independently.

- Staff identified where people would benefit from an advocate and supported people to access them to explore their support and housing options and help them express their decisions. An advocate is an independent person who helps people express their feeling and views.

Respecting and promoting people's privacy, dignity and independence

- Promoting people's independence was a core focus of the service and people were consistently supported to increase their independence. Where possible staff slowly reduced their input encouraging people to do more for themselves. As a result, some people were no longer in receipt of a regulated activity. Others had been able to reduce the hours of support they needed. For example, staff supported one person to learn to cook for themselves and take control of making their own meals. Staff worked with them over a significant period of time to build the person's confidence. They used video's in English and the person's first language to aid the person to learn to cook. As a result, the person now cooked independently and had improved their English language skills. They were also now eating regularly, something they had previously struggled to do.
- One relative told us, "[My relative] has been supported to regain skills they had lost such as personal care, living skills, cooking, and shopping. They have started to take back control of their life and are the happiest we have seen them in years." Staff said, "I think we inspire people by telling them that they have value and worth. That they are part of a community. The organisation's message is about independence and gaining freedom."
- People were supported to learn new skills through accessing education and gain and remain in employment, both paid and voluntary. Staff understood how important this was to maintain their self-esteem and worked consistently to support this. People's support was continually reviewed to support them to be able to remain in employment. For example, staff were working with one person to reduce unwise activities which were increasing the person's anxiety and putting their employment at risk. Staff were encouraging the person to undertake alternative activities and understand the impact of their choices. This meant the person was able to sustain their employment, something which was important to them, to enable them to achieve their expressed life goals.
- Respect for people's privacy was embedded within the service and staff understood that it was important for people to understand their rights to a private life. For example, staff waited for people's permission before entering their home. Staff sought people's express permission before allowing the inspector to enter people's homes. Staff explained to people why the inspector was there and asked people for consent before the inspector looked at their records or medicines.
- Staff had discussed privacy with people. Staff had spoken to people about sharing personal information and when it was appropriate to share and when it was not. This meant that people understood their right to a private life and reduced the risk that people would share information inappropriately.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a strong person-centred culture at the service which led to people being supported exceptionally well. Staff were well motivated and genuinely cared about people. Staff had built strong trusting relationships with people. One staff said, "People have to know that staff care about them and not just care for them." A relative said, "[My relative] is better talking to staff about things – they will raise things with staff where they would not before, this was a huge thing."
- Staff continued to go above and beyond people's expectations to provide a service which treated people with true kindness, genuine empathy and respected their needs. For example, one person needed to stay in

hospital for a significant period of time due to their mental health needs. Staff had built such strong bonds with the person they visited the person weekly on a voluntary basis throughout their time away. Staff supported them to access the community during this time as the person's family were unable to visit frequently. This meant there was continuity of care and reduced the risk of isolation from the community. Their relative said, "This was absolutely wonderful for [my relative] and gave us as a family enormous comfort."

- Staff were exceptionally attentive to people's emotional support needs and considered these needs when planning support. For example, one person wanted to reduce their medicines which they took to improve their mood. Staff agreed a system with one person to provide them with regular and ad hoc emotional support to allow them to express their feelings and talk things through when they needed to do so. As a result of this staff support the person had reduced their medicines over time and now no longer took them at all.
- Staff were attentive to people's needs and responded quickly when people needed support. For example, during the inspection staff noticed one person started to clench their hand. They immediately offered the person a hand massage and encouraged them to do their hand exercise to relax their hand. This reduced the risk of the person developing pain or injury from keeping their hand clenched.
- People were supported to understand and secure their rights under the law. For example, staff assisted one person to complete documentation and visit London to secure their legal status. The person was being supported to understand, and make decisions relating to their future plans. This included supporting the person to understand their rights under the Human Rights Act 1998.
- The service had received a number of compliments from people and relatives. One relative had said, 'We are so pleased with [person's] progress. They have thrived, regained weight, talking, and enjoying a life full of variety'.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a strong focus on supporting people to build relationships with others and make new connections. This had had an overwhelmingly positive impact on people's lives. For example, staff had supported a group of people to organise a number of social events for themselves. People took the lead planning, organising and running these events and planning the events calendar for the next year. People were proud of having organised their own events. One relative said this had led to people becoming more confident. At these events people had made new friends and had gone on to attend other external events they had not wanted to attend before, because they did not have friends to go with. For example, some people had started to go to the pub with friends, some were going swimming together. Other people were going to a disco they had wanted to attend, and some were choosing to share taxis.
- On the first day of the inspection people had organised a Christmas party at the services offices for people and their relatives and invited the inspector. We observed the preparation for this event and stayed for part of the party. One person told the inspector about their plans for games at the Christmas party they were excited and smiling and said, "I'm part of it, the team" indicating towards the office staff. One relative of a person who took part in arranging the event said, "They have built [my relatives] confidence up without overwhelming them. They love coming to the office [to work] and that has done a lot to boost their confidence up." People clearly enjoyed the event and participated in the games, socialised with each other and danced.
- Staff supported people to build relationships within the community. For example, staff supported people to build relationships with their neighbours. One person forgot their key and was locked out of their flat. They were able to call on their neighbour for a cup of coffee whilst they waited for support staff to arrive with a spare key. The neighbour had been given the out of office on call contact number and was able to contact the service for assistance. One relative said, "[My relative] has made friends in the community, in the shops and the café. [Staff] have ensured that they are not isolated."
- People's individual relationship needs, including those related to protected equality characteristics, were fully considered. For example, people were supported to maintain relationships with partners including same sex partnerships. Where appropriate, staff worked with people to support their understanding of how to keep themselves mentally and physically safe in relationships to reduce the risk of concerns arising and promote positive sexual health.
- People attended and participated in a wide range of activities based on their individual preferences. For example, some people had jobs, people participated in sports, volunteering projects and went to disco's, on day trips out and on holiday.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People who used the service were a key part in the staff selection process. When prospective staff were interviewed people decided how they wanted to be involved. For example, sometimes people had chosen to take part in the main interview, other people had held a separate interview panel or asked perspective members of staff to visit them at home. People's feedback was listened to, and some potential staff had not been recruited based on people's views.
- Support was truly person centred and helped people live full and meaningful lives. People's preferences were well supported, and staff went above and beyond to support people. For example, one person was supported to eat a modified diet due to risks identified by a health professional. Staff identified that this had an impact on the person's choices as they were no longer able to eat their favourite meals. The person was supported to access a specialist meal company which could provide their favourite meals which could not be made safely at home. The person was supported to access portable equipment so that they could continue to eat out with their friends and remain safe, this was something they regularly enjoyed.
- New systems had been introduced which were used in creative ways to improve support for people and improve outcomes. Staff proactively used the IT system as a tool to reduce anxiety and promote mental wellbeing. For example, staff carried a mobile phone which could be tracked. If support staff were late to a visit office staff were automatically alerted and contacted people to provide reassurance and support. For example, one member of staff was late and stuck in traffic, office staff contacted the person and stayed on the phone and were able to provide a live update on where support staff were until they arrived. This helped the person to manage their anxiety and had led to a reduction in distressed behaviour for the person.
- Systems were in place to ensure that people's support was flexible and responsive to their needs. The new IT systems also meant that people's care plans could be updated immediately, and staff could be alerted to changes. Staff were extremely responsive to change which enabled people to access support flexibly. For example, one person undertook a sporting activity. When the times for this event changed with short notice staff were alerted and were able to ensure that the person was still able to attend by adjusting the schedule.
- People were empowered to express their views. For example, there were service meetings for people where they could discuss the running of the whole service. These meetings were planned and led by people and people set the agenda. People involved in running these meetings were visibly proud of the work they had done when they told the inspector about it. At these meetings new staff were introduced to people. People had the opportunity to ask questions, discuss plans and voted for staff member of the month. There were also house meetings for people where people discussed activities and planned joint meals and the cleaning of communal areas.
- People were supported to identify their dreams and goals and achieve these. For example, where people wanted to participate in exercise and lose weight staff had worked with them to find ways to do this safely. Staff were encouraged to reflect on their practice in a meaningful way in their supervision meetings. This included reviewing the support people received to meet their goals and how it could be improved.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff had fully assessed people's communication needs as part of their initial assessment for the service and documented this in their support plans. Where appropriate these plans were updated as people's needs changed. Staff were skilled at helping people to communicate and understand what was being said to them. This ensured people had the information they needed to make informed decisions. For example, one person had been assisted to access adapted technology and computer classes. Using a joystick, the person was

able to use a tablet to access information to inform their choices.

- A wide range of Information was provided to people in a suitable format. For example, care plans, organisation annual reviews, health information and information on people's tenancies and rights was provided in easy read format. One person had been supported to access information in their first language.
- Staff had undertaken Makaton training and used this to support one person. Makaton is a form of sign language. As a result, the person was able to communicate more and the number of incidents where the person was frustrated had significantly reduced.

End of life care and support

- The service had not supported anyone at the end of their life. However, there were personalised end of life care plans in place and staff had undertaken relevant training.
- When people had been bereaved, the staff had provided truly person-centred support. For example, one person's communication devices had been updated to support the person to express their feelings and remember their loved one. They had been supported to maintain contact with their relative at the end of their life in the way that they had chosen to do so. They had chosen which staff they wanted to support them to attend the funeral and how they wanted to memorialise their loved one.

Improving care quality in response to complaints or concerns

- There was a policy in place and people told us they knew how to complain if they needed to do so.
- No complaints had been received directly by service. However, people had direct access to make complaints to the provider if they chose to do so through feedback cards which were shared with them. One person had raised a complaint directly to the provider. This was not about the service its self and had been addressed appropriately.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a strong positive culture which was led by a proactive management. The service values focused on promoting people's confidence, increasing independence and supporting people to make decisions about their support and lives. Staff had a clear understanding of the services values and were able to tell us how they worked in line with these.
- Staff were highly motivated and were very positive about the registered manager and their role. One staff said, "It's the best place I have ever worked. The manager here takes the time to work through things. It helps us remain grounded and means that we can do our jobs well." One relative said, "We know [the registered manager] well. I am very pleased with them, they are doing a good job."
- People who use the service nominated Kent and Medway Domiciliary Care Agency for the providers excellence award in 2019 as branch of the year and the service was a finalist. People had also nominated a staff member as staff member of the year.

Continuous learning and improving care

- Auditing systems continued to be in place to check the quality of the service and make improvements as appropriate. There were regular audits of support plans, risks assessments, medicines, and health and safety. The operations manager undertook a 6-monthly audit on behalf of the provider. Where audits identified action needed to be taken it was done so.
- The registered manager kept up to date with best practice and developments. They regularly attended events, meetings and workshops for registered managers.

Working in partnership with others

- Staff worked in partnership with other health and social care professionals such as occupational therapists and the local authority to improve outcomes for people.
- Staff worked closely with people's employers to identify any issues which could affect the person's employment and worked with people to address these before they became a significant concern within the work place.
- Staff had supported people to manage their tenancies and raise concerns with their housing provider when these arose. Staff had ensured that the landlord met their responsibilities and advocated on people's behalf where this was needed. For example, repairs had been done to one person's flat and a new kitchen was planned. Staff worked with the landlord to ensure that any work taken was done in a way which did not increase people's anxieties.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were frequently asked for their views on all aspects of their care, the service and staffing. People could feedback their views at regular house meetings and service meetings. People could also speak directly to the registered manager who was visible at the service and knew people well.
- The provider undertook annual surveys for staff. Feedback from staff was positive. Comments included, 'Very supportive team', 'Management are very supportive and understanding and help where ever needed.' And, 'The management team are very helpful and are good at making your support role cheerful.'
- Surveys were also sent to people and relatives. Feedback was positive from both.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There had been no incidents at the service which qualified as duty of candour incidents. A duty of candour incident is where an unintended or unexpected incident occurs which result in the death of a service user, severe or moderate physical harm or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident.
- When things went wrong or there were incidents, people and their relatives were kept informed where appropriate.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had informed the Care Quality Commission of significant events which happened within the service, as required by law.
- It is a legal requirement that the rating is on display at the services offices and on the providers website. This requirement was met.