121 Care & Mobility Limited

121 Care & Mobility Limited - 121 Care & Mobility

Inspection report

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Ratings

Overall rating for this service	**Good**
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?	**Good**

Overall summary

The inspection took place on 11 and 12 December 2014, and was an announced inspection. The registered manager was given 48 hours' notice of the inspection. At the last inspection on 17 December 2013 we found the service met five of the outcomes inspected, but was in breach of Regulation 20, outcome 21, records. The provider had taken action and at the time of this inspection, there were no breaches of the legal requirements.

The provider, registered manager, and senior staff assisted with the inspection. They worked as a team to make sure we had the information we requested. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Summary of findings

The 121 Care and Mobility service is registered to provide personal care to people, living in their own homes in the community. People received support in line with their assessed personal care needs. The service was providing care to 212 people whose support hours varied from one to four calls a day, with some people requiring two members of staff at each call.

At the inspection on 17 December 2013 we found that the service was in breach of Regulation 20, Outcome 21, records. The provider was now compliant with this regulation as records had improved and there were systems in place to check that records were being completed appropriately.

People told us they felt safe when staff were supporting them with their care. Staff had received training in how to keep people safe and demonstrated a good understanding of what constituted abuse and how to report any concerns.

Systems were in place to manage risks to people and staff. In some cases further information was required so that staff had detailed written guidance to support people. For example, guidance about how to move people consistently and safely.

There were sufficient numbers of staff on duty to make sure people needs were met. Staff had permanent regular schedules so that people received care from a consistent staff group.

People were protected by robust recruitment procedures and new staff had induction training, which included shadowing experienced staff, until they were competent to work on their own.

The service had recently reviewed the medicine procedures and was in the process of introducing a new system to monitor and check staff practice and improve the recording of the medicines by staff. We have recommended that the service reviews their medicines policy and procedures in line with current guidance.

People told us they were very happy with the service being provided. Staff knew people's individual needs and how to meet them. Staff received core training and specialist training, so they had the skills and knowledge to meet people's needs. They fully understood their roles and responsibilities as well as the values of the service.

People were able to make decisions about their care and support. Staff were up to date with current guidance to support people to make decisions. The staff had received training on the Mental Capacity Act 2005. The Mental Capacity Act provides the legal framework to assess people's capacity to make certain decisions, at a certain time. The registered manager told us that at this time people had the capacity to make their own decisions; therefore no best interest meetings had been required.

People were supported with their nutritional and health care needs. The service made appropriate referrals and worked jointly with health care professionals, such as community nurses, to ensure that people received the support they needed.

Staff were caring and treated people with dignity and respect. People said that the staff were kind and polite. People told us that the staff arrived on time and stayed the duration of their call.

People were involved in the assessment and the planning of their care. The amount of details in the care plans varied and information was recorded in the daily notes, but this was not always reflected in the care plans. People were confident that staff provided personalised care and knew their routines well. The registered manager told us that they would review the format of the care plans to improve all the relevant details.

People told us that their care plans had been reviewed when senior staff visited them and any relevant changes were made when required. Staff said the communication between the staff and the office made sure that they were up to date with people's changing needs.

People and staff were supported by an out of hours on call system. Staff told us that this was always responsive and any queries raised were sorted out promptly.

People felt confident in complaining, but did not have any concerns. People had opportunities to provide feedback about the service provided both informally and formally. Feedback received had been positive.

The culture within the service was personalised and open. There was a clear management structure in place and staff told us they were all part of the team. They said they felt comfortable talking to the managers about their

Summary of findings

concerns and ideas for improvements. There were systems in place to monitor the safety and quality of the service being provided. The service looked at new ways of working to continuously improve the service.

Summary of findings

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 always safe. Risk assessments did not always have detailed guidance to show staff how to move people safely. The medication policy did not include information about administering 'as and when required' medication.

The service had systems in place to manage risks and equipment was monitored in people's home, to make sure it was safe to use.

Staff knew how to protect people, could identify the signs of abuse and knew the correct procedures to follow if they thought someone was being abused.

There was sufficient staff on duty to meet the needs of the people. Staff were recruited safely and completed induction training, so that they had the skills and knowledge to look after people safely.

Is the service effective?

Good

The service was effective.

People were asked about their preferences, choices and were supported by trained staff.

People were supported to access appropriate health, social and medical support as soon as it was needed.

There was support from a manager available outside of office hours and systems were in place to respond to emergencies

Is the service caring?

Good

The service was caring. People told us they were treated with kindness and staff respected their privacy and dignity.

People who used the service told us they liked the staff and looked forward to them coming to support them.

Care plans were personalised with people's choices and preferences and people were involved in making decisions about their care.

Is the service responsive?

Good

The service was responsive to people's needs.

People's needs were assessed and this information formed part of the care plan. The plans were reviewed and updated regularly.

There was a complaints procedure in place, and people were encouraged to provide feedback and were supported to raise complaints.

Summary of findings

Is the service well-led?

Good

The service was well led. The registered manager of the service completed a number of checks to ensure they were providing a good quality service.

People and staff had the opportunity to develop the service as there were regular meetings with people and staff to discuss any aspects of the service. The staff had a clear understanding of their roles and what their responsibilities were.

The registered manager reviewed policies and practices at the service to ensure the quality of service provision, and monitor the support provided to people.

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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 inspection took place on 11 and 12 December 2014 and was announced. The provider was given 48 hours' notice.

One inspector and an expert-by-experience, with a background of older people and domiciliary care, completed the inspection. 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 visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we received since the last inspection, including notifications. A notification is information about important events, which the provider is required to tell us about by law.

Surveys were sent to people using the service, staff and health care professionals, and during the inspection we visited four people in their own homes. We also spoke with the providers, the registered manager and two members of staff.

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

After the inspection the expert by experience contacted 26 people by telephone. We also contacted four members of staff by telephone to gain their views and feedback on the service.

We received feedback from two social care professionals by telephone who had recent contact with the service.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe using the service and whilst staff were in their homes. People said: "Actually I feel very safe with them". "I didn't expect to feel safe, but I do". "I was worried about them all knowing the key safe number, but it hasn't been a problem at all". A relative said: "I've never had any cause to worry".

Staff had received training in safeguarding adults. They were knowledgeable in recognising signs of potential abuse and were aware of the relevant reporting procedures. Staff told us they were confident that any concerns they raised would be listened to and fully investigated to ensure people were protected. People told us they would speak to a member of staff or the office if they wanted to raise any concerns. The registered manager was familiar with the process to follow if any abuse was suspected in the service and knew the local authority safeguarding protocols. The service had worked closely with the safeguarding team to make sure people were protected from abuse and where necessary had raised safeguarding alerts to protect people. Staff were aware of the whistle blowing policy and procedures and systems were in place to investigate and respond to any issues raised.

Assessments were undertaken to assess any risks to the person and to the staff supporting them. This included environmental risks and any risks regarding the health and support needs of the person. The risk assessments we read included information about action to be taken to minimise the chance of harm occurring. For example, some people had restricted mobility and information was provided to staff about how to support them when moving around their home and transferring in and out of chairs and their bed. We saw that some people required the use of a hoist. Staff had received training and told us how they moved people safely but this information was not always recorded in full detail in the care plans. The manager had recognised that the assessments and care plans could be improved and was in the process of implementing new plans to make sure staff had full step by step guidance in place to ensure people were being moved safely.

Staff were aware of the reporting process for any accidents or incidents that occurred. The registered manager had investigated and carried out any required actions to help ensure people remained safe and to reduce the risk of further occurrences. For example, we noted that when an incident occurred with a staff member, action had been taken by the registered manager, with agreement of the person, to remove an unsafe electrical device and replace it with a new appliance. Systems were in place to monitor the servicing of equipment that was used by staff in people's homes. This information was recorded in people's care plans and was monitored by the senior staff to make sure the records were up to date, and the equipment was safe to use.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people and their needs. The service had an on-going recruitment process, so that they would be able to cover the service in times of sickness or annual leave. People told us that they had never had a missed call and their call times could be adjusted when they needed to attended appointments. The registered manager told us that travel time was taken into account and rotas were worked out geographically to reduce travel time between calls, so that people's calls were received as close as possible to their agreed times.

There was an on-call system covered by senior staff and the manager. People told us that they had contacted the service during out of hours and received a prompt reply. One person told us that they could always rely on the staff coming when they requested additional calls.

Staff were recruited safely. We looked at three staff recruitment records and found that all of the relevant checks had been completed before staff started work. This included an application form, evidence of a Disclosure and Barring Service (DBS) check having been undertaken, proof of the person's identity and evidence of their conduct in previous employments. New staff completed an induction training programme, which included shadowing senior staff, and they completed a probationary period before becoming permanent staff.

People told us they received their medicines when they should and they felt their medicines were handled safely. People said: "The staff make sure I take my tablets". "They are very good with my medication".

We found that the service had recognised that improvements were needed in the management of medicines. Medicine administration records (MAR) charts did not always show that people received their medicines

Requires Improvement

Is the service safe?

according to the prescriber's instructions, for example, medicine which should have been taken weekly was recorded incorrectly, and there were gaps in the record sheets. The service had taken action to address these issues. This included the investigation of staff practice, including disciplinary action, to make sure that all staff were aware of the policies and procedures when administering medicines. All staff had received additional medicine training and other staff were not administering medicines, until they had been deemed competent to do so. We saw that medicine records had improved and a new auditing tool was being introduced, to ensure that medicine was being administered safely.

Staff were applying prescribed creams during personal care routines; these were not always included on the medicines administration records (MAR) charts.

Although the medicine policy stated that "medication is taken in accordance with the prescribed written instruction it did not include the procedures with regard to 'as and when required' medicines". Staff spoken with told us that they understood the use of this medication and how it should be recorded. However the medicine policy and procedures did not include information about administering medicine on an 'as and when required' basis, such as pain relief.

It is recommended that the service review their medicine policy in line with the guidance "The Handling of Medicines in Social Care, The Royal Pharmaceutical Society of Great Britain".

Staff had received training in medicine administration and their practice was observed during spot checks of their practice, carried out by senior staff. Staff we spoke with were able to talk through the procedure they followed when administering people's medicines, which followed a safe practice.

Good

Is the service effective?

Our findings

People were satisfied with the care and support they received. People said "I am very happy with the staff and the service". "I cannot fault the staff whatsoever". "The staff are fantastic. Everyone I've met has been great. I have no problems with the service".

People's medical conditions were recorded in their individual care plans and there was guidance about what staff should do if people needed medical attention. People were confident that they received good support with their health care needs. They told us that staff were attentive and knew when they were unwell or may need a doctor's appointment. People said: "The staff are very professional". "It is written in my care plan to weigh me every day, and they do. If I'm not well, they write it down. The nurse visited yesterday, and was reading their notes and said that how great the communication was". "I recently was very unwell; my carer noticed and called an ambulance. She knew what was happening and I was full of praise for her afterwards". A relative said: "The staff always seem to know what to do". We noted that, there were lots of details in the daily contact notes on people's health and care needs but this information was not always included in other parts of the care plan. The registered manager told us that a new format of the care plans were being introduced which would clarify where to record all relevant information.

Staff told us that the office staff "were brilliant" at taking appropriate action to make sure people's health care needs were monitored and met. They told us that they were kept up to date with referrals, such as visits from the district nurse or doctor. Records showed that when doctors, ambulance or the district nurse's attendance was required this had been actioned and was clearly recorded on the systems, to make sure people received the health are support they needed.

People were supported by trained staff who had the knowledge and skills required to meet their needs. Staff had completed a three day induction programme, which included shadowing experienced staff and completing training courses, such as health and safety, first aid, moving and handling, infection control and basic food hygiene. They also completed documentation, which included questions to show they had understood the training, shadowing experienced staff and attending training courses.

The service had grown over the last six months and new staff had been recruited and inducted. There were mixed comments from people with regard to the new staff. Two people felt that the new less experienced staff could do with more training, while one person said that some of the new ones were better than the existing staff. Another person said: "Sometimes the new, less experienced staff don't know what they are doing. They need to read all the notes before they come, but don't always have the time". New staff told us that they did receive information from the office before they made calls and they were aware of the importance of reading the care plans. They said this was covered during induction and as they were new sometimes they needed extra time to read the plans. The registered manager had recognised that additional training may be required for new staff to enable them to carry out their roles effectively.

A new programme was in place to make sure that in addition to the mandatory training, all staff, including new staff, were in the process or had completed training linked to the Qualification and Credit Framework (QCF) (a care qualification to demonstrate staff had the competency and skills to carry out their job to the required standard) in health and social care, to further increase their skills and knowledge in how to support people with their care needs. The reading of the care plans and documentation had been discussed with staff at the last staff meeting. Minutes confirmed that staff were reminded the importance of reading, writing and keeping correct and appropriate records.

Records showed that new staff had their competencies assessed whilst they were shadowing senior staff, such as giving people their medicines, personal care and catheter care. Senior staff then agreed if they were confident to commence their duties on their own or needed further guidance or training.

Staff received regular supervision and appraisal from their manager. These processes gave staff an opportunity to discuss their performance and identify any further training or development they required. People told us they had regular staff and staff were matched with people who had the right skills to meet the person's individual care needs.

Staff told us they had spot checks on their practice and attended staff meetings. Spot checks were carried out by senior staff to observe that staff had the skills and

Good

Is the service effective?

competencies to meet people's individual needs. These checks were unannounced whilst staff were providing care and support to the people. This made sure that people were receiving care and support from competent staff.

Staff were aware of and had received training in the Mental Capacity Act (MCA) 2005. The Mental Capacity Act provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people were assessed as not having the capacity to make a decision, a best interest decision was held involving relatives and other professionals, where relevant. The registered manager told us that no one was subject to an order of the Court of Protection and that each person had the capacity to make their own decisions, although sometimes people chose to be supported by family members. No one had required a best interest meeting to support them to made decisions about their care. People said they were routinely asked for their consent at each call. People had also signed their care plan to confirm their consent to their care and support. People said staff offered them choices, such as what they wanted for lunch or what clothes to wear.

People's needs in relation to support with eating and drinking had been assessed during the initial assessment. Records showed that people's allergies were recorded and their specific dietary needs, such as vegetarian. Most people required minimal support with their meals and drinks. People told us that the staff always left drinks out for them before they completed their calls, and we saw one person had a flask and drinks where they could be easily reached. They said that the staff made them sandwiches of their choice and other people said they had a hot meal of their choice at lunch time. We saw that one person was receiving fortified drinks to enhance their dietary needs and this was given at the required time and recoded on the medicine sheet. People said: "They ask me what I want and cook it". "The staff use the microwave and oven and do it well. They make omelettes, too". A relative said: "The staff leave food out for my family member to eat later and it works really well".

Records showed that staff reported any concerns regarding people's skin integrity to the office who notified the district nurses. People had the relevant equipment to reduce the risks of pressure sores to keep their skin as healthy as possible, such as specialist cushions and mattresses. Staff had received training on how to support people with their continence care, including the use of catheters.

People told us that the staff usually arrived on time and stayed the allocated time of the call, even though at times they felt the staff needed more time. People's visits were allocated permanently to staff rotas so that people received consistent care from staff who knew them well. People said: "I have a small group of six regular ones". "It's mainly the two, but sometimes others, of course". "I stipulated that I need the same carers and they took notice, so the majority are familiar". "It's usually the same one and she's lovely". "It's usually the same one, who we like, and they do try to find someone compatible for us". "We want continuity. They get to know us and our ways. The best ones become part of our family".

Good

Is the service caring?

Our findings

People told us staff listened to them and took notice of what they said. People said: “I look forward to seeing the staff and having a good laugh, I don’t want them to change”. “The staff look after us 365 days of the year, so I must speak up and say a big thank you for sorting me out every day. The carers are wonderful people”. “I look forward to seeing them and sharing their lives. Even my cat recognises their uniforms now. We are all women together, talking about life”. “The staff are very caring”. “I’ve been lucky with the staff. They are very kind and we get on well”.

Relatives said: “My relative gets on well with all of the staff. The staff knows them well now and they have a laugh with her. It’s running smoothly, a super service”. “Thank you for all the love and kindness shown to my family member during their illness”.

People told us that the staff knew them well. They said that staff knew their routines well and they had been asked if they preferred a male or female member of staff to support them with their personal care. People told us that they were always given choices and told us that the staff responded to their wishes. They said: “Most of them wash up and they all do what I want”. “Staff have always been very willing to do what I’ve asked”. A relative said: “The staff always go over and above their duties”. “They always ask what else they can do for us before they go”.

People told us they were involved in the assessments of their care needs and planning their care. One relative said: “The staff from the office came several times at first, to get the care right”.

People said that, on occasions, senior staff visited them to review the care plan and discuss any changes required. People told us that communication with the office was good; they said their calls were always covered in times of staff sickness or annual leave.

There were policies and procedures in place to give staff guidance on treating people with privacy and dignity. Staff had received training in treating people with dignity and respect as part of their induction. Staff explained to us how they made sure people received support with their personal care in a way which promoted their dignity and privacy. For example, leaving people alone in the bathroom and waiting for people to ask for support with their personal care. People said staff encouraged them to do things for themselves so that their independence was maintained, as much as it could be. People said: “Staff treat me with one hundred per cent dignity. They do a perfect job”. “They respect my privacy”. “It’s not easy needing personal care, and it’s not easy to give it: but they made it easy for me to accept care when I didn’t want to”.

There were systems in place to support people with making decisions about their care such as referring them to local organisations such as Age UK should they require support from advocacy services. At the time of the inspection no one was being supported by an advocate.

The service had an effective system in place to ensure the staff were recognised for good practice. There was an employee of the month scheme in place and staff were awarded small gifts and their name was recognised in the staff newsletter praising their good care practice.

Good

Is the service responsive?

Our findings

People told us that the service was responsive to their needs. They said that whenever they needed extra support or talked with the office they responded and acted on what they said. Staff had reported to the office that a person's mobility had changed and extra time was required to fully meet the person's needs. Records showed that the service contacted the case manager and a referral to a physiotherapist was made together with a re-assessment of the care being provided.

People told us they were involved in the initial assessment of their care needs and in planning their care. Some people told us their relatives had also been involved in these discussions. The registered manager or senior staff undertook the initial assessments which formed part of the care plan.

Care plans contained information that was important to the person, such as their likes and dislikes and any preferred routines. Plans included details about people's personal care, medical conditions, medicine and health care needs. There was guidance for staff to follow to support people with their diabetes, for example what they preferred to eat if they needed to increase their blood sugar levels. Risk assessments were in place and applicable for the individual person. Moving and handling risk assessments included information such as 'needs to rest arms during movements – staff to be patient". This showed that people's individual needs were taken into account and they were given the time to be supported safely.

There were some good details of personalised care in some care plans, such as, how to place people's pillows and to make sure the person had a blanket over their knees. People knew about their care plans and three people told us that their plans had been reviewed and updated. A relative also confirmed that the care plans had been reviewed and they had received a letter to confirm that there were no changes. Staff demonstrated that they knew people and their needs very well. They were able to talk about people's current care and support needs in detail, such as their daily routines in personal care. Staff told us that communication with the office was good. They said they were always informed by telephone or memo when people's needs changed.

People told us that staff responded to their needs when they needed to change the time of their calls. For example, if they had appointments to attend. People said: "If I have an appointment, they change things as I want". "I phoned to change the time at the last minute and there were no problems at all". "There are no problems if we cancel a visit". Two people felt that the timing of their calls could be improved as they preferred later evening calls. Staff told us that they discussed call times with people to ensure they received the times they wanted, and if the preferred time slots were not available, they would accept the time of the call until such times this could be changed to suit their preference.

Staff supported people to maintain their social life. One couple told us how a staff member had supported them to go out for a meal to celebrate a special occasion. Another person said they looked forward to chatting to the staff during their call.

People told us they knew how to complain. There was information in their care folders in their homes of how to complain. People and relatives said they would not hesitate to complain and were confident they would be listened to and appropriate action would be taken. People said: "I did ring the office about one particular carer and they took it on board. I was relieved at the reception I got. They dealt with it, no problems." A relative said: "If I do have a problem, I speak to them and it's sorted quickly. They've come out to me, we've had a chat and it's all sorted."

The service had received six complaints since the previous inspection. These had been recorded, investigated and the outcomes were resolved to the individuals satisfaction.

There were several opportunities for people to feedback about the service provided. People were supported to complete a satisfaction survey when they received their care plan review and asked annually to complete another satisfaction survey. The last survey was completed in October 2014 with positive results. Comments made: **"**Very happy with all the care staff". "Ninety nine per cent of the staff are capable and confident – definitely regular carers are good". "The staff can't rush me; in fact they are very good and always give me time". "My two carers are angels – they can't do enough for me. I am very happy with my care". "The staff are hardworking, they go above their duties".

Good

Is the service well-led?

Our findings

People were satisfied with the service. They said that the office telephoned when staff were running late and they found this very helpful. Another person said: "They give me the name of a new member of staff, so I know who to expect'. "If I phone the office they are wonderful. I speak with a certain member of staff and she knows me and listens. They are a good company".

The leadership and management of the service were open and transparent. The providers, together with the registered manager, worked in the office on a day to day basis and were available for people or staff to speak with. They were an established team that supported staff to ensure the service was run effectively, and people received the individual care they needed. People knew the registered manager and the provider, as they were both part of the day to day running of the service which demonstrated that people, and staff felt included and consulted about the service.

We saw that the registered manger valued feedback from everyone involved in the service and included staff, and this information was used to improve the service. For example when negative feedback was received about the staff signing time sheets, this was investigated and a new time sheet system was introduced to reduce the risk of missed calls. People told us how they had filled in surveys to give their opinions about their care and support. They told us that they received regular visits from senior staff to ask if they were satisfied with the service. All of the people we spoke with were complimentary about the management and office staff.

Staff told us that the managers were always looking at ways to improve the service and they received memos to keep them updated with information about policies and procedures.

The registered manager told us that the service had reliable and loyal staff who had worked in the service for some considerable time. The provider's philosophy and vision were included in their Statement of Purpose and there was also information and guidance for people. This clearly showed the organisations' aims, and what people could expect from the service. Staff were aware of these values and told us how that the care plans were personalised to make sure people were treated as individuals, with respect, privacy and dignity. They said they all worked well together, including the managers, and made an excellent team to make sure people received the care they needed. Staff said: "I love working for this organisation". "They are a family orientated service focused on people receiving good quality care". "They are great to work for".

People told us that the organisation was well led. Staff we spoke with confirmed that they understood their right to share any concerns about the care at the service. They said that they were aware of the provider's whistleblowing policy and they would confidently use it to report any concerns. Staff also told us that the management team were supportive and available at all times.

The provider sought feedback from the staff through staff surveys, staff meetings and individual meetings with staff. The overall outcome of the last survey to people with positive comments such as, "The staff are hardworking, they go above their duties". "I am satisfied with the service". We saw that any negative comments were raised at staff meetings such as the importance of staff showing their identify cards, signing time sheets and timings and duration of calls. Regular quality surveys were carried out to check that improvements had been made. There was a monthly newsletter sent to all staff covering people's news, such as new staff appointments, and thanking staff for covering calls at short notice. The newsletters also included reminders, such as signing updated policies and procedures.

The quality of the service was regularly monitored by the management team, which included completing regular audits of medicines management and care records. They evaluated these audits and created action plans for improvement, if needed. We noted that when a negative comment was received the registered manager took appropriate action, for example, people had made comments about the signing of time sheets, so the service introduced a new call monitoring system to record timings accurately and reduce the risk of missed calls.

The service had systems in place to continuously improve the service. During the last six months the service had expanded and in order to enhance their leadership skills they had appointed additional senior staff. Senior staff, together with new staff were undertaking additional training and qualifications, such as the Qualification and

Good

Is the service well-led?

Credit Framework (QCF) in health and social care, from levels three to five. (a qualification to demonstrate staff had the competency and skills to carry out their job to the required standard).

The service kept up to date with changes to legislation and best practice in domiciliary care. They were members of the Kent Community Care Association and gained information from various other resources such as Age UK and NHS Choices. This made sure that current information was available to continuously review and improve the service.

There was a business continuity policy in place, which covered any disruption to the service, their computer systems and premises. This included a crisis management team and office re-location. This document was designed to significantly reduce the disruption to the service should a crisis situation occur so that people would still be able to receive their care.

Staff signed to confirm that they had read the policies and procedures of the service and they also had a staff handbook. These were reviewed and kept up to date. Records were stored securely and minutes of meetings were distributed if staff could not attend, so that they would be aware of up to date issues and changes within the service. Care plans and risk assessments had been reviewed and updated on a regular basis.