Tender Loving Carers Domiciliary Limited

Tender Loving Carers

Inspection report

108-109 John Wilson Business Park
Harvey Drive
Whitstable
Kent
CT5 3QT

Tel: 01227772515
Website: www.tenderlovingcarers.com

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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?	**Outstanding** ☆

Summary of findings

Overall summary

The inspection took place on 16, 17 and 18 January and was announced. We gave 48 hours notice of the inspection, as this is our methodology for inspecting domiciliary care agencies.

Tender Loving Carers provides personal care and support to people in their own homes in Whitstable, Herne Bay and surrounding areas. At the time of the inspection the service was providing care for 120 people. This included older people, people living with dementia and people with a learning or physical disability.

The service has a registered manager who was available and supported us during the inspection. 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.

People trusted staff and therefore felt safe whilst being supported by them. Staff had received training in how to safeguard people. They knew what signs to look out for which would cause concern and how to report them so the appropriate action could be taken to help keep them safe.

Comprehensive checks were carried out on all potential staff at the service, to ensure that they were suitable for their role. People had their needs met by regular staff that were available in sufficient numbers.

Assessments of potential risks had been undertaken in relation to the environment that people lived and worked in and in relation to people's personal care needs. This included potential risks involved in moving and handling people, supporting people with their personal care needs and with managing medicines. Guidance was in place for staff to follow to make sure that any risks were minimised.

A medicines policy was in place to guide staff. Staff had received in-house training in the administration and storage of medicines and a system was in place to regularly check they had the knowledge and competence to manage people's medicines safely.

New staff received an induction which ensured that they had the skills they required, before they started to support people in their own homes. Staff undertook face to face training in essential areas, shadowed senior staff and feedback was sought from people who used the service to ensure they were competent. People said that staff had the specialist skills and knowledge they needed to support them.

Staff had undertaken training in The Mental Capacity Act (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

People's health care and nutrition needs had been comprehensively assessed and clear guidance was in place for staff to follow, to ensure that their specific health care needs were met. Staff were knowledgeable about people's health care needs and liaised with health professionals and family members when appropriate.

Staff were consistently kind, caring and compassionate, and treated people with the upmost dignity and respect. The service had gone the 'extra mile' by considering the needs of people's carers, staff undertaking additional tasks and by fundraising to provide a Christmas party for people each year. Staff had positive relationships with people and their family members who they knew well.

People's care, treatment and support needs were assessed and a plan of care was developed jointly with the person which included their individual choses and preferences. Guidance was in place for staff to follow to meet people's needs. Staff knew people well which enabled them to support people in a personalised way.

The service was extremely flexible and responsive to meet people's needs. In agreement, some people were able to change their support hours to ensure they led as full a life as possible. A wheelchair accessible van had been purchased to enable people to attend health care and social activities. People who were cared for in bed were offered a service so they could receive a bath in their own homes.

People were informed of their right to raise any concerns about the service and felt confident to do so. When people had raised issues, they said the service had been committed to resolving them quickly and to their satisfaction.

There were effective systems in place to assess and monitor the quality of the service, which included asking people about their experiences. There was an open and positive culture and the registered manager was passionate about providing care which enabled people to remain in their own homes. Staff knew how to put the aims and values of the service into practice so people received personalised care. People said that they had or would recommend the service to others.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff were trained and their competency checked so they knew how to safeguard people and manage their medicines.

Checks were carried out on staff to make sure they were suitable for their role and they were employed in sufficient numbers to meet people's needs.

Risks associated with people's care had been identified and staff followed appropriate guidance to help keep people safe.

Is the service effective?

Good

The service was effective.

People received care and support from staff who had the knowledge and skills to meet their needs.

People's health care and nutritional needs were monitored and met by staff who liaised with relevant professionals.

Staff understood how to follow the principles of the Mental Capacity Act to ensure decisions were made by people or in people's best interests.

Is the service caring?

Outstanding

The service was exceptionally caring.

Staff were kind, caring and compassionate and had developed positive relationships with people.

People were supported by staff who valued their contributions and treated them with the upmost dignity and respect.

The needs of people's carers were taken into consideration when providing care.

People were enabled to make daily decisions and choices.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

People were fully involved in planning their care, treatment and support, which reflected their choices and preferences.

The service was flexible and adaptable in the way it delivered services.

People and relatives felt confident to raise any concerns and when they had done so they had been resolved to their satisfaction.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

There was an open culture where people and their relatives were asked about their experiences and they were listened to and acted on.

Staff understood the vision and values of the service and how to put these into practice. People benefitted from being supported by staff who felt valued and were motivated to provide them with individual care.

Systems in place to assess and monitor the quality of the service were effective in driving continuous improvement. When shortfalls were identified, action was taken to improve the quality of service and care.

The service worked in partnership with other organisations to make sure they were following current practice and to identify areas that could be improved.

Tender Loving Carers

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.

Before the inspection, we asked the provider to complete 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. The provider returned the PIR within the set time scale. Before the inspection, we looked at information about the registration of the agency and notifications about important events that had taken place at the service. A notification is information about important events, which the provider is required to tell us about by law.

We received questionnaires from 24 people, four relatives and one community professional. These questionnaires asked people a range of questions including if people felt safe, received care from familiar and consistent staff, were treated with dignity and respect, involved in making decisions and asked for their views about the service.

This inspection took place on 16, 17 and 18 January and was announced with 48 hours' notice being given. The inspection was carried out by two inspectors. On the 16 January we visited the service's office. On 17 January one inspector visited four people and two of their relatives. Another inspector telephoned five people and four people's relatives. This was to speak with them about their experiences of the service. On 18 January we visited the service to feedback our initial findings and gain additional information that had been requested. We also received positive feedback from a health care professional.

During the inspection we spoke to the registered manager, human resources manager, two assessors, the coordinator, the cover coordinator, the training coordinator, the medicines trainer, two receptionists, three care staff and the director. We viewed a number of records including six care plans; the recruitment records of the five most recent staff employed by the service; the staff training and induction programme; medication, safeguarding and quality assurance policies; service user guide; staff handbook; compliments and complaints logs; audits and quality assurance reports.

Good

Is the service safe?

Our findings

People said they received support from a regular group of staff with whom they had developed positive relationships. They said they trusted staff which ensured they felt safe when receiving care and support. People who required specialist equipment to move said they felt safe when staff were supporting them to do so. "I get very worried, but feel safe when staff are hoisting me", one person told us. People said staff helped them to manage their medicines to keep them in good health. They said staff gave them their medicines at the times they were needed and recorded that they had done so, so they did not have to worry.

The service had a safeguarding policy which set out the systems in place at the service to minimise the occurrence of abuse, how to recognise abuse, staff's responsibility to report any concerns and the responsibility of the service to contact the local authority and other professionals as appropriate. Staff had received training in how to safeguard people. They understood there were different types of abuse and that any changes in a person's mood or behaviour could indicate that something was not right with a person. They felt confident to raise any concerns with a senior member of staff or the registered manager. They were confident their concerns would be taken seriously, but if they were not they knew to would contact the director of the service or the Commission. Numbers of relevant professionals were available in the office and Statement of Purpose. Staff demonstrated they knew how to "blow the whistle". This is where staff are protected if they report the poor practice of another person employed at the service, if they do so in good faith. The whistle blowing policy was contained in the staff handbook.

Staff received in-house training in medicines management from a senior carer who had completed a 'train the trainer' medicines course. Staff undertook training as part of their induction and regular refreshers, which included checking their competency to administer medicines safely. The medicines policy included staff's responsibilities and guidance on, levels of assistance, medicines obtained over the counter from a pharmacist, medicines given 'as required' (PRN), storage, recording and incident reporting. The policy stated that self-administration was to preferred option for all people who are able to do so and that assistance was given to the assessed level required. An assessment of the person's ability to manage their medicines was undertaken which included if people knew which medicine to take, they knew the dosage and time and if they could read the medicine label. Each person was rated in relation to if there was an acceptable risk or if control measures needed to be put in place to ensure they received their medicines as prescribed by their doctor. Some people had been assessed as needing full assistance, which included administering their medicines and recording them on a medical administration (MAR) sheet. Other people needed only physical assistance such as opening or pouring medicines and other people needed prompting to check they had taken their medicines.

A list of each person's medicines was held at the office and each person's home together with important information about any potential side effects or special precautions. A MAR was kept and completed for each person detailing the name, dosage and time each medicine was given and any additional information, such if the person had an allergy. Specialist medicines were recorded on a yellow sheet to alert staff to their importance. The medicines coordinator reviewed each person's MAR monthly and contacted staff if there were any gaps or queries on the records to ensure people had taken their medicines as prescribed. Body

charts were in place to show where non-medicated creams such as barrier and moisturising creams should be applied to the body in order for people to maintain healthy skin.

Risks to people's personal safety and in their home environment were thoroughly assessed before the service commenced. This included all areas of the person's daily needs such as moving and handling, personal care tasks such as wet shaving, any behaviours and medicines administration. Each potential risk was identified together with the appropriate action that staff needed to take to minimise their occurrence. Detailed moving and handling assessments were in place. These took into consideration if a person had a history of falls, their physical ability, communication skills and physical ability in all aspects of their mobility such as getting in and out of a chair, standing up and sitting down. People had the specialist equipment they required such a hospital beds, pressure relieving mattresses and hoisting equipment. Staff were aware when equipment needed a service to ensure it remained safe for people and staff to use.

Staff described how they dealt with any accidents or incidents and understood to keep a record of the event and report it to a senior member of staff. The registered manager reviewed all events to see if there were any patterns or trends and any concerns were addressed. This included 'near misses'. These are events that might have resulted in harm to a person but the problem did not occur because of timely intervention. For example, staff reported that one person's urine drainage bag was leaking which was an infection risk. It was arranged for them to go to hospital to have a new one fitted.

Potential employees' completed and application form which included the reasons for any gaps in their employment history. Staff were interviewed an assessed in relation to their skills and knowledge and attitude towards caring for people. Before staff supported people in their own homes a number of checks were undertaken including two references, checks of the person's identity, and a Disclosure and Barring Service (DBS) check. A DBS identifies if prospective staff had a criminal record or were barred from working with children or vulnerable people. All these checks helped to minimise the risk of people unsuitable people being employed by the service.

The service had not missed any scheduled visits to people's homes which evidenced there were enough staff available at all times to meet people's needs. The service monitored how many care hours a week were needed to enable them to support each person's care package. They used this information to assess how many staff were needed. Recruitment was on-going to ensure staff were available at all times needed and to enable them to take on new packages of care. The registered manager said they would not take on new care packages if they did not have the staffing hours to cover it. Staffing levels also ensured that staff days off and holidays were covered. Most staff were employed on staggered shift pattern whereby their days off varied which meant there were similar numbers of staff available each day.

The service office was staffed from 6.30 am to 9.30pm every day including weekends and this information was available in the Service User Guide. This meant that people and care staff were safe in the knowledge they had someone to contact if the needed to whilst receiving or providing care. Staff providing this support were experienced care staff.

Good

Is the service effective?

Our findings

People and relatives told us people received care from regular staff so there was continuity of care. They said staff were punctual and if they were delayed they were informed. People were given a schedule each week which identified which member of staff would be supporting them at each visit. One person told us, "I usually have the same staff but occasionally I have another carer. They let me know about any changes and if it is someone very new they introduce them first". Another person told us, "I have an arrangement with TLC (Tender Loving Carers) that if the carer is going to be more than ten minutes late they must ring, which they do. The carer is usually on time".

People and relatives said that staff had the necessary skills and training to support people so they could remain in their own home. "It must be the tone of TLC and the training that makes the staff so good!" one person told us. Other people stressed the importance to them of having consistent staff who had the required skills needed for their individual care. One person told us, "My needs are quite complex so it is really important to me that I have consistent carers with the right skills. I have a main carer who is skilled in caring for me and we get on well". Another person told us, "I need consistent staff to come who know me and to how to help me when I am eating. The staff I have all know me".

New staff received a comprehensive induction programme which included training in essential areas such as safeguarding, first aid, medication, moving and handling and health and safety before they supported people. The training included staff interaction and the use of scenarios and they took a test at the end of the training to assess their understanding in each topic. The induction also included checking staff's understanding of the services policies and procedures, how to complete records and commencing the Care Certificate. The Care Certificate includes the standards people working in adult social care need to meet before they are assessed as being safe to work unsupervised. Each new member of staff was allocated a senior member of staff to shadow and they started to provide care under their guidance and direction. The senior carer made written observations of their competence and highlighted any areas where they needed further support. When the new member of staff was assessed as competent to work alone in the community, the human resources manager telephoned all people they supported as an additional check of their suitability for the role. The member of staff was given regular feedback about their performance so they could build on their strengths.

A training matrix was in place which identified when each member of staff had completed essential training and when it was due to be refreshed. Medicines and moving and handling training were provided by staff who were a 'train the trainer' in these areas. All other training was provided face to face by external trainers. The service had identified that refresher training in some areas was overdue. Training sessions had been booked until March 2017 in first aid, moving and handling, dementia and safeguarding. They had taken steps to minimise future training gaps by employing a trainer to provide training as it was needed on a regular basis. This person was due to be in position on 1st April 2017. In addition training workshops were held for staff in practical skills each month such as how to make a bed and male shaving. Staff also undertook specialist training related to the needs of the people they were supporting. This included pressure care, catheter care and care for people living with dementia, Parkinson's or multiple sclerosis. The

service had started to roll out a yearly training planning meeting with the training coordinator. This involved reviewing the individuals training, identifying any additional training and planning a schedule of competency observations.

The service actively promoted staff to undertake a Qualification and Credit Framework (QCF) level two or above in Health and Social Care. These are work based awards that are achieved through assessment and training. To achieve a QCF, staff must prove that they have the ability and competence to carry out their job to the required standard. 77% of staff had achieved QCF level 2 or above and staff were encouraged to work towards level 3 after completing level 2.

People and relatives told us staff were efficient in monitoring their health care needs. "The carers are pretty observant when it comes to my husband and point out if they see signs he is not himself", one relative told us. They said that any health advice was recorded in their plan of care so care staff could follow it. One person told us, "I have problems with my legs, but thanks to the carer my skin is lovely and soft and I no longer have weeping legs".

A detailed assessment of people's health care needs was undertaken which included their needs in relation to mobility, skin integrity, medicines and their mental well-being. Individual guidance was in place about how to support people effectively and staff understood how to put this into practice. Staff liaised with health professionals, such as the district nurse and occupation therapists to ensure people had the right equipment and staff the necessary knowledge to support people's health needs. For example, the multiple sclerosis (MS) nurse had been contacted to seek advice on how to support people physically and emotionally who were living with this condition. A meeting was then held with the care staff team to communicate this important knowledge.

A relative told us, "Staff encourage my family member to drink and if they see they have not drunk enough and not well, they call the doctor". People's need in relation to food and fluids were assessed and the support they required was detailed in their plan of care. Fluid, food and bowel charts were kept if a person had assessed as needing this level of monitoring. People said staff cooked for them what they had chosen to eat. For people who had difficulties with swallowing, there was specific guidance in place for staff. People said staff understood how to follow this 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 the best interests and as least restrictive as possible. The registered manager had undertaken training in the MCA at its inception and was trained in this area to level 4. Therefore, they had a sound, practical knowledge of how to implement its principles. Staff had received training in MCA and demonstrated they also had a good working knowledge of the Act. Staff had attended meetings with relatives and professionals where it had been assessed that a person did not have the capacity to make a specific decision about their care needs. This was to ensure a decision was made in the person's best interests. The service knew who had a Lasting Power of Attorney. This is where a person appoints one or more people to help them make decisions on their behalf about their health and welfare and/or finances. Some people had a Do Not Attempt Resuscitation (DNAR) in place which were kept in people's care files so they were easily accessible by medical staff.

Staff said they felt well supported by one another and the management team. After their induction a senior member of staff was assigned to them as a keyworker. This was their first point of contact if they wanted to discuss anything. The keyworker system was based on compatibility between the staff members. Staff were

able to choose who they wanted as a keyworker and to change keyworker at a later date if they wished. In addition staff had regular supervision and appraisals.
Supervision and appraisal are processes which offer support, assurances and learning to help staff development.

Outstanding ☆

Is the service caring?

Our findings

Everyone spoke extremely highly of the staff team and described them as caring, kind, considerate and understanding. One person told us, "The care I receive is superb: It sets me up for the day". Another person said, "My carer understands how I feel and shows real concern for me". Relatives said the care of the staff team extended to them as well as their family member receiving the service. One relative told us, "I ring the office staff up when I have a problem about something and it is not always about my husband's care. They are always happy to help". Other relatives had written to the service thanking them for the support they and their family member had received. Comments included, "Dad and I can never thank you enough for all the love and care you gave to my relative and the support you gave us"; and "Thank you for the kindness and support shown not only to my relative but also to me during the time of her illness. All of them were caring and professional".

The service went the 'extra mile' in making people feel valued. For a number of years the service had arranged a Christmas party for people. Transport was provided by the service's disability vehicle to ensure everyone was able to attend. The party was free of charge and was only possible due to the hard work and fundraising of care staff at many events. Family members who had lost their loved ones were also involved if they wished and supported and talked to people during the event. At the party people were provided with food and entertainment. At the last party children from a local children's nursery come to sing songs with people and father Christmas arrived with presents for them. People were also involved in provided some of the entertainment. One person was a member of a drama group and their group had put on a show. Another person told us they were invited to play the piano and had been pleased to do so. The service had received a lot of praise and positive feedback about how much people had enjoyed this special event. Comments included, "It was good to meet the staff and they were on top form in ensuring our comfort and pleasure. Two features stand out: The entertainment by the children and the pianist"; "You all worked hard to enable so many people to enjoy themselves"; and "You gave my daughter and me a wonderful afternoon. There was a warm welcome, grand meal with attentive and friendly service all rounded off by enjoyable entertainment. We had live music, delightful nursery children to sing and jolly 'oldies'. Who could wish for more? There WAS more… a gift given to me as we left!"

The service had consistently been complimented for the kindness and compassion of staff Comments included, "I worked for a number of years as a counsellor in a hospice, so am aware when I see care at its best"; "Thank you for all the patience, kindness and respect you showed to my father whilst helping to care for him"; "The carer was aware to include my relative as well as me when she was talking with me and showed genuine care"; and "We are especially grateful to the carer for her concern for my aunt while she was ill and for being there when she arrived home from respite care. That meant a lot to my aunt". The service had also been complimented for the difference it had made to people's quality of life. "Please accept my personal gratitude for the difference that you are making to the quality of my Mother's life" a relative wrote.

People and relatives told us staff always asked if they could help with anything and went out of their way to undertake extra tasks. One person told us, "My carer went beyond the call of duty in the summer as I had a plague of maggots in my outside bin. She was quick to point me in the right direction and who to speak with

at the council. She washed and disinfected the dustbins which was not part of her duties, without me asking. That meant a lot to me". Another person told us that their relative's glasses had broken and they were unable to fix them. They asked the carer to mend them and they did so straight away. A relative had informed the service, "The carer of my family member is one of the best carers. She is kind, helpful, considerate, always willing to help and go beyond. A real credit to Tender Loving Carers". At the weekend prior to the inspection, one person had rung up the office to say their carer was not due for two days but they had run out of milk. Staff established this person no longer received care from the service, but from another care agency. The member of staff did not wish the person to remain distressed, and so brought some milk for them as requested and delivered it to them. The person thanked them for the milk, but said they had no money to pay for it. This incident demonstrates that the agency had a strong caring and compassionate ethos.

Staff prioritised developing positive relationships with people and people valued these relationships. Comments from people included, "My carer sat with me today on a respite visit. We get on well"; and "it's very important to me who the carer is. My main carer is the right person for me and we have a good working relationship. She always asked how I am". Another person put the index finger on each hand parallel to one another to describe the closeness of their relationship with their main carer. A relative had complimented the service on the skills of staff to communicate with people. "The carers sensitive manner and approach was just right for my family member. They judged exactly how to engage without being intrusive as they are quite a private person". People were asked about their life histories and this was recorded in their care plans if they wished. This helped to match people with staff and ensure conversations took place about what interested people and what was important to them. Staff demonstrated they knew people well and knew about their individual needs and preferences.

People and relatives said they were treated with the upmost dignity and respect. They described how staff put them at ease when supporting them with their personal care. Comments included, "My carer respects me and provides care sensitively to maintain my dignity"; and "Staff are friendly and easy going and I have a laugh and a joke with them. I never feel embarrassed when they are helping with personal care". Another person explained how they sometimes overslept when their carer arrived to support them in the morning. They said the carer called up to them to make sure they were alright and then started to get things ready for their shower, giving the time to fully wake up.

The service understood the well-being of people's carers had a direct impact on people receiving care and had sought ways in which they could support them. They provided free moving and handling training to family and friends who worked alongside staff in caring for their loved ones. This enabled relatives and friends to remain involved in their loved ones care and to do so in a way that was safe for them and the person. The service thought about people at significant times in their lives. Carers who lost a loved one were sent sympathy cards as a sign of respect and people and carers were both sent a card on their birthday. Staff explained how birthday card were particularly meaningful for people who lived on their own and had no family members. One person enjoyed celebrating their birthday and making it special and staff facilitated them with this.

People and their relatives were involved in developing their plans of care and signed them if they had the capacity to understand the information they contained. Staff ensured people made decisions about their daily lives, and were encouraged to be as independent as possible. "Staff have helped me to more independent and happier", one person told us. Another person said, "Staff help with my personal care although I try and do as much for myself as possible". People were given a copy of the Service User Guide when they first started to use the service. This contained information about the aims and objectives of the

service, what task staff were and were not able to carry out, people rights, contractual arrangements and useful contact details.
The document was also available in large print, braille or a different language on request.

Outstanding ☆

Is the service responsive?

Our findings

People, their relatives and professionals said the service responded extremely well to their needs. People told us the staff knew them well, including what they liked and liked to talk about and that they listened to them. They said they felt comfortable raising any concerns with their carer or office staff. Most people said they had not needed to raise a concern or complaint and other people said if when they had raised an issue they were immediately responded to. Comments included, "Office staff are approachable. I spoke to them about my father's care and they took on board what I said"; "I made a complaint about staff coming too early and it did not happen again" and "The registered manager came to visit to sort out the problems. They have gone out of their way to try and make it work and are committed to doing so". A professional described the service as "Extremely responsive and flexible" and said that it went, "Out of its way" to meet people's needs.

When they first started to use the service people were given a copy of the Service User Guide which included how to make a complaint. It stated that all feedback was welcome including compliments, complaints, suggestion so the service could learn from them. It also stressed the importance of immediately reporting, "Any complaint about a member of staff or bad practice" so it could be investigated. People were made aware of their right to direct their concerns to the Ombudsman if they were not satisfied with the way the service had handled their complaint or to contact the local authority directly if this was how their care was funded. A record was kept of each complaint and the action taken to resolve it which included arranging a meeting with the people involved to discuss their concerns. A regular audit was undertaken to review the nature of any complaints and the action taken to resolve them, to assess if the process was effective. Some people had complained they had not received their weekly rota of which member of staff was supporting them for the following week. The service responded by aiming to complete each person's weekly rota on a Thursday evening, instead of a Friday morning, so it could be posted or delivered by a named carer.

People described how the service was flexible and responsive to their individual needs and preferences to enable them to live as full a life as possible. One person told us, "I have required additional hours during the day if I have not felt well and the service have facilitated this for me". Another person told us how the service had provided them with the personal care they needed whilst enabling them to maintain friendships and undertake activities of their choice. They explained how staffing hours were flexible and responsive to their needs. For example, going swimming in London was really important to them as they had attended a club there as a child and had many friends. "If I give the office notice I can bank my hours and go swimming", this person told us. They explained how, if they did not use all their staffing hours in the week, they could add them together so they had enough staffing hours to support them to go swimming. Another person who received personal care had developed a positive relationship their carer. This carer had introduced them to sailing and supported them to go sailing each summer. They were also able to use their staffing hours flexibly to enable them to go to activities which sometimes extended to the early hours of the morning as this suited their lifestyle.

The staff team consisted of staff who people said had outstanding skills and an excellent understanding of their health needs. One person told us they required regular input, monitoring and dressings to be applied

to maintain healthy skin, which was very important to them. They proudly told us their main carer had been trained and assessed as competent by the district nursing team to carry out these responsibilities on the days the district nurse did not visit. They said their carer often chose to support them on their days off at the weekend which was reassuring to them as they had the skills and knowledge to meet their needs.

The service had taken action to respond to the needs of the local community. Some people in the local community were bed bound and therefore unable to have a bath. The service had purchased a "Shower in bed system" which could be transported to a person's home and enabled the person to have a bath in a mobile sling. Specific staff had been trained in how to use the equipment and it could be easily transported to the person's home using the service's van. The service had purchased a wheelchair access van to transport people with a physical disability. It was used to enable people who used the service to attend health care appointments, such as doctor and hospital appointments and also for social events. One person used the van twice a week to go to a local primary school to help children learn to read. This meant that people had an alternative to using a wheelchair accessible taxi service.

People's care and support was planned in partnership with them and their relatives. Before people used the service they were visited by an assessor, and their relatives where possible, to make a joint assessment as to whether the service could meet their needs. Assessments included how people wished to benefit from the care they would receive; that was the aims and objectives of the care package. All aspects of the person's health, social and personal care needs were assessed including their daily life skills, mental well-being, mobility and nutrition. People were contacted after the commencement of their care package to check it was meeting their needs and expectations. This took place after two weeks and then three months of the start date. People told us regular reviews of their care took place which included their feedback to ensure staff were supporting them according to their individual needs.

A plan of care was developed for each person before they were supported by staff. They were written with input from people and their relatives. They included personalised guidance for each aspect of care that people required, such as their mobility, communication needs and continence. For a person who required assistance to move from their bed, the plan directed staff to first adjust the bed to the correct working height. It stated the specific equipment that needed to be used and step by step guidance in how to use the hoist in a safe way that reassured the person. Other information that was important to the person was also included such as who they shared their home with if they had any pets and how they communicated their needs. People told us that staff wrote daily reports about how staff had supported them. These records were reviewed by office staff to ensure they gave a clear summary of people's support and well-being.

Outstanding ☆

Is the service well-led?

Our findings

Everyone said the service was well-managed. Relatives said they were consulted and people said they were involved in all decisions with regards to their care needs. People and their relatives said they would recommend the service and some people told us they had already done so. Comments included, "I would not use another agency"; We have a good relationship with the service. As far as we are concerned TLC have fulfilled their obligations"; "I don't usually give 100/100 but I would give them 99/100 which is very high for me"; and "I have never had to make a major complaint and I have been with them since 2009!"

The service had a positive culture which encouraged staff and people to raise issues of concern. People told us if they had a concern they had talked directly to the registered manager. One person said the registered manager telephoned them on a regular basis to ensure everything was alright with their care package and to sort out any problems as they immediately arose. The registered manager demonstrated they knew people well. Another person told us, "I ring the office if I want to know anything". During our visit with them they were unsure of an aspect of their care which was being discussed. They immediately telephoned the service's office and were put through to a member of the management team who knew them well and gave them the answer to their question. The service had a very low staff turnover which benefitted people by providing them with consistent staff.

The vision and values of the service were person centred and made sure people were at the heart of the service. A relative had complimented the service stating, "From everything I hear, see and understand I think TLC are doing an extraordinarily good job. The ethos of the company is evidenced in spades and my mother and I are both deeply grateful for the excellent work that your team are doing". The values of the service were set out in the service user guide. They were to support people in a way that preserved their quality of life by providing flexible care that promoted their independence and choices. Understanding the values of the service was part of each member of staff's induction and they were contained in the staff handbook. Staff demonstrated they understood these aims and gave examples of how they put them into practice whilst supporting people.

The registered manager was a strong role model and passionate about providing care which enabled people to remain living in their own homes. They had an open door policy and staff described them as supportive and their experience of working at the service as being a positive one. A member of staff told us, "The registered manager has the ability to lead her staff with such positivity it has become infectious, to the degree that all that work for her strive to keep the same high standards". The registered manager was supervised by a social care professional to assess their strengths and any areas in which they could improve. The registered manager was supported by a senior manager team and the directors of the service. One of the directors was the founder of the service and continued to be actively involved in all aspects of the service from making strategic decisions to providing hands on care and working as a receptionist when this was required. Two members of senior staff were completing level 5 Diploma/Qualification and Credit Framework which is a management qualification.

The contributions of care staff were valued and acknowledged. Each month a member of staff was

nominated as carer of the month. For January a relative had nominated their main carer. They stated that the member of staff was, "Considerate, hardworking and very conscious of performing their duties to the best of their abilities. I've never met anyone who clearly defines the meaning of the word CARER". A team meeting was held with carers twice a year to discuss company issues, how to work together and people's individual needs. Meetings with senior staff were held four times a year and included feedback from each group of staff including human resources, people's assessments, training, medicines, staffing and reception. Daily ten minute office meetings were held the majority of days to ensure good communication in the senior staff team.

The service worked in partnership with other organisations to make sure they were following current practice and to identify areas that could be improved to provide a high quality service. The registered manager said this gave them the opportunity to share experiences and best practices for people's benefit. They were a member of Kent Integrated Care Alliance whose aim is to help shape the future of homecare in Kent. They said that as a result of a discussion around medicines management in this forum, the service had improved its recordings of medicines and ensured important information, such as a medicines side effect, was included in their care plans. The registered manager sat on safeguarding training board with local authority. This developed their knowledge in the area and showed the commitment of the service to keep people safe. The registered manager was chairperson for the Skills for Care Workforce Development Board. The purpose of the network is to utilise the breadth and wealth of skills and experience of employers, stakeholders and partners within the network to support workforce development thereby improving outcomes for carers and people who use services. As part of this network the service had continually improved their policies and procedures that supported the workforce and piloted and testing new initiatives such as recruitment strategies.

The service also kept up to date with current changes through membership of local and national associations such as Abuse Awareness, Dementia Action Group and The Social Care Commitment and used this knowledge to develop the service. For example, they had signed up to the Social Care Commitment. This is a Department of Health initiative made up of seven statements, with associated 'I will' tasks that address the minimum standards required when working in care to raise workforce quality in adult social care. They had identified they had already met at least one standard from each statement, but had targets to meet addition ones in the next year.

The quality of the service was monitored through audits and contacting people to gain their experiences of the service. Each policy and procedure was read by staff and assigned a review date to make sure they were kept up to date. Audits included recruitment processes, training, complaints and records to ensure they were fit for purpose. In April the registered manager had audited three people's and three staff files and highlighted that although care plans contained descriptive and individual information, staff competency assessments and training were not all in place. This action had been completed to ensure staff had the skills necessary for their roles. Senior staff were responsible for assessing staff's competency and this was recorded in their staff files together with any areas for development. The service's computer system highlighted when people were due for a face to face yearly review of their care or a telephone questionnaire. This is where people were asked about their experiences including staff attitude, if they are able to maintain their independence, if staff are carrying out all tasks and meeting their needs and if they know how to make a complaint.

The registered manager had reviewed all aspects of the service in September 2016 and produced a detailed report in November 2016. This confirmed that everyone had received either a review of quality assurance visit/telephone call and that feedback was generally positive. Compliments and complaints were reviewed together with the action taken to address them. It was noted that the number of complaints had reduced

and the number of compliments had risen from the previous year. The quality assurance questionnaires showed a very positive response with people happy with their care, contacting the office for advice and being able to reach individual goals where possible. There were a few negative responses in relation to communication with regards to call times. A list of actions was made as a result including the introduction of ten minute daily office meetings, a daily handover book to be completed by duty staff and to continue to improve communication with people about changes.