

New Horizons Broad Oak Limited

New Horizons Broad Oak Ltd Resource Centre

Inspection report

Unit A7(e/f) Continental Approach
Westwood Industrial Estate
Margate
Kent
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Tel: 01843295680

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

New Horizons Broad Oak Limited is a domiciliary care agency. The service provides support to adults who have a learning disability, physical disabilities, autism and other complex needs.

Care is provided in people's own homes, at the New Horizons Resource centre, the New Horizons respite Caravan in Seasalter and in the community. People receive care on a one to one basis, unless additional staffing needs are identified.

Not everyone who used the service received personal care. The Care Quality Commission (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. At the time of the inspection, the service supported 31 people, 19 of whom required support with their personal care.

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

People were unable to tell us about the service they received so we spoke with their relatives. Feedback from relatives was positive. They were complementary of the service commenting on the compassion and dedication of the staff and registered manager. One relative commented, "I don't know what we would do without them. I can't praise them enough, particularly their support through the lockdown."

People received safe care and support, their relatives were confident staff understood people's individual needs well and associated risks. Care plans contained detailed risk assessments, which reduced identified health risks together with any environmental risks to people and staff.

Medicines were safely managed and administered. Although we asked the registered manager to review the storage of medicines and arrange refresher training for some staff about how to administer a specific medicine.

Robust recruitment processes were in place. This prevented unsuitable staff from working with people. Staff were skilled in carrying out their role, most had completed vocational diplomas in addition to mandatory training.

The staff team worked in partnership with relatives. This ensured people received everyday support for their care and health needs, together with support to attend health care appointments.

The registered manager and staff we spoke with knew what their responsibilities were about keeping people safe from the risk of abuse. Spot checks, home visits and relatives' feedback requests ensured continuous oversight so that people and staff were safe.

Staff were caring and always protected people's dignity and independence both within their homes and in

the community. Staff had the information they needed to support people to make choices and recognised that people had the right to make their own decisions.

Staff and relatives told us continuity of staff was good and they always knew in advance who was coming to support them. Relatives confirmed staff always arrived when expected and they had never been let down by missed calls. Relatives were confident about raising concerns or complaints but had not had the need to do so.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- The model of care maximises people's choice, control and independence

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

Right culture:

- The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

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's needs were assessed prior to receiving support including their protected characteristics under the Equalities Act.

The service had an effective system in place to assess, monitor and improve the quality and safety of the services provided. Appropriate action was taken to monitor accidents and incidents; the rate of which were very low. There was a process to gain feedback from people, their relatives and staff and to use this to improve people's experience of the service.

The registered manager was also a joint provider of the service and understood their responsibility to operate the service in line with their regulatory responsibilities.

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

Rating at last inspection

The last rating for this service was Good (published 11 October 2019).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have

been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

New Horizons Broad Oak Ltd Resource Centre

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

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own home. People are supported with their personal care needs. People are supported to participate in a range of activities and experiences to develop their confidence and independence and to provide relatives and carers with respite breaks. This inspection looked at people's personal care.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service less than 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 23 September 2021 and ended 5 October 2021. We visited the office location on 23 September 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection together with information we had asked the service for in preparation for this inspection. This included some people's care plans, staffing and training information. We sought feedback from the local authority and professionals who work with the service. 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 this information to plan our inspection.

During the inspection

We spoke with the registered manager, who is also the provider, four support workers a team leader and one person who received support with a regulated activity.

We reviewed a range of records. This included multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with four relatives of people who used the service.

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 the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were safely managed. New Horizons staff supported people with their medicines if they were assessed as unable to self-administer. People requiring support to manage their medicines received them safely. Each person had specific guidance for staff to follow, detailing the support required to take their medicines, including as and when needed (PRN) medicines. This ranged from prompting to administration of medicine via a Percutaneous Endoscopic Gastrostomy (PEG). PEG feeding is used for people with difficulties swallowing or if they cannot eat or drink enough.
- Staff had received medicines training and annual competency checks were carried out. Medicine administration records (MAR) were completed each time staff administered medicines. The service had policies and procedures about the administration of medicines, which provided guidelines for staff. Medicine audits were carried out. The current audit noted a lapse in refresher training and difficulty in sourcing an alternative training provider. Following the inspection, we received confirmation that this had been resolved.

Assessing risk, safety monitoring and management

- The risks to people's health, safety and well-being were appropriately assessed, acted on and reviewed. People's care plans contained risk assessments linked to their support needs. These explained the actions staff should take to promote people's safety. For example, this included risks associated with epilepsy, diabetes, mobility and behaviour that challenged.
- Staff understood how anxiety or unmet needs may bring about changes in people's behaviour and the triggers that could affect this. Staff were familiar with strategies developed for managing these situations. Guidance informed staff on how to provide positive behavioural support, for example, by distracting and diverting people away from expressing their emotions through behaviour that could impact on others.
- People had emergency grab sheets providing essential information about them. This was provided for staff to give to ambulance or other medical professionals or if they accompanied people to A & E. Assessments of the environment people lived in were completed. Any risks to the person and staff were assessed and where possible steps taken to reduce the likelihood of occurrence.
- There was an on-call system to ensure advice and support was available to people and staff out of hours. Relatives we spoke with told us they had, 'Complete confidence in the staff and the support they provided'.

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding system in place, including current safeguarding and whistleblowing policies and procedures.
- Staff confidently described what constituted abuse and how they would address any concerns. Staff knew any suspicion of abuse must be recorded and the registered manager informed. Staff understood internal

and external processes to report abuse.

- Staff had received training on adult safeguarding, including a workshop presentation from a Local Authority Safeguarding Officer. Staff understood their responsibilities to record safety incidents, raise concerns or near misses and to report them internally and externally, where appropriate.
- Staff told us they would feel confident in whistleblowing (telling someone) if they had any concerns. Staff were confident in the provider and felt any issue raised would be addressed decisively at its first instance. People's relatives told us they, 'Felt safe when staff were in their homes' and, 'I have nothing but praise for the commitment and dedication of staff, without hesitation, I can tell you (person's name) feels safe and receives the best of care from New Horizons staff.'

Staffing and recruitment

- Staff had been safely recruited. Checks were completed to make sure new staff were suitable to work with people. These included two references and Disclosure and Barring Service (DBS) criminal record checks. DBS checks are used to help providers make safer recruitment decisions.
- Relatives we spoke with confirmed there were never any missed calls, staff arrived when expected and always stayed the full duration of the call.
- Most people were assessed as requiring one to one support from staff to meet their daily needs. Clear records showed how hours commissioned by the local authority were used and, where necessary, additional staffing support was agreed with the funding authority.
- Staff turnover was low, the provider overstaffed to allow for flexibility and contingency planning in staff deployment. Discussion with relatives found staff new people well and they were completely satisfied that people's support needs were met.

Learning lessons when things go wrong

- The registered manager reviewed any accidents and incidents, including incidents of behaviour which can challenge. Records were monitored and analysed to identify trends and patterns and to inform risk assessment reviews and, if needed, change in staff practice.
- Any near misses were also documented and monitored to ensure lessons were learnt.

Preventing and controlling infection

- There were effective systems to reduce the risk and spread of infection. For example, the registered manager ensured staff had received additional training in donning and doffing personal protective equipment (PPE) and used appropriate PPE, due to the COVID-19 pandemic.
- We were assured that the provider's infection prevention and control policy was up to date.
- Staff always had access to enough PPE and confirmed they used it. Discussion with a relative confirmed staff always wore PPE when visiting their home.
- The office and recourse centre environment had been adapted to comply with the restrictions placed during the COVID-19 pandemic; hand sanitizer and PPE were used and visitors' temperatures were checked. Staff were tested weekly for COVID-19 and records of results maintained.

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 the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager undertook a full assessment of each person's needs before starting a service. The assessment included the person's life choices, routines, likes, dislikes, hobbies, social activities as well as their goals and aspirations. The assessment was used to formulate and agree a care plan with the person and if appropriate, their relatives. One relative told us, "I have been involved at every stage of care planning." Another relative commented, "The manager came to my home and met (person's name). We agreed the support needed from the outset and it gets reviewed every few months. We are very happy with the support provided."
- Where people had more complex health needs, or their needs changed, these were re-assessed regularly. The provider was supporting one person with their transition to a residential setting because of their rapidly changing needs. The person's relative told us, "It has been a difficult decision, but New Horizons have involved and supported us every step of the way. I am very grateful to them."
- Assessments included cultural and religious needs and placed an emphasis on social inclusion. The provider had information available in other formats, such as, easy read and pictorial forms to best suit people's communication and understanding.

Staff support: induction, training, skills and experience

- New staff continued to receive an induction and completed a probationary period before they were confirmed in post. Most staff held nationally recognised vocational care qualifications. Those without qualifications were asked to complete the care certificate (this is nationally recognised set of care standards) and their competency as assessed by the registered manager.
- Staff received training relevant to their roles and the specialist needs of people supported. The registered manager was in the process of identifying a new training provider for some specialist medicines training, following the unexpected closure of the previous training provider. The training programme was monitored, and time was allocated for training in staff rotas to ensure it was completed.
- The registered manager sourced advice, guidance and training from other health professionals where available. This helped to ensure staff continued to have the skills required to meet people's needs. Staff spoke positively about the training received, commenting, "Training is a good standard and varied to suit different methods of learning."
- Staff told us they continued to receive regular formal supervisions, annual appraisals and observation of their practice. Staff felt the registered manager and senior staff were approachable and open to suggestions and discussion.

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

- Some people received support to prepare meals and drinks to meet their nutritional and hydration needs. Where people required a special diet, such as, pureed food, staff knew what consistency to prepare food and how to safely support people to eat it. Where people received their food and drink via PEG, staff were well versed in how to safely do this. This included pre and post food PEG flushing to ensure it functioned as intended.
- Peoples' care records detailed when they needed assistance with food preparation and there were instructions for care workers about how this needed to be done.
- Relatives felt staff had enough information to support people with their meals and confirmed people received their food as preferred or needed. The service supported people to eat healthily and some people had lost weight, improving their overall wellbeing and levels of activity. Where another person had unintentionally lost weight, staff consulted with a dietician and monitored the person's food and fluid intake. Records showed the person's weight stabilised then improved.

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

- Staff continued to support relatives by accompanying people to attend routine and specialist healthcare appointments. This included supporting people to attend dental treatments and occasional overnight stays in hospital.
- Relatives told us staff knew people well. They gave examples where staff had noticed changes in peoples' condition and the service had supported them to receive health care they needed.
- Staff were confident about contacting a doctor or a pharmacist or would contact the office if assistance was required. Staff told us they called 111 or 999 if there was an urgent issue or an emergency. We saw evidence that a person's GP had been contacted and referrals had been made to other professionals, such as speech and language and occupational therapists.
- The service had an active community presence and supported some people using the service to take part in a local carnival. Where people were supported to attend the services' resource centre, people enjoyed the interaction with other service users and the facilities and activities offered.

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.

- The registered manager and staff had received MCA training. They understood people had the right to make their own decisions about their care and that people might sometimes need help with making important decisions through best interest meetings.
- Where relatives had lasting power of attorney for people and were legally able to make decisions on people's behalf, the registered manager had checked this was in place.
- Staff continued to work closely with people and their relatives and day to day support was provided based on the consent of the person.

- Staff were guided by what people wanted through verbal and nonverbal communication. Including pictorial information and Makaton. Makaton uses symbols, signs and speech to enable people to communicate.

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 Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Relatives commented on the positive and compassionate culture of the service, describing it as, "Fantastically reliable and friendly." One relative praised the staff for the comfort and support provided during the Covid-19 lockdown periods and the extra things they had done to help, such as, collecting and delivering prescriptions from the pharmacy.
- The provider was committed to ensuring continuity of care and allocated regular care workers to support people. People and staff were deliberately matched based upon common interests and how they interacted and responded to each other. This had helped people; staff and their relatives develop and maintain supportive relationships.
- Staff continued to look at ways to enhance and maintain relationships people had with their own relatives. For example, staff had been supporting one person and a family member to spend more time together, with the goal of them being able to enjoy a joint experience of a meal out.
- The registered manager remained confident any needs associated with people's protected characteristics were met. Policies highlighted the importance of not discriminating against people and treating them equally. Staff received equality and diversity training and spoke passionately, explaining, "Everybody is treated equally, but also as individuals."

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

- Staff worked closely with people and their relatives to make sure people received the support they needed. One relative told us, "I am more than satisfied with the care provided, (person's name) is visibly happy when in the company of staff. They have become friends."
- Staff explained they always consulted people and their relatives about the care they provided. They asked people before carrying out tasks and chatted with them to explain what they were doing when they supported them. Relatives felt well informed about care planning and were appropriately consulted about all decisions relating to their family members' care.
- Relatives told us that staff always offered people choices about their day and how they spent their time. Staff knew people's personal histories, social needs and day to day care preferences. Potential for personal growth and independence continued to be encouraged and linked to people's goals and aspirations. This had provided people with opportunities to enjoy wheelchair bicycle rides, swimming and spending time with friends and family outside of their homes

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of dignity and privacy and how to maintain this for people when

providing personal care. The registered manager and staff remained respectful whenever they worked in people's homes. They took care to protect the privacy and dignity of the whole family. For example, they ensured doors and curtains were closed and kept people covered up to preserve their dignity.

- Staff spoke about and referred to people in a professional friendly manner. A relative commented, "The staff and owners are second to none they are all lovely and so kind. They understand and support (person's name) well. Where he needs help, they help, where he can do some things himself, they encourage this. They have the right balance." Another relative told us, "All the support we receive is friendly, relaxed and efficient. That gives us confidence and I must say, the way they treat people is first class,"
- Information held in the office was stored securely. Paper records were stored in locked filing cabinets. Electronic records were held on secure, password protected computers. Information was securely backed up. Where care workers accessed electronic care records, access was restricted to those who needed the information to carry out their role.

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 remained the same. This meant people's needs were met through good organisation and delivery.

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

- People had individual care plans which set out their daily support needs and any preferred routines. These included assistance with personal care, support with medicines, planning and preparing meals and people's preferred activities. This informed staff about people's preferences and how support was to be provided. Relatives felt the support people received met their needs and preferences. One relative told us, "The support is exactly what we have asked for," another relative commented, "Any changes are discussed and accommodated."
- Staff knew people and their support needs well. Staff felt care plans were informative, regularly reviewed and updated. Any changes or amendments to care plans were highlighted and staff signed them to acknowledge they had read and understood the changes.
- Relatives confirmed they were involved in discussing any changes. They felt communication was good and care plans were updated as needed. Staff gave an example where a person was supported with checking their blood sugars, which led to an increase of insulin. The process around this was recorded in the care plan and records were amended to reflect the changes.
- Daily records continued to be detailed and set out the support people had received from staff and what they had done during their time together. The registered manager or supervisors reviewed all notes of daily care to ensure the support provided met with people's plan of care and the expectations of their relatives.

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

- People and their relatives continued to be involved in discussions about how they spent the one to one leisure time they were allocated. They were particularly complimentary about the social events and activities provided. Out of necessity, many of these had been curtailed due to the COVID-19 pandemic and were only recently restarted.
- There was a range of social and leisure activities people enjoyed including cycling, swimming, bowling, attending local events, shopping, sports activities and pub lunches. The service provided transport and some people enjoyed a ride out in the car. When people were supported at the activity centre, they enjoyed the facility of the sensory room, cooking and interaction with staff and friends.
- The service provided a caravan with disabled access, which enabled staff to support people to have respite away from home. A beach hut gave people opportunities to spend time at the beach with staff and other people. An allotment, with raised beds, gave people the opportunity to enjoy planting and growing vegetables and plants. People enjoyed opportunities to socialise with others. The service maintained a strong presence within the community, people and staff had recently taken part in the local carnival; they had decorated and ridden on a float within the carnival procession.

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.

- People had complex learning disabilities and autism, they had variable levels of verbal and nonverbal communication.
- People's communication needs had been assessed. The service had worked with speech and language therapists and the Learning Disability Nurses Team to help devise communication plans. Some people had communication aids, such as 'Now, next, later' boards to help them understand the activities they are doing throughout the day. Choice boards helped people to show staff and their relatives what they would like to eat and drink, watch on TV and what clothing they would like to wear.
- Staff understood verbal and nonverbal communication cues people used and care plans recorded how they made their needs and wishes known to staff. Some staff had learnt Makaton to support communication and understanding of people's needs. Meetings had taken place for staff who worked with people who used specific communication aids, this ensured they knew and understood how and why these were used.
- Pictorial care and activity plans had been developed for people to help them feel informed about their care. These reflected, for example, things that were important to them and activities they liked to do.

Improving care quality in response to complaints or concerns

- People's relatives told us they knew how to complain if they had any concerns, although most had not needed to raise any issues. They knew who the manager was and could contact them by telephone or email. We saw evidence of concerns raised being dealt with quickly. One relative said, "Anything we have mentioned is dealt with immediately." Another relative said, "I would be the first to complain but have not needed to. Communication is good and any changes are made before they become an issue. I have no complaints, only praise."
- The provider's complaints procedure was clearly set out in the service user guide. It provided relevant contact details and gave guidance on escalation of complaints if they weren't satisfied with the response from the provider. Relatives told us they had seen this.
- Staff understood how people expressed their emotions and when they were unhappy or angry, this was recorded in their care plans. An easy read version of the complaints process was included in the service user guide.
- Relatives found staff and the registered manager very open and approachable and were confident that any concerns they raised would be dealt with properly and quickly.

End of life care and support

- No one was receiving end of life care at the time of this inspection.
- There was information in people's care plans about whether they wanted to be resuscitated by the emergency services.

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 the same. 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

- The management and staff team demonstrated a commitment to providing person centred care; there was a caring, open culture. They were proactive and focussed upon improving people's lives and the direct benefit of this upon people's relatives
- Staff told us that the culture was friendly, they were comfortable approaching the registered manager with any concerns. Relatives found staff and the provider to always be approachable.
- Staff worked collaboratively with relatives. Relatives referred to this as being part of the team. The registered manager ensured people received the care they needed and wanted and that their experiences met their expectations and those of their relatives.
- Staff felt valued and their efforts were acknowledged. The provider had sought feedback from staff, people and their families in order to present staff with awards. These had included Employee of the Year, Most Hardworking, Most Organised, Best Newcomers, Putting People first award, Kindness and Empathy, Most Inspiring, Best Team Worker, Going the Extra Mile, and Making a Difference.
- The registered manager was described by staff and relatives as very hard working, accessible and focused upon the benefit of people using the service. Staff told us teamwork was good and morale was high; staff were proud to work for New Horizons.

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

- Services providing health and social care to people are required to inform CQC of important events that happen in the service. This is so we can check appropriate action has been taken. The registered manager had correctly submitted notifications to CQC. The registered manager understood the need to display their previous rating and this was clearly displayed in the office and on their website.
- Relatives and staff told us they felt the service was well run. There was a clear staffing structure setting out responsibilities and accountability. Regular audits ensured the registered manager maintained effective oversight of the service, acting on any risks and improvement required. Audits were effective and had brought about improvement, for example, in how medication was accounted for when sent in by relatives.
- The registered manager continued to be actively involved in all aspects of the running of the service. They completed checks by observing service delivery and by covering shifts in staffs' absence to ensure staff were working to policy and expected practice.
- Staff said they felt well supported and commented that communication between staff and the management team was good. Staff meetings kept them informed about wider issues affecting the service.

Staff kept updated with changes to peoples support quickly through home diaries, ad hoc meetings and secure WhatsApp messaging.

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

- The registered manager continued to seek feedback from people and their relatives to help inform development and improvement to the service. Staff had opportunities to share their views and experiences of the service. A recent staff survey had been well received, staff felt valued and consulted.
- The registered manager was passionate about the service and ensuring they continued to deliver high quality care. Quarterly surveys helped gain feedback and address any emerging issues from relatives and people. A review of the surveys found all the feedback viewed was positive. One person had commented in their survey, "It's bloody good, I like everyone there."
- Relatives praised the quality of the service commenting how it had helped them and the people they supported. While relatives commented on the benefits of the service for their family members, they also acknowledged the difference it had made to them in terms of support and freeing time for them to do other things.
- The service continued to produce a newsletter to keep people informed about the service and events.

Continuous learning and improving care

- The provider was committed to continuous service improvement and providing the best possible quality of care.
- Accident and incident levels continued to be minimal. The registered manager promoted continuous learning and reviewed any incidents and accidents. This included staff meetings for reflection on how an incident or accident occurred, and whether more could have been done to prevent it. Any incidents and accidents linked back to reviews of people's care plans and risk assessments to minimise the risk of recurrence.
- Staff told us they were kept well informed about the outcomes of engagement with health and social care professionals that could result in a change to a person's care.

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

- The Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing truthful information and an apology when things go wrong. The provider understood their responsibilities.
- Relatives told us, and records confirmed the registered manager maintained regular contact with them and felt she and the staff were open and honest.

Working in partnership with others

- The service worked in partnership with the local authority and other health and social care professionals. Staff were supporting two people undergoing dental treatment and regularly worked alongside the Diabetic Nurse team, SaLT, District Nurses, dieticians, advocates and GP's. In addition, staff worked with occupational therapists to ensure people had access to relevant adaptations and were able to access every part of their home.
- The service worked with other organisations such as Mencap and Age UK, as well as other local social care providers.
- The registered manager belonged to and took part in registered managers meetings, which are part of a Forum for Outstanding Homecare Network and the Networking in Care, connecting professionals. Other

resources included Skills for Care, all of which were valuable in keeping up to date with new developments and relevant industry updates.

- The service embraced work experience and worked with East Kent College to facilitate the placement of four students with New Horizons. Work experience is a period of time during which a young person, usually a student, works for a company or organization in order to get experience of a particular type of work