

Learning Disabilities Care (Dover) Limited

Reddington House

Inspection report

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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 

Overall summary

This unannounced inspection took place on 19 and 20 October 2015. The previous inspection took place on 13 November 2013 and there were no breaches in the legal requirements.

Reddington House is a five bedded residential home for people with learning disabilities. There is a small garden at the side and back of the property and limited parking on the drive. Accommodation is situated over three floors. At the time of the inspection five people were living at Reddington House.

This service had a registered manager in post. A registered manager is a person who is registered with the

Care Quality Commission 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 told us they felt safe living at the service. Potential risks to people were identified and staff had detailed guidance in people's individual care plans to ensure that risks were reduced to a minimum without restricting their activities or their lifestyles.

Staff had training on how to keep people safe. They understood the safeguarding protocols and how to report

Summary of findings

any concerns, both inside the organisation and to outside agencies such as the local authority safeguarding team. Staff were aware of the whistle blowing policy and were confident that if they raised concerns the provider would take the necessary action to protect the people living at the service.

Accidents and incidents had been recorded, investigated and appropriate action had been taken to reduce the risks of them happening again. Plans were in place in the event of an emergency and people had personal evacuation plans in the event of a fire. Checks on the equipment and the environment were carried out to make sure the premises were safe.

People were being supported by sufficient numbers of staff that had the right skill mix, knowledge and experience to meet their needs. At certain times of the day, staffing levels increased to make sure people were supported with activities of their choice. Recruitment procedures were in place to check that staff were of good character and suitable for their job roles. New staff were given a detailed induction, and completed a probationary period to make sure they were suitable to work in the service. The training programme ensured that staff had the right skills, knowledge and competencies to carry out their roles. Specialist training, such as epilepsy was also provided to make sure staff had a good understanding of people's individual needs.

The management team supported staff through their one to one meetings and staff meetings. Each member of staff had received an annual appraisal to discuss their ongoing training and development needs.

When people came to live at the service their needs were assessed to ensure that people's care was delivered in line with their preferences and choices. Care and support plans were designed around people's individual interests and needs. These were written in a way people could understand and included pictures and photos.

Where people did not have the capacity to consent, the provider acted in accordance with

legal requirements. The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The registered manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

People had the support they needed to remain as healthy as possible. People told us how they visited the doctor, dentist and attended hospital appointments. The management of medicines was robust with daily checks to make sure people received their medicines safely.

People said they enjoyed their meals. They had a choice about what food and drinks they wanted and were involved in buying food and preparing their meals. If people needed support with their dietary needs they were seen by a dietician to make sure they continued to receive a healthy diet.

There was a strong emphasis on person centred care and care plans covered people's preferred daily routines and lifestyle. People talked about their plans and showed they were involved in the planning of their care. The plans were reviewed on a regular basis so that staff had the current guidance to meet people's changing needs. The registered manager ensured that staff had a full

understanding of people's support needs and had the skills and knowledge to meet them. Staff knowledge was monitored to make sure they knew people well and how to support them in a way that suited them best. The service was flexible and responded positively to change. They supported people to follow their own pathway and reach new goals.

People were treated with kindness and compassion. They told us that staff made sure their privacy and dignity was maintained. Staff knew people well and had developed good relationships with them. People were encouraged to enjoy their social lives and meet with their family and friends regularly. People were able to express their opinions and were encouraged and supported to have their voices heard within their local and wider community.

Feedback about the service was gathered from people, their relatives and other stakeholders about the service. Their opinions had been summarised and analysed to promote and drive improvements within the service. Staff told us that the service was well led and that the management team were very supportive.

Comprehensive quality monitoring was in place with detailed checks to identify any shortfalls within the service and how the service could continuously improve.

Summary of findings

There was a culture of openness and inclusion within the service. People were encouraged to be part of the inspection process and had open access to the manager's office to speak with them whenever they wished.

The complaints procedure was on display in a format that people could understand. People and staff felt confident

that if they did make a complaint they would be listened to and appropriate action would be taken to resolve any issues. At the time of the inspection there had been no complaints this year.

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?

The service was safe.

Staff knew the signs of abuse and had received suitable training to ensure people were protected from harm.

Risk assessments were designed so that people could try out different experiences in the least restrictive way possible whilst protecting them from avoidable harm.

There were sufficient numbers of staff on duty at all times to make sure people received the care and support that they needed. Safety checks were carried out before staff started to work at the service to make sure they were suitable to work with people.

People were supported to take their medicines safely.

Good



Is the service effective?

The service was effective.

Staff had received the training they needed to support them to meet people's needs. Staff had regular one to one meetings with their line manager to support them with their learning and development.

The management team and staff understood the requirements of the Mental Capacity Act 2005, and ensured that people who lacked capacity were appropriately supported if complex decisions were needed about their health and welfare.

Staff were knowledgeable about people's health needs and ensured these were met. The service provided a variety of food and drinks to ensure people received a nutritious diet.

Good



Is the service caring?

The service was caring.

The management team and staff were committed to a strong person centred culture. Staff were attentive and listened to people in a respectful and dignified way.

Staff knew people well and knew how they preferred to be supported. People's privacy and dignity was maintained. Staff understood and respected people's preferences and individual religious needs.

People had choices about how they wanted to live. Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

People's families and friends were able to visit at any time and were made welcome.

Good



Is the service responsive?

The service was responsive.

People's care and support was planned in line with their personal preferences and choices. The plans were regularly reviewed and updated to make sure people's changing needs were fully met.

People were actively encouraged and supported to take part in activities of their choice so that they could lead their lives in a way they wished.

Good



Summary of findings

People said they would be able to raise any concerns with the staff, who would listen and take any necessary action to resolve any issues.

Is the service well-led?

The service was well led.

The registered manager, management team and staff were committed to providing personalised care and this was consistently maintained.

Regular audits and checks were undertaken at the service to make sure it was safe and running effectively. People, relatives and staff had opportunities to provide feedback about the service they received so that their views would be included in the continuous improvement of the service.

The staff were aware of the service's ethos for caring for people as individuals and putting the people first.

The staff said they were very well supported by the management team and the organisation. Staff told us that the manager was open and approachable and always available for support or guidance.

Good



Reddington House

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 19 and 20 October 2015 and was carried out by one inspector. This was because the service was small it was considered that additional inspection staff would be intrusive to people's daily routine.

We gathered and reviewed information about the service before the inspection. The registered manager had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with other

information we held about the service. We looked at previous reports and checked for any notifications we had received from the provider. This is information about important events that the provider is required to send us by law.

During our inspection we spoke with the manager of care at the service, the registered manager at the head office together with three other members of the management team. At the service we spoke with and spent time with four people and five staff. We looked at the care and support records for three people. We looked at and discussed management and staffing records. We looked around the communal areas of the home and one person showed us their bedroom. We observed how staff spoke with and engaged with people and spent time to get a feel for what it was like in the home.

We contacted two health care professionals and feedback has been included in this report.

We last inspected in November 2013 when no concerns were identified.

Is the service safe?

Our findings

People said that they felt safe in the service. They told us: “I like living here, I feel safe”. “The staff are good, I trust them”.

Staff had received training on how to keep people safe and had good understanding of different types of abuse. They were clear about the procedures of reporting concerns, both inside the organisation and to the local authority. Staff knew people well and were able to recognise if they needed support to calm them if they appeared anxious or upset. They were aware of the

whistle blowing policy. They told us that this had been discussed at recent one to one meetings with their manager to ensure that they knew and understood the procedures to report poor practice. People’s finances were protected by robust systems to make sure their finances were managed safely. People could be confident that staff would protect them from abuse because they were aware of their roles and responsibilities.

Potential risks to people were identified and assessed. Support plans contained detailed risk assessments in all aspects of the person’s individual care needs and daily lives. The assessments covered what action and measures were required to keep people safe. Staff supported people positively with their specific behaviours, which were clearly recorded in their individual support plans. There was clear information to show staff what may trigger negative behaviour and what strategies were in place to minimise any future occurrence.

Accidents and incidents were reported, investigated and appropriate action had been taken when necessary to ensure that people remained safe. The incidents were discussed with staff so that lessons could be learned to prevent further occurrences. The information was then sent to the head office where the health and safety team analysed the information to look for patterns or trends to reduce the risks of them happening again.

Checks on the equipment and the environment were carried out and emergency plans were in place in the event of any emergency, such as fire. Staff were aware of emergency procedures and each person had a personal emergency evacuation plan (PEEP) to ensure they were supported to evacuate the premises in the event of an emergency.

Staff told us that there was always enough staff on duty to make sure people were supported with their activities. They said in times of sickness and annual leave the service was always covered. Staffing levels were consistent and assessed to make sure people were supported with their activities and daily routines. One to one staff support was provided when people needed it. During the inspection the staff responded to people promptly when they needed help and were available to support them to go out into the local community to shop or go out for lunch. The registered manager and senior staff shared an on call system so they were available out of hours to give advice and support if needed.

People were protected because staff were recruited safely. Staff files showed that all of the relevant checks were completed to make sure staff were suitable to work with people, including police checks. The checks had been completed before staff started work. People living at Reddington House were given the opportunity to interview prospective staff before decisions were made about new staff coming to work at the service. There was also a six month probation period to ensure that staff had the right qualities and skills to work at the service. There was a clear disciplinary procedure in place should unsafe practices be identified.

People told us that they received their medicine when they needed it. Staff encouraged people to be involved in their medicines and took time to explain what their medicines were for. One person told us how they knew how many tablets they needed and described what colours they were. They said the staff gave them their tablets at the same time each day. People had their medicines reviewed and updated annually by their doctor, to confirm they were receiving the correct medicines.

There were policies and procedures in place to make sure people received their medicines safely and on time. Medicines were ordered and checked when they were delivered and the medicine records were clear and up to date. There were no gaps on the records showing all medicine had been signed for and administered as instructed by the person’s doctor. Staff made arrangements for people to take their medicines with them when they went out for the day or went to stay with friends.

Medicines were managed, stored and disposed of safely. The room temperatures were checked daily to ensure medicines were stored at the correct temperatures. Checks

Is the service safe?

were made every time people received their medicines to make sure people had been given their medicines when

they needed them. Some people were given medicines on a 'when required basis', such as pain relief. There was written guidance for each person who needed 'when required medicines' in their support plan.

Is the service effective?

Our findings

People told us they were well looked after by the staff and were supported to visit the doctor when they needed to. One person was able to describe how they were going to have a minor operation and how staff were going to support them through the procedure.

Health care professionals told us that the service managed people's health care needs well. They said that they were kept up to date with peoples changing needs. They indicated on the quality surveys that the care being provided was very good.

Training records showed that staff had completed training courses relevant to their role. These were linked to the care certificate and included health and safety, first aid awareness, infection control and basic food hygiene. Some specialist training had been provided, such as how to administer emergency rescue medicine when people needed medicine without delay. Dementia and autism training sessions were also planned. Staff were supported to further develop their skills and abilities. Ten staff had obtained or were in the process of completing the Diploma in Health and Social Care level 2 or above. Diplomas are work based awards that are achieved through assessment and training. To achieve a Diploma, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

Staff told us they felt supported by the management team to deliver safe and effective care. They had regular one to one meetings with their line manager. This ensured they received support to do their jobs effectively and safely. Regular staff meetings were also held so that staff had the opportunity to feedback their views. Staff had an annual appraisal to look at their performance and to talk about career development for the next year.

When staff first started working at the service they completed an induction training programme and were on probation for six months. This included shadowing experienced staff to get to know people and their routines. This ensured that new staff were fully aware of the care and support each person needed. Staff were supported closely during their induction period, the senior staff met with

them weekly on a one to one basis to ensure they had the support they needed. One member of staff told us that the induction worked well and made them more confident to carry out their role.

People were asked for their consent before staff offered their support. Staff understood the requirements and principles of the Mental Capacity Act 2005 (MCA). They had received MCA training to make sure they supported people in the right way to make their decisions. Support plans had detailed information as to how people had made their decisions, no matter how minor. When people needed to make complex decisions, such as receiving medical treatment, there was clear evidence recorded to show how this decision had been made. One person had agreed to have minor surgery. They talked to us about the operation and was able to describe what was going to happen and how staff were going to stay with them in hospital. This information was reflected in their care and support plan together with 'an 'easy read' document with pictures, describing the procedure.

A health care professional said: "The registered manager and staff appear to understand their responsibilities under the Mental Capacity Act and if uncertain will seek professional advice. When recommendations are made after reviews, staff always act upon the recommendations and referrals are always made and followed up."

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty. At the time of this inspection no one had a DoLS authorisation in place.

People's health needs were recorded in detail. There were clear guidelines for people who had specific medical conditions, such as epilepsy. The guideline had been written with the person and included how they felt, what may happen next, and what action staff had to take to make them safe.

The care and support plans had photographs and pictures to make them more meaningful to people. People were supported to attend routine appointments including out-patient clinics, dentists and opticians. Health care

Is the service effective?

professionals, such as physiotherapist and dieticians, visited the service when required. Staff had acted quickly when one person had an accident and they sought health care advice, which resulted in further medical treatment.

A health care professional said: “They monitor people’s health very closely and work very well with the local Community Learning Disability Team. We are advised of any changes in health and they make sure they seek advice from appropriate professionals”.

Some people who could not communicate using speech had clear details in their care and support plan of their communication needs. This detail explained the best way to communicate with the person. Staff were able to interpret and understand people’s wishes and needs and supported them in the way they wanted.

People’s nutritional needs had been assessed and recorded. People told us they liked the food and were able

to choose what they wanted to eat. They said there was always choice and that staff would make them whatever they wanted. There was a two week menu in place, with pictures of meals so that people had an understanding of what was on offer. People’s likes and dislikes were clearly recorded together with their preferences and choices. One person told us what their favourite drink was and this information was clearly recorded in their support plan. One person saw a dietician regularly to maintain their weight and remain as healthy as possible.

Staff included and involved people in all their meals. People were able to get snacks and drinks from the kitchen and there was a range of foods to choose from. People often went out to eat in restaurants and local cafés. Staff and people ate their meals together and chatted about social activities and their daily lives. The atmosphere was relaxed and people were given time to eat at their own pace and encouraged to finish their food.

Is the service caring?

Our findings

People told us the staff were good at caring. They said: “I like it here, the staff are good”. “I think the staff are very caring, lovely”.

One person’s relative commented in a recent quality survey: “My relative is very happy and all staff show them great kindness”. “My relative always seems happy and relaxed when I visit”. “Thank you for taking good care of my relative”.

A health care professional said: “Staff always appear caring and think about my client’s safety”.

All staff signed to confirm they had read people’s individual support plans and risk assessments so that they had a good understating of people needs. As part of their induction training all new staff completed information about the people they were caring for. This showed they had got to know them, understood their care and support needs, whilst taking into account their preferences and wishes.

The staff were polite, respectful and cheerful. They spent time with people making sure they had what they needed. Staff had a good understanding of people who were unable to use speech to communicate, they knew what they needed and supported them with their activities. They used gestures and signs to understand people. It was clear they had the skills and knowledge to ensure each person was given the chance to do what they wanted to do which resulted in people smiling, relaxing and enjoying the activity of their choice.

There were links with the local community such as volunteering in the charity shops, going to the library and charity coffee morning arranged by friends living in other locations within the organisation.

People were well supported with their personal care and appearance. People enjoyed having their hair and nails done and wearing nice clothes. There were details in the support plan of people’s preferred routines such as ‘likes staff to blow dry my hair’ and ‘thinking of letting my hair grow’.

People were supported with their religious beliefs. One person who practised their faith visited the church of their choice on a regular basis.

People’s private space was respected. One person told us how they liked to spend time in their room, and staff respected this decision. One person showed us their bedroom and their personal belongings. They told us they loved their room, which was personalised with their own colour scheme.

People’s independence was promoted. Support plans showed how they could be supported to bath or shower and what they could do for themselves, and when they needed staff support. Staff told us how they supported people to carry out daily tasks, such as preparing food, washing up or tidying the home. One member of staff said: “We encourage and promote as much independence as possible; we only step in when a person needs some direction or help”. A health care professional said: “The staff know people well and interact at people’s level, whilst supporting them to be as independent as possible”.

During the inspection people visited the office and chatted with senior staff. Staff took time to listen to what they wanted and responded to their needs. It was evident that this happened on a regular basis as people were confident when speaking with staff. People laughed and smiled and were comfortable and relaxed with staff.

During the summer people were invited by a local benevolent fund to attend a fun fair in the town. Photographs showed that people were enjoying the rides and were supported by staff to enjoy the whole experience.

Advocacy services and independent mental capacity advocates (IMCA) were available to people if they wanted them to be involved. An advocate is someone who supports a person to make sure their views are heard and their rights upheld. However, no one living at the service required this support at the time of the inspection.

The service was a member of Dignity in Care, which is an organisation who works to put dignity and respect at the heart of care services, to enable a positive experience for people receiving care. Some staff were ‘dignity champions’ to ensure that people’s privacy and dignity was maintained at all times. Staff knocked on people’s doors and requested permission before entering people’s bedrooms and bathrooms. Staff described how they supported people with their personal care, whilst respecting their privacy and dignity. This included explaining to people what they were doing before they carried out each personal care task. We overheard staff asking people if they wanted a shower and

Is the service caring?

talking about the support they may need. One person's support plan noted that staff could leave them for two minutes in the shower to make sure they had the privacy they wanted. People were asked what gender of staff they preferred to support them with their personal care and their decisions were respected. People told us how they decided what clothes they wanted to wear each day and said they chose what time they went to bed and got up.

A health care professional said: "I have known this service for several years. I have always been impressed by the dignity and respect shown by staff towards my client"

Staff were aware of the need to keep people's personal information confidentially and records were stored securely.

Is the service responsive?

Our findings

People received care and support that was responsive to their needs. People told us that the staff were always there and responded to them quickly when they needed help. One person told us how staff made sure they saw the doctor when they were not feeling well and was able to describe what further medical treatment was being arranged. Records showed that staff had taken prompt action to resolve this issue and had contacted an appropriate health care professional. During the inspection we observed that one person wanted to go shopping to purchase a certain item and staff made sure that this happened later in the day.

One person's relative commented in a recent quality survey: "My relatives' care is excellent; all medical problems are dealt with immediately".

The recent quality survey to health care professionals noted that that people's needs were met, reviewed and updated on a regular basis. They said the staff were knowledgeable and professional.

Before a new person moved into the service a full care and support needs assessment was completed. Records showed that all relevant people had been involved in the assessment, the person, their family and health care professionals such as occupational therapist and physiotherapist. Details of what the person could achieve for themselves were also recorded together with their medicines, personal care needs, nutrition, mental capacity, communication and social needs. There was also a 'pen picture' in each person's support plan, explaining their lifestyle before moving to the service and the things that were most important to them. This gave a good background for staff to get to know the person well so that people had as much control of their lives as possible and their support plans were personalised to their individual needs. There was also clear aims for the future with details of what the service could do to ensure appropriate progress was being made to reach the identified individual goals. For example some people's aim was to move out of residential care and live in a supported living setting. Careful planning was in place to support the person to achieve this goal in the future.

People received consistent, personalised care and support. Each person had a care and support plan which had been

reviewed on a regular basis. Reviews included people who were important to the person, health care professionals and staff from the service. Outcomes for people's support were noted and recorded when they were achieved. The plans showed staff how to make sure people received the support they needed in line with their personal wishes. One person showed us their support plan folder and was familiar with the contents. Care plans included pictures and photos to make them meaningful to people.

If people were at risk of needing emergency medical treatment this information was clearly detailed in the front of their care and support plans. There were clear guidelines for staff to respond to situation, explaining what action they should take, what the person's behaviour would be and when to call the emergency services. All staff had signed to confirm they had read and understood this information and were aware of what they needed to do.

People living at Reddington House were supported to be involved in the running of the service. They were regular meetings to discuss the service, such as activities and menus. People approached staff in the office when they wanted to, just for a chat or to manage their finances. When people visited the head office they were confident to speak with the management and knew all of the members of the staff. Some people were able to be involved in tasks in the office such as date stamping or shredding paper. Each person had a range of activities that staff supported them with to undertake in and outside of the service. This was a flexible programme so that people could decide on the day what they wanted to do.

Activities included swimming, bowling, arts and crafts, shopping, day trips and attendance at day centres and other organised community activities. One person told us how they had visited London to see a show and how much they enjoyed the trip. People who wanted to go on holiday were being supported to do so. They told us about their previous holiday to a park where they enjoyed the activities and feeding the wildlife. They were looking forward to planning the next trip; which was in the process of being arranged.

Contact details of people who were important, were written in each person's care and support plan. People were encouraged to keep in touch with all their friends and family. One person told us how they visit their relative's every week, and another person said how their relative telephoned them. People who lived in other locations

Is the service responsive?

within the organisation had invited the people living at Reddington House to a Halloween party. There were regular social events arranged by people to socialise such as coffee mornings.

Each person was given tailored quality assurance survey, using a pictorial format which was based on their individual choices such as their interests, likes, dislikes and daily routines. The service wanted to generate a meaningful response from each individual about what was important to them and what could be done to improve the service.

The complaints procedure was available to people and written in a format that people could understand. There were systems in place to ensure that any complaints were responded to appropriately, however there had been no complaints received this year. There was guidance in the support plans about people's daily lives and indicators of what to look for should they be unhappy, to make sure they were being positively supported. One person's relative commented "I feel as though any concerns that I raise are dealt with quickly and efficiently".

Is the service well-led?

Our findings

The service's values and philosophy were clearly explained to staff through their induction programme. The company had a clear core value: "Everyone is unique and every day is special". The management team and staff were committed to providing personalised care and had created a culture of openness and inclusion. People were actively encouraged to be involved in running the service and live their lives to their full potential.

Staff spoke positively about the management team and told us it was a very well led organisation. One staff member said: "This organisation is definitely well led. We are a very strong staff team, we know what is important to the people we support and there is a strong bond between us". Staff told us there was always a member of the management team available to give practical support and assistance. Staff morale was high and they told us that they enjoyed working within the organisation and putting people first was their priority. They were confident that any concerns or issues they raised would be acted upon and feedback was used to continually improve the service.

Staff understood their roles and knew what was expected of them. They told us they were well-supported and encouraged to develop professionally to continually improve their skills and abilities. Staff said: "I love working here. We ensure people have the best quality of life; we encourage them to be positive and creative. We support them to achieve exactly what they want to do". "I would not hesitate to recommend the service to a member of my family". "The organisation really care for each individual person and staff member".

People were involved in the service in a meaningful way through their individual surveys and meetings. They were invited to be part of the interview panel for new staff to ensure they were able to voice their opinion of the selection process. Some of the people living at Reddington House also accompanied the managers to the local job fair with a view to recruiting new members of staff. They talked to people who were interested in coming to work for the organisation.

Health care professionals were also sent a quality survey annually. Positive comments included that the standard of care being provided was very good.

Staff were encouraged to feedback their views on the service through staff surveys, meetings and individual meetings with their line managers. The management team ensured that staff were valued and recognised for good practice. Staff were recognised for their good practice through letters of thanks from the registered manager and acknowledged in the staff monthly newsletter.

The service had links with local and national organisations to develop their practice and ensure they provided services in line with current guidelines, for example 'Kent Challenging Behaviour Network'. (An organisation which shares information and good practice for those working with individuals who have learning disabilities and exhibit challenging behaviour). The registered manager also told us that they worked well with the local authority, who at times would call on the service to cover emergency placements. They also attended meetings with the local authority to update their practice.

The registered manager understood relevant legislation and the importance of keeping their skills and knowledge up to date. The registered manager told us that all of the managers in the organisation were committed to continuous professional development (CPD) to ensure effective leadership of the organisation. There was a clear plan in place which identified timescales of when managers needed to achieve their goals.

The registered manager ensured that the training programme was updated in line with people's needs. They had recognised that some of the people may be living with dementia in the future and they were currently arranging training for staff to ensure they had an understanding of this condition. Specialist training in strokes and skin viability was also being developed to ensure that the staff had the skills to care for people who may require additional care needs.

Audits were carried out to monitor the quality of the service and to identify how the service could be improved. The daily, weekly or monthly audits looked at records that were kept to monitor the care and support people received, such as personal finances, medicines, records of food and menus and daily reports made by support staff. Health and safety checks were carried out regularly and accidents and incidents were summarised to look for patterns and trends to reduce the risk of further occurrence.

Is the service well-led?

Staff signed to confirm they had read policies and procedures which together with the staff handbook, were updated on a regular basis. Staff received memos or were updated through their one to one line manager meetings, if there were changes in the service.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The register manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.