HF Trust Limited

HF Trust - Kent DCA

Inspection report

Main Office, Lympne Place
Aldington Road, Lympne
Hythe
Kent
CT21 4PA

Tel: 01303260453
Website: www.hft.org.uk/

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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

Care service description
HF Trust - Kent DCA is a domiciliary care service registered to provide personal care. The service provided care and support to 46 people with a learning disability living in 'supported living' settings, so that they can live in their own home as independently as possible.
People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The office is based in Lympne, on a large site with 12 flats in one building, one four bedroom house, a bungalow and a residential service. At this inspection we did not inspect the residential service. Some people using the domiciliary care service lived away from the main site in flats and shared housing. Support for people ranged from a few hours each week for the provision of activities, to twenty four hour support for all aspects of personal care and daily living.

The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities using the service can live as ordinary a life as any citizen.

At the last inspection, the service was rated 'Good.' At this inspection we found the evidence continued to support the rating of 'Good' and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good
The service was divided into three clusters. Each cluster had a service manager. At the last inspection one service manager was registered with CQC. At this inspection all three service managers were registered with CQC. A registered manager is a person who has 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.

Staff understood their responsibilities in keeping people safe and reporting any suspicion of abuse. Staff

knew what the reporting procedures were and told us that they were confident their concerns would be listened to. The registered managers knew how and when they should escalate concerns to the local authorities safeguarding. Individual risks to people had been assessed and plans to reduce risk were personalised, clear and comprehensive. Staff and people understood the steps they needed to take to minimise risks whilst maintaining independence. Assessments were undertaken with people before they moved in to the service to make sure their needs could be met. When the service could no longer meet the needs of the service they were supported to move to another service that could meet their needs.

The registered managers involved people in planning their support. People's needs had been assessed and treatment delivered in line with current legislation. Support plans were person centred and included people's life story. Plans explained what lifestyle choices people had made. People had access to their plans. There was information about people's relatives and friends and how people wanted to maintain relationships. Support plans told staff what people could do independently and what support they needed. Staff assessed and treated people as individuals. Staff had received training and understood the principles of the Mental Capacity Act 20015 (MCA). People were supported to make their own choices and decisions.

Medicines were managed safely. Staff were aware of the policies and procedures for the management of medicines and had undertaken appropriate training. Regular audits were undertaken to ensure safe procedures were followed and action was taken when errors were made. Staff had been trained in infection prevention control and there was protective equipment to prevent the spread of infection.

Staff encouraged people to be involved in preparing their own meals or to cook for themselves. People were supported to maintain a balanced diet and be active. There was access to health care when people needed it and people were encouraged and supported to monitor and manage their own health conditions.

People told us that were supported to undertake activities and that they had access to activities in the wider community. There was an open and transparent culture. Regular residents meetings took place and people were able to raise the issues that were important to them. People, relatives and staff were asked their views of the service and action was taken to make improvements where necessary.

People and their relatives were positive about the staff who supported them. People told us that they were happy with the service they received. Staff knew people well and were able to respond to people's needs on an individual basis. The service promoted people's independence by developing people's skills and confidence as well as providing them with access to technology. People told us that their privacy was respected and we observed people being treated with dignity. People's preferences about how and where they would like to be cared for at the end of life had been discussed and recorded.

There were enough staff to meet people's needs. Staff were recruited safely, there was a recruitment policy that was followed and pre-employment checks were carried out. People had the opportunity to meet staff before they provided them with support. Staff had received an induction and mandatory training. Staff had regular supervision and completed appraisals. Staff told us they felt supported by the registered manager and that they were approachable. Regular staff meetings were held to aid communication within the team and to provide updates and feedback. There were daily notes and hand over meetings so that staff knew what had happened between their shifts.

Staff told us that they seek guidance from healthcare professionals as required. They told us they would inform the manager if they had any concerns about people's health.

Quality auditing processes were in place to check the safety and quality of the service provided.

The people we spoke to all told us that they were happy with the service provided. People knew the registered managers well and staff told us that they were supportive. There continued to be policies in place which ensured people would be listened to and treated fairly if they complained. People's concerns were investigated and the provider had taken action to address concerns. Accidents and incidents were recorded in detail by staff with actions taken. The provider monitored incidents and lessons were learnt when things when wrong.

Further information is in the detailed findings below.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

HF Trust - Kent DCA

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 was a comprehensive inspection and took place on 9 February 2018. The inspection was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service for adults with learning disabilities who are often out during the day. We needed to be sure that they would be in.

The inspection team consisted of two inspectors. During the inspection, we talked to six people. We were invited into people's homes and were able to observe the interaction between people and staff in communal areas. We observed people being supported by staff and their interactions. We also spoke to the three registered managers, the operations manager and five care staff. We looked at three people's support files, medicine administration records, one staff recruitment record as well as staff training records, the staff rota and staff team meeting minutes. We spent time looking at the provider's records such as; policies and procedures, auditing and monitoring systems, complaints, surveys and incident and accident recording systems.

We looked at the previous inspection report, information about the service and notifications. A notification is information about important events, which the provider is required to tell us about by law.

Good

Our findings

People told us that they felt safe with the support that they were receiving. One person told us, "I feel safe with the staff." Another person told us, "I do feel safe here". They then went on to tell us that staff supported them to do the things they enjoyed such as going shopping. They told us that they were happy and that it was a "nice place to live". Relatives told us, "The staff have looked after [my relative] extremely well over the years".

People continued to be protected from abuse. There was a robust safeguarding policy in place. Staff had undertaken safeguarding training and were able to describe how they would recognise abuse and what action they would take to report any concerns. Staff told us that they had raised concerns and these were dealt with quickly and appropriately. The registered managers had referred concerns to the local authority when required. Safeguarding incidents were recorded and there were clear audit trails of how the incident had been investigated, who was involved in the investigation and an action plan to reduce the risk of the incident happening again. There was easy read information available to people about abuse and how to report it. Staff had discussed with people what abuse was, how to protect themselves and how to report concerns.

Where the service helped people manage their money it was managed safely. Receipts were kept for all purchases and the balance was checked and audited by the registered managers.

Potential risks to people's health and safety continued to be assessed. Risk assessments were reviewed annually or if people's circumstances or needs changed to make sure they remained relevant and correct. There was clear guidance for staff to advise what steps they needed to take to keep people safe and mitigate risk. These included accessing the community, managing money, manual handling, eating and drinking, behaviour that may challenge and management of medicines. For example, staff helped one person to plan their route before they went out shopping to ensure that they knew how to get there and back safely. We looked at a support plan for a person with a long-term condition. Staff had the information they needed to monitor the person's health and keep them well. For example, there was information on the signs that indicated the person was becoming unwell and details on how to act if the person became unwell. There were risk assessments for staff which detailed the actions staff needed to undertake when entering people's homes to mitigate any risk. These included how to enter a person's home and how to stay safe when working alone with a person.

Staff continued to support people in the right numbers to be able to deliver care safely. Each cluster of

supported living housing had a dedicated staff team. People told us that they knew the staff that supported them. The registered managers told us that they usually managed to cover people's support with staff who were prepared to do overtime or with their own group of bank staff. People told us that staff arrived on time and stayed for the allocated time. Annual leave and sickness were covered by relief bank staff. When agency staff were needed the service tried to ensure that they used the same agency staff. The registered managers were available to provide support outside of office hours. Staff told us the registered managers provided people's support if needed.

The recruitment process continued to be robust and people were involved in the recruitment and selection of staff. Pre-employment checks were carried out; these included obtaining a full employment history, identification checks, references from previous employers and Disclosure and Barring Service (DBS) checks. A DBS check helps employers to identify people who are unsuitable to work with adults in vulnerable settings.

People continued to be supported to take their medicines safely. The support people needed with their medicines was included in their support plans. Medicines administration records were complete and accurate. Staff who administered medicines had received up to date training and their competence to administer medicines was checked regularly. Medicines were stored and disposed of safely. Some people were prescribed 'as and when necessary' (PRN) medicines. Staff had the guidance necessary to understand when it was appropriate to administer these medicines. For example, there was information to enable staff to identify when people who could not communicate were in pain and required pain relief medicine. People were supported to take control of their medication where appropriate. For example one person wanted to be more involved in managing when they needed to take their medication but was unable to use their blood monitor. They were supported to access a new monitor, which they could use independently. The person was much happier with the new monitor and felt more in control of their medication.

Staff were trained in the prevention and control of infection. We saw that personal protection equipment (PPE) such as gloves were available and that staff used them. People told us that they were supported to clean their homes and do their own washing, which reduced the risk of infection.

Staff told us that they knew how to report accidents and incidents. We saw that these were well documented, investigated and acted on. Action was taken to ensure that the risk of the incident happening again was reduced. For example, risk assessments were reviewed and best interest meetings held to review how a person was supported at night. The registered managers met with the operations manager weekly to discuss lessons learnt and analyse trends.

Good

Our findings

The service continued to be effective. People received care from staff who had the knowledge and skills to meet their needs. We observed people were smiling and relaxed in the company of staff. People spoke well of staff. One person told us, "The staff know how to help me with all sorts of things". Another person said, "I like the people who support me, we get on well". One relative told us, "I only have praise for the staff." Staff told us, "The staff here are friendly and professional and people always come first".

There had been one new admission to the service since the last inspection. The registered managers told us that as part of the admissions process they would meet with the person for a number of short visits to build up a relationship with the person and assess what support the person required. The registered manager told us, and people confirmed that they were invited to access the service for longer and longer periods as part of the transition process until they were comfortable to stay. If people were going to live together in shared accommodation, they would meet so that they could decide if they were well suited.

People were continually assessed to identify changes in their support needs. The registered managers told us when the service was unable to support people, the person was supported to move to another more appropriate service. Staff and the registered managers demonstrated that they were aware of best practice relating to supporting people with learning disabilities. People's support plans were person centred and there were positive behaviour support plans in place. Positive behaviour support plans aim to find the reason behind behaviour that challenges and puts in place strategies to support the person to communicate what they want in positive ways. The registered managers had identified trends in behaviour which they had shared with staff. For example, one person would become distressed if they felt they were not listened to. Staff told us that the person liked to have dedicated time to sit and talk to staff every evening. The person told us, "It helps me get things of my chest and makes me feel better".

Staff had identified people's communication needs and sourced ways of enhancing these. Referrals had been made to health professionals for one to one sessions and people had been supported to attend courses and groups to improve communication. Some people were supported to access electronic communication devices such as tablets and mobile devices to improve communication. For example, people had applications on their tablet where people could tap a picture and a voice said what they wanted. People with little or no verbal communication were supported by staff to use their tablet to keep in touch with their family. Staff told us that people's confidence had improved and they now participated more in activities and groups.

Staff continued to receive training appropriate to their role. There was an induction process in place during which staff told us that they had the opportunity to shadow other staff before providing support to a person. Staff also completed the Care Certificate and had regular probation meetings. The Care Certificate is an identified set of standards that social care staff work through based on their competency. Staff were encouraged to increase their skills. Some support staff were completing a development programme to become senior support staff. The registered managers worked alongside staff, to coach and mentor them. Staff told us they felt they had the skills to meet people's needs. One member of staff told us "I get enough training to make me feel confident in my role".

Staff confirmed that they received regular supervision from the registered managers where they discussed their practice and any concerns they had. The registered managers regularly undertook observations of staff to check that they were working safely and effectively. Staff told us that they felt supported by the registered managers. One staff member told us, "I have regular supervision, but any problems I have, I can discuss at any time."

People who used the service did not always require assistance with nutrition or hydration. We saw support plans contained a section detailing the support people needed to eat and drink to maintain their health. Support plans detailed what assistance was needed with eating and food preparation. Plans also recorded any particular food preferences, allergies and dislikes. People told us that they were supported by staff to decide on their own menus, shop for the food they needed and cook their meals. One person showed us the mince beef and bolognaise sauce they were going to use for their dinner. There was a talking microwave to enable people to cook more independently. To help people to cook independently staff had made referrals to healthcare professionals to support people to increase their confidence and develop skills.

People had health action plans and communication passports to take with them if they were admitted to hospital. Health action plans are recommended for people with learning disabilities by the Department of Health to promote people's health and their access to health services. Communication passports are easy to follow booklets for those who cannot easily speak for themselves when they need to use other services. People told us when they had needed to go to hospital staff had accompanied them and supported them whilst they were there.

People's health needs continued to be met. We saw in people's records that staff supported them to go the GP, dentist and optician when needed. People confirmed this. Staff held sessions for people to learn about healthy eating. Sessions included how much to drink and the importance of different food types such as fruit and vegetables. Some people told us that they had cut down how much cheese and chocolate they were eating. People showed us their food diaries and were proud that they had changed what they ate. The changes made in their diet had helped people to lose weight, which they told us they were pleased about. One person told us, "I've asked them to support me to eat healthily. I've told them to support me to do it even if I moan at the time and they do". People were encouraged to go to the gym and to walk when possible. One person told us, "I go to the gym, I enjoy it and I am happy".

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The

application procedures for this in supporting living is through the court of protection. We checked whether the service was working within the principles of the MCA. The registered managers understood their responsibilities.

Staff understood their responsibilities to ensure that people had as much control as possible over their lives. People's capacity was assessed around day-to-day decisions. When important decisions had been made on people's behalf best interest meetings had been held. If the person's family lived a long distance away staff would use Skype to enable them to be involved in decisions. Best interest decisions were recorded. Staff where able to demonstrate that they understood that people had the right to make unwise decisions. People told us that staff respected their decisions and supported them once they had made their decision. We observed people being given choices and staff asked people what they wanted to do with their time. When people started a relationship the registered managers told us that there was a review of their capacity to understand consent. Where appropriate staff discussed consent, pregnancy and sexual health with people.

Good

Our findings

Staff continued to treat people with compassion and kindness. People's support plans continued to be detailed, with information relating to their life histories, their preferences and how they liked to receive support. For example, one person's support plan included information on topics of conversation that the person found upsetting and staff were aware to avoid these.

Staff knew people well, they understood how to approach them and communicate with them. We observed staff responded quickly to people's requests and staff told us that they had time to listen to people. When staff spoke to people they did so discreetly. When in the company of other people, they lowered their voice and made eye contact. When people were seated staff sat or knelt down to talk to them face to face at the same level.

We were invited to 'Yummy Tummy's', this was a lunch club held on the main site that people from across the service could attend. People were comfortable in each other's company at lunch club and knew each other well. We observed that people were happy talking to each other and staff. The lunch was prepared by people with the support of staff and people were supported to run the food service counter and all eat together to get to know each other.

People were encouraged to go up to the counter to get their food and drink, this enabled people to maintain their independence and make choices for themselves. After lunch, people were encouraged to help staff clear away the tables and chairs. Staff were patient and respectful when they showed people what to do and people looked pleased to be helping and were laughing with the staff. Staff sat with people and joined in their conversations. Where some people used signs to communicate staff helped other people to understand what was being said to them. One person told us, "I like to go to the café [Yummy Tummy's] it is really very good fun". Another person told us, "The staff are my friends, they are good to me."

The staff we spoke with talked about the people they support positively and with respect. They demonstrated that knew about people's needs and preferences and daily routines. Staff told us they had sufficient time to listen to people and spend time with them. Support plans were developed by the registered managers in liaison with people and their relatives. Where people needed information in an easy read format, an easy read version of their whole support plan was available. Staff told us they could access information by reading people's support plans. The registered managers told us that people continued to have access to an advocate if they wished to do so. Advocates help people to express their views. The registered managers understood their responsibility to provide information that was accessible and

information for people was available in an accessible format based on their communication needs. Where people were unable to understand easy read documents staff explained the information to them.

People told us that staff respected their privacy and treated them with respect. Confidential information continued to be kept securely, in the main office building, which was locked when not in use. We observed staff holding open doors for people when they saw them. Staff knocked on people's doors and waited to be invited in. One person told us, "They come into my room only when I ask". People greeted staff warmly, giving them hugs, smiling and laughing. Strong relationships had developed between people and staff, one person told us that their keyworker was unwell and that they were worried about them. Staff reassured the person and told them their keyworker would be back soon. A key worker is a person who takes the overall lead for that person's support.

People continued to be supported to maintain relationships with partners, families and friends. Friendships were encouraged between people. Some people enjoyed having meals together at each other's homes. One person told us, "The staff telephone people for me when I want them to come visit". The registered managers told us that some people had been supported to go on dates and some people had chosen to live together as partners. People told us about their partners and how they spent time with them. One person told us, "I like to go to visit my girlfriend".

People continued to be supported to become more independent with day to day living. People's support plans included what support they needed to maintain their home and tenancy, support for employment and personal shopping. There was information on what people could do for themselves and what they needed support to do. For example, one person was able to shop for themselves but needed support to ensure that they received the correct change. People were supported to increase their independence and do more things for themselves. One person was using a wheel chair when they came to the service. The person was able to walk but had lost confidence to do so. They were supported and encouraged by staff to walk independently and were now confident enough to go out on walks. A community professional said, "The client I referred receives a good service, is treated well and has progressed well, becoming more confident and independent". Relatives told us, "My relative is very happy, they are given excellent care and are encouraged to be independent".

Good

Our findings

Staff promoted choice and independence by ensuring that people were involved in day to day decisions regarding their care and support. People told us that they felt listened to and involved in planning their support and had access to their support plans. One person told us, "I write my own support plan and then we discuss it. I decide what I do each day and staff support me". Support was responsive to people's needs. For example, staff observed that one person was not going out as much as they used to. Staff asked the person what was important to them. They identified their favourite places to visit. Changes were made to the person's support so that they could access these places. Staff were working with the person so that they could access more of their favourite places and travel further alone. One member of staff told us, "The person we support knows that if they were out in the community and needed us for any reason they would contact either of us staff".

Support plans contained good detail and clear guidance for staff to follow such as the action they should take to support people, whether in their own home or when out in the community. For example, what support people needed with washing, dressing and mobility. There was information on people's goals, preferences and life history. People were supported to achieve their goals. For example, one person had not been on holiday with their family for a long time because they did not feel confident enough to go without support from carers. Staff supported the person to build up their independence and confidence and the person was able to go on holiday with support from their family.

Changes to people's needs and preferences were discussed at staff meetings. Where people had 24 hour support there were handover meetings. Staff documented daily notes which were clear and contained information about the events that had occurred whilst they were supporting the person. Staff confirmed that they read these notes before they started a shift so they were aware of any significant changes.

People told us that they were supported to do the activities that they enjoyed. People went to play pool, attend pottery classes, attend the gym or watch their favourite films. One person had a job in a nearby town. Another person was supported to go shopping and out to a nightclub which they indicated they enjoyed. One person told us that they preferred to go out rather than socialise with other people who accessed the service. They told us that staff supported them to go out regularly to the places they enjoyed visiting, "I go out all the time, I enjoy being out and going places". People from one cluster of supported living housing had identified that there were few nearby clubs in the community. They were supported by staff to set up and run their own clubs, for example a karaoke night. These clubs had proved popular and people from other organisations attended. People had enjoyed running these clubs had developed new friendships.

People's religious preferences had been discussed and documented. People who did want to attend a religious service were supported to do so and could choose the place of worship they visited. One person told us that they were not religious but liked to send cards for holidays such as Christmas and Easter and staff helped them to do so.

There was a complaints policy in place, together with an easy read version for people. The complaints form had pictures that people could circle to indicate what was wrong. Staff supported people to make complaints about the service. Complaints were investigated and responded to in line with the policy. People told us that they knew how to complain and would speak to the registered managers if they had any concerns. People told us that they were confident that complaints would be dealt with. Staff told us that they would be confident reporting any poor practice to their manager.

People were able to vote for people to represent them at the provider's national council to give their opinions on the organisation and how it could improve. The national council discussed issues such as sexuality and the representatives would bring back information and learning and share this with other people at the 'Voices to be heard' meeting. 'Voices to be heard' is a meeting for people held every 6 weeks. The group talked about the service and any changes they wanted to be made. Discussions included good and bad secrets, bullying, healthy eating as well as issues raised by the national council. The registered managers told us that some policies had been changed including healthy eating as a result of feedback from these meetings.

The service was not currently supporting anyone at the end of their life. People's preferences about how and where they would like to be cared for at the end of life had been discussed. Some people had made decisions about what they wanted to happen after their death. For example, where they would like to be buried or cremated and what was to happen with their possessions.

Good

Our findings

There continued to be an open and inclusive culture. Staff told us they were listened to and felt valued in their role. The management team had an 'open door' policy for staff and people. Staff told us that they thought the management team was approachable and they were able to speak to them at any time. One member of staff told us, "I have a good senior and a good manager and feel very supported". Staff were aware of their roles and responsibilities and who their line manager was. People told us they knew who the registered managers were and appeared to be relaxed and happy in their company. The registered managers knew people well and were able to speak to them about their support. One person told us, "I speak to the registered manager a lot, they know me well".

The service was divided into three clusters and there was a registered manager for each cluster. A registered manager is a person who has 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.

The registered managers and staff understood the values of the service. The values were that people had the right to be an individual and a citizen and to be as independent as possible. One registered manager told us, "It's important to us that people are happy with the service we offer and I believe that they are".

Staff attended monthly staff meetings. At these meetings they worked through scenarios including safeguarding vulnerable adults, to support staff to be confident in knowing what to do in any given situation. Staff told us that they had the opportunity to give their views and suggestions about the service. One member of staff told us, "I can raise concerns; I feel that I am listened to".

There was a clear management structure and the managers were clear about their responsibilities which included managing the staff team, ensuring that people had the right support. The registered managers told us that they felt supported by the operations manager and the wider organisation.

People met with staff monthly to review their support and discuss any concerns they may have. Quality assurance surveys were sent out yearly to families, staff and stakeholders. The results from the responses received were analysed and an action plan to address concerns raised were put in place and sent to the families. Some relatives felt that communication could be better, all families were sent email addresses and mobile phone numbers so they could contact staff when needed.

Checks and audits were completed on all aspects of the service. These included checks on health and safety, support plans, medicines and finance. The management team completed monthly audits, any shortfalls identified an action plan was put in place. The management team worked with staff to observe their practice as part of the audit. The action plan included the action required, who will complete the action and by when. There was information about where the evidence of completion will be located; the provider had oversight of the audits and once checked these were ratified. The registered managers had a weekly meeting with the operations director to discuss the service and any action that needed to be taken. The registered managers and staff understood their roles and responsibilities in reporting and taking actions when shortfalls were found.

Lessons were learnt when things went wrong. Staff knew how to report incidents and accidents and understood their responsibilities. Incidents and accidents were recorded on the IT system so that all three of the registered managers were notified. Actions had been taken and documented There was monitoring by the provider who looked at trends across the hubs. The registered managers met weekly to discuss these and learning was shared with staff at team meetings. The registered manager was able to demonstrate learning from an incident where a person had put themselves in a dangerous situation and actions had been taken to reduce the risk of reoccurrence.

The registered managers worked in partnership with organisations in the community including health care professionals, care managers and commissioners. Kent Police candidates shadowed staff and worked with the registered managers for two or four days as part of their equality and diversity training. Nursing students from the local university also undertook placements at the service as part of their training. The registered managers told us that the aim was to increase people's understanding of people with learning disabilities and break down barriers. One police candidate told us, "My placement was brilliant and drastically improved my knowledge".

The registered manager was aware of when notifications had to be sent to CQC. These notifications tell us about any important events that had happened in the service. Notifications had been sent in to tell us about incidents. We used this information to monitor the service and to check how any events had been handled.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating at the entrance to the service and on their website.