

# MCCH Society Limited Woodgate

## Inspection report

Queens Road  
Maidstone  
Kent  
ME16 0JG  
Tel: 01622 677235  
Website: [www.mcch.co.uk](http://www.mcch.co.uk)

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

The inspection was carried out on 1 September 2015 and was unannounced.

The service provided accommodation for people who require personal care. The accommodation was a large bungalow providing support to six people with learning disabilities. There were six people living in the service when we inspected.

There was a registered manager employed at the service. 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 Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. The registered manager understood their responsibilities under the Mental Capacity Act 2005 and DoLS. Mental capacity assessments and decisions made in people's best

# Summary of findings

interest were recorded. At the time of the inspection the registered manager had applied for DoLS authorisations for the six people living at the service, with the support of the local authority DoLS team.

Potential risks to people in their everyday lives had been identified, and, had been assessed in relation to the impact that it had on people.

People told us and indicated that they felt safe. Staff had received training about protecting people from abuse, and they knew what action to take if they suspected abuse. The management team had access to, and understood the safeguarding policies of the local authority.

People received their medicines safely and when they needed them. Policies and procedures were in place for the safe administration of medicines and staff had been trained to administer medicines safely.

People's health was monitored and when it was necessary, health care professionals were involved to make sure people remained as healthy as possible.

People's needs were assessed before moving into the service with involvement from relatives, health professionals and the person's funding authority. Care plans contained detailed information and clear guidance about all aspects of a person's health, social and personal care needs to enable staff to meet people's needs.

People's food and drink consumption had been recorded on a daily basis. Staff knew when and how to make a referral to a healthcare professional if they had concerns about a person's health.

Recruitment practices were safe and checks were carried out to make sure staff were suitable to work with people who needed care and support. People were involved in the recruitment of their staff.

Policies and procedures were in place for the registered manager to follow if staff were not fulfilling their job role.

Staff were considerate and respectful when speaking about people. Staff knew people very well, including their personal histories, hobbies and interests. There was a relaxed atmosphere in the service between people and staff. Health professionals told us the staff team were welcoming and understood the needs of people well.

Staff told us they felt supported by the management team. Staff were trained to meet people's needs and were supported through regular supervision and an annual appraisal, so they were supported to carry out their roles. People were supported by staff that had the skills and knowledge to meet their needs.

The registered manager ensured that they had planned for unforeseeable emergencies, so that should they happen people's care needs would continue to be met. The premises were maintained and checked to help ensure the safety of people, staff and visitors.

There were systems in place to review accident and incidents, which were able to detect and alert the registered manager to any patterns or trends that had developed.

The complaints procedure was readily available in a format that was accessible to some people who used the service. Staff knew people well and were able to recognise signs of anxiety or upset through behaviours and body language.

People felt that the service was well led. They told us that the registered manager was approachable and listened to their views. The registered manager of the service and other senior managers provided good leadership and were visible within the service.

**We have made a recommendation that the service follow's people's risk assessments relating to the security of the service.**

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

Staff had not consistently followed people's risk assessments to keep them safe from potential harm.

Recruitment procedures were in place and staff followed recommended good practice. There were enough staff to meet people's needs.

People felt safe and staff received appropriate training and support to protect people from potential abuse.

People received their medicines safely and when they needed them. Policies and procedures were in place for the safe administration of medicines and staff had been trained to administer medicines safely.

The premises and equipment was adequately maintained with a range of security checks in place.

**Requires improvement**



### Is the service effective?

The service was effective.

People were provided with a suitable range of nutritious food and drink.

Staff were supported effectively through induction, training and supervision so they had the skills needed to meet people's needs.

The registered manager understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and people's mental capacity to consent to care or treatment was assessed and recorded.

Staff ensured people's health needs were met. Referrals were made to health and social care professionals when needed.

**Good**



### Is the service caring?

The service was caring.

Staff were considerate and respectful when speaking about people.

Staff knew people well and understood their changes in mood, posture and sounds and what they were communicating.

Staff understood people's preferences, personal histories and the best way to meet their needs.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

**Good**



### Is the service responsive?

The service was responsive.

**Good**



# Summary of findings

People were offered a choice of activities to participate in.

Care plans contained detailed information and clear guidance to enable staff to meet people's needs.

The complaints procedure was available and in an accessible format to some people using the service.

People were supported to maintain relationships with people that mattered to them.

Staff made prompt referrals to healthcare professionals when people's needs changed.

## Is the service well-led?

The service was well-led.

There was an open and transparent culture, where people and staff could contribute ideas about the service.

Systems were in place to regularly assess and monitor the quality of the service people received, through a series of audits. The provider sought feedback from people and their representatives and acted on comments made.

Incidents and accidents were investigated thoroughly and responded to appropriately.

**Good**



# Woodgate

## 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 1 September 2015 and was unannounced. The inspection team consisted of one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had a background and understanding of learning disability services.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to

make. We also looked at previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law.

We spoke with one person about their experience of the service and two relatives of people using the service. We spoke with four staff including three care workers and the registered manager to gain their views. We asked three health and social care professionals for their views about the service. We observed the care provided to people who were unable to tell us about their experiences.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at two people's care files, four staff record files, the staff training programme, the staff rota and medicine records.

A previous inspection took place on 22 November 2013, the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

# Is the service safe?

## Our findings

People told us that they felt safe living at the service. Observations showed that people appeared comfortable with other people and staff by smiling and giving eye contact. Staff knew people well and were able to recognise signs of anxiety or upset through behaviours and body language.

Potential risks to people in their everyday lives had been identified, such as risks relating to personal care, accessing the community, monitoring their health and management of behaviour. Each risk had been assessed in relation to the impact that it had on each person. Control measures were in place to reduce the risks and guidance was in place for staff to follow about the action they needed to take to protect people from harm. Risk assessments were reviewed at the monthly meetings people had with their link worker. A link worker is a member of staff who has responsibility for ensuring people's paperwork is reviewed and updated if necessary. Staff had up to date information to meet people's needs and to reduce risks.

However, staff were not always following people's risk assessments. We observed that the front door was open when we arrived and was left open for a period of an hour, until staff were informed. People had risk assessments and guidelines in place for the security of the service. People relied on staff to maintain the security of the building. People were put at risk of potential danger because the front door was left open. A member of staff told us this was a one off occurrence and the door had been left open by accident following staff going to the outside bin.

### **We recommend that the service follow's people's risk assessments relating to the security of the service.**

There was a safeguarding policy in place, staff were aware of how to protect people and the action to take if they suspected abuse. All staff had access to the local safeguarding protocols and this included how to contact the local safeguarding team. Staff were able to describe the signs of abuse and what they would do if they had any concerns such as contacting the local authority safeguarding team. The staff induction included safeguarding adults from harm and abuse and staff received annual training on this topic.

The registered manager used team meetings to reinforce how to follow safeguarding procedures with staff and to

discuss whistleblowing. Staff told us they were confident that any concerns they raised would be taken seriously and fully investigated to ensure people were protected. Staff were aware of the whistle blowing policy and knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly. Staff spoke about an anonymous whistleblowing helpline which was run by the provider. The provider had policies and procedures in place for ensuring that any concerns about people's safety were reported.

Medicines were managed safely. All medicines were stored securely and appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines. Clear records were kept of all medicine that had been administered. The records were clear and up to date and had no gaps showing all medicine had been administered and signed for. Any unwanted medicines were disposed of safely.

Each person had an individual medicines record chart showing their personal details, photograph and the medicines they were prescribed and when they should take them. There was information in people's support plans about their medicines, what they were for and side effects to look out for. Staff talked to people before giving them their medicines and explained what they were doing. Staff waited to observe a response from people before they gave them their medicines. Staff were patient and provided verbal reassurance when supporting people with their medicines.

Clear guidance was in place for people who took medicines prescribed 'as and when required' (PRN). There was a written criteria for each person, in their care plan and within the medication file, who needed 'when required' medicines. Medicines audits were carried out on a daily basis by two members of staff. We saw clear records of the checks that had taken place.

There were always enough trained staff on duty to meet people's needs. Staffing was planned around people's hobbies, activities and appointments so the staffing levels were adjusted depending on what people were doing. The registered manager made sure that there was always the right number of staff on duty to meet people's assessed needs and they kept the staff levels under review. The registered manager was available at the service four days a week offering additional support if this was required. People received one to one support when it was required.

## Is the service safe?

For example, two people recently went to London to see a show and Buckingham Palace with two staff. One person requested to go out to the local supermarket during the inspection and this was accommodated by the staff.

There was a team of bank staff who worked across the provider's services who could step in at short notice to cover staff sickness or to provide extra support with activities and provide one to one support. Occasionally the same agency staff were used to ensure consistent staffing levels. The registered manager said two new members of staff had recently been recruited which meant that the service would be fully staffed.

Recruitment practices were safe and checks were carried out to make sure staff were suitable to work with people who needed care and support. Staff recruitment checks had been completed before they started work at the service. These included obtaining suitable references, identity checks and completing a Disclose and Baring Service (DBS) background check, checking employment histories and considering applicant's health to help ensure they were safe to work at the service. The registered manager interviewed prospective staff and kept a record of how the person performed at the interview. People were involved in recruiting staff so they could have a say about who might support them. Prospective staff were invited to attend a second interview at the service. This involved engaging in an activity such as making a drink with a person, which was observed by two permanent members of staff. This gave people the opportunity to meet potential new staff and give their opinion. Interactions between the potential members of staff and people were detailed by the observing staff.

Staff had job descriptions and contracts so they were aware of their role and responsibilities as well as their terms and conditions of work. Successful applicants were required to complete an induction programme at the provider's head office before working alongside current staff at the service.

The premises were maintained and checked to help ensure the safety of people, staff and visitors. The staff carried out weekly health and safety checks of the environment and equipment. Procedures were in place for reporting repairs and records were kept of maintenance jobs, which were completed promptly after they had been reported. Records showed that portable electrical appliances and firefighting equipment were properly maintained and tested. Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order. These checks enabled people to live in a safe and adequately maintained environment.

People had a personal emergency evacuation plan (PEEP) and staff and people were involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of a fire. People's safety in the event of an emergency had been carefully considered and recorded.

Accidents and incidents were recorded via an online system called Recordbase. Staff completed a paper version of the incident form which was then recorded online. Accidents and incidents were investigated by the registered manager and an action plan was then completed. The system was able to detect and alert the registered manager to any patterns or trends that developed. All notifiable incidents had been reported correctly. The registered manager showed us a summary and the total number of accidents and incidents for each person. Important events that affected people's health, welfare and safety were reported and acted on if necessary. For example, following a recent fall the registered manager's investigation showed that one person needed a new moving and handling assessment. The person's records evidenced that this had been completed.



# Is the service effective?

## Our findings

People told us that staff looked after them well. Some people had complex health needs and were unable to communicate verbally so we made observations and spoke with the relatives of two people. One relative said their family member was cared for very well by the staff. Staff knew people very well including their personal histories, hobbies and interests.

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. There was an ongoing programme of training which included face to face training, on line training and distance learning. The provider had a training department based at their head office which tracked and arranged training for staff in conjunction with the registered manager. New staff completed a week-long induction at the head office before starting work at the service. This included training in topics such as safeguarding adults, health and safety, Mental Capacity Act (2005), Deprivation of Liberty Safeguards, first aid, moving and handling, food safety and administration of medicines. New staff worked alongside more experienced staff within the service before working unsupervised and they completed an in-house induction plan. Staff said they had received the training they needed to fulfil their role, records at the service confirmed this. Staff received refresher training in a number of subjects to keep their knowledge up to date and current. Staff were trained to meet people's specialist needs such as Makaton, a sign language, and dysphagia (dysphagia is the medical term for swallowing difficulties).

Staff told us they felt supported by the registered manager and the staff team. Staff received regular supervision meetings in line with the provider's policy. These meetings provided opportunities for staff to discuss their performance, development and training needs. The registered manager also carried out annual appraisals with staff to discuss and provide feedback on their performance and set goals for the forthcoming year.

The registered manager and staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005, and the Deprivation of Liberty Safeguards (DoLS) and had been trained to understand and use these in practice. Staff asked people for their consent before they offered support. People's capacity to consent to care and support had been assessed. Staff told us if a person lacked the capacity to

make a decision a best interest meeting would take place. MCA assessments for less complex decisions such as agreeing to care guidelines had been completed, followed by a best interest meeting, to make sure this was in the best interests of the person. One person had a best interest meeting documented regarding moving from another service into Woodgate. People and their key representatives in their lives were consulted before decisions were made.

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, these have been authorised by the local authority as being required to protect the person from harm. People living at the service were constantly supervised by staff to keep them safe. Because of this, the registered manager had applied to local authorities to grant DoLS authorisations. The applications had been considered, checked and granted ensuring that the constant supervision was lawful.

People were involved in planning the menus, buying food and preparing parts of the meal. Meal times were a social occasion when everyone came together around the large dining room table. People were supported to choose their meals using photographic picture cards of meals.

Staff knew about people's favourite foods and drinks and about any special diets. The meals looked appetising and fresh ingredients were used. People were offered condiments with their lunch and had a choice of drinks. Healthy eating and exercise was encouraged. If staff were concerned about people's appetites or changes in eating habits, they sought advice from healthcare professionals.

People's food and drink consumption had been recorded within their daily diary. Staff told us if they were concerned about dehydration they would put a fluid chart in place to monitor a person's fluid intake and seek further medical advice. Monitoring forms were in place for staff to complete during meals which were then reviewed by the Speech and Language Therapist (SALT) team. The SALT team then provided advice which resulted in people's guidelines being amended.

People's health was monitored and when it was necessary health care professionals were involved to make sure people remained as healthy as possible. Staff had recently



## Is the service effective?

sought support from the SALT team when they had concerns regarding a person's eating. All appointments with professionals such as doctors, opticians, dentists and chiropodists had been recorded with any outcome. Future appointments had been scheduled and there was evidence that people had regular health checks. People had been supported to remain as healthy as possible, and any changes in people's health were acted on quickly.

Staff had created 'Hospital passports' for people to use when they visited hospital. These detailed people's health conditions and information that hospital staff needed to support the person. Hospital passports enable people to receive consistent support.

# Is the service caring?

## Our findings

One person we spoke with told us “The staff are kind, I like it here”. Some people were unable to tell us about their care and support because of their complex needs so we observed staff interactions with people and observed how the staff responded to people’s needs. We also spoke with the relatives of two people living at the service who said the staff were kind, friendly and respectful. Healthcare professionals told us staff were caring and always sought advice when people needed extra support. The speech and language therapist told us the staff team were always receptive to their input and recommendations.

People were not always consistently supported or encouraged to develop skills which would aid their independence. For example, one person had guidelines in place to promote their independence and to answer the front door with staff support. We observed the doorbell ring on three separate occasions and on each occasion the door was opened by a member of staff. Staff missed the opportunity to promote the person’s independence. The registered manager told us staff did usually follow the guidelines in place. Staff supported another person to open and to understand the mail they had received, which the person enjoyed.

There was a relaxed atmosphere in the service and we heard good humoured exchanges between people and staff. Staff responded appropriately when a person appeared to become anxious. Staff spoke with the person calmly and reassured them. We observed that the person appeared less anxious after they had received support and reassurance from staff. Staff knew people well and were aware of people’s life histories. Each person had a ‘My life so far’ within their care plans, this detailed important details about people’s lives, such as details of family members, important events and included photographs. We observed staff talking to people about their family and past activities.

People looked comfortable with the staff that supported them. The provider had a clear vision and set of values which were known and embedded by the staff team, these included respecting people as individuals, valuing people for who they are and enabling people to live the life they choose.

Staff communicated with people in a way they understood. They spoke slowly and clearly with people and answered their questions calmly and patiently. Staff crouched down so they could make eye contact with people. Staff told us about people who had complex communication needs. Some people had less verbal communication. Staff understood how to interact with them and people responded with facial expressions or hand gestures. We observed one person change their facial expression when offered condiments with their lunch and staff interpreted this that they wanted tomato sauce.

Everyone had their own bedroom and they had been involved in the choice of decoration. Each bedroom reflected people’s personalities, preferences and choice. Some people had photographs of family and friends and pictures of interest on their walls. People had equipment like televisions, radios and music systems. All personal care and support was given to people in the privacy of their own room or bathroom. Staff explained how they supported people with their personal care whilst maintaining their privacy and dignity. People, if they needed, were given support with washing and dressing. People chose what clothes or jewellery they wanted to wear, with staff offering choices in a way people could understand.

People were actively involved in making decisions about their support at monthly meetings and review meetings. Staff were in close contact with people’s family and friends who were all involved in helping people to achieve their goals and aspirations. People were confident that their views would be listened to and acted on. For example, one person had requested to visit the zoo which was arranged by the staff. Information was presented in ways that people could understand which helped them to make choices and have some control over making decisions.

When people were at home they could choose whether they wanted to spend time in the communal areas or time in the privacy of their bedroom. We observed people choosing to listen to music in the kitchen and in their bedroom which was respected by staff. People could have visitors when they wanted to and there were no restrictions on what times visitors could call. People were supported to have as much contact with their friends and family as they wanted to. We observed staff supporting a person to choose and write greetings cards to their family, as this was how the person enjoyed keeping in touch.

## Is the service caring?

Records were up to date, held securely and were located quickly when needed.

# Is the service responsive?

## Our findings

One person told us they received the care and support that they needed when they wanted it. The staff worked around people's wishes and preferences on a daily basis. One person chose that a member of staff of the same gender supported them with their morning routine and this was respected.

People had a weekly activity timetable which included social activities and health related activities like hydrotherapy. Healthcare professionals told us that they were concerned about the choice of activities being offered to people. Their concerns were regarding the level of activities being offered to people. For example, supporting people in meaningful daytime occupation. One person was supported to go out during our inspection to a supermarket coffee shop. Other people spent their day in the lounge reading, watching television or playing ludo. People were supported by staff to write a one page profile about themselves which included information about what the person enjoyed doing and important things people wanted to share about themselves, one person's profile included playing ludo. Relatives told us they felt their family members were supported to go out on a regular basis. People's activities were recorded, listing what people had participated in, for example, games, writing cards and going out for a coffee. The records showed people were not always offered a choice of a wide range of activity throughout the day.

People's needs were assessed before moving into the service with involvement of the person, their relatives, health professionals and the person's funding authority. Care plans contained detailed information and clear guidance about all aspects of a person's health, social and personal care needs, which enabled staff to meet people's needs. They included guidance about people's daily routines, communication, life histories, health condition support and any behaviour support information. Relatives told us they had been involved in the planning of their family member's care and support needs.

People's care plans were reviewed with them on a regular basis, changes were made when support needs changed, to ensure staff were following up to date guidance. Some people were not able to communicate using speech and used body language, signs and facial expressions to let staff know how they were feeling. Staff understood people's

communication needs well and interpreted what people wanted and what people were saying. People with complex communication needs had detailed individualised communication plans. These included guidance for staff under the following headings, "How I communicate", "The best way to communicate with me", "Best places and times to communicate with me" and "How I tell you what I would like". We observed staff following these communication plans and communicating with people with their preferred method of communication.

People were involved in their care, which was specific to their needs. People with complex communication needs were supported by staff who knew them well. People's needs had been reviewed with the involvement from relatives and healthcare professionals. A health professional said the staff team responded well to guidance and support from professionals.

Staff were responsive to people's individual needs. Staff responded to people's psychological, social, physical and emotional needs promptly. Staff were able to identify when people's mental health or physical health needs were deteriorating and took prompt action. A recent referral had been made to the Speech and Language Therapy Team following concerns regarding a person's eating.

A system was in place to receive, record and investigate complaints. One person told us "If I am unhappy the staff would help me". People had regular meetings with their link worker; a link worker was a designated staff member who knew the person well. These meetings gave people the opportunity to raise any concerns they may have, which were recorded by the staff. People were able to express their views and choices and were involved in making decisions about their care.

The complaints procedure was available to people and was written in a format that people could understand. Pictorial complaint leaflets were available within the service. Staff told us they would talk to the registered manager if they had any concerns or issues, and would support people to complain if they wished to. Staff knew people well and were able to tell if there was something wrong, observing body language for people with complex communication needs. Staff would then try and resolve this. The provider had a complaints policy and procedure in place which was available to people and given to relatives. This included the procedure people could follow if they were not happy with

## Is the service responsive?

the complaint response. Relatives we spoke with were confident that any complaints they raised would be listened to and acted upon. There had not been any complaints made since the last inspection.

# Is the service well-led?

## Our findings

The service had a registered manager in place who had worked at the service for a period of seven months. We observed people talking to the registered manager about how people had spent their weekend. Staff understood the management structure of the service, who they were accountable to, and their role and responsibility in providing care for people. People were able to approach the registered manager when they wanted to. Staff told us that the registered manager was approachable and supportive. A relative told us they could speak to the registered manager at any time and were kept updated regarding any management changes. Staff told us if they did have any concerns the registered manager acted quickly.

Healthcare professionals and relatives told us that they had been concerned staff and management turnover had been high, but this had improved with the appointment of the new registered manager.

The registered manager made sure that staff were kept informed about people's care needs and about any other issues. Regular team meetings were held so staff could discuss practice and gain some mentoring and coaching. Staff meetings gave staff the opportunity to share their views about the service and to suggest any improvements. Staff handover's between shifts highlighted any changes in people's health and care needs, this ensured staff were aware of any changes in people's health and care needs.

Systems were in place to regularly monitor the quality of the service that was provided. People's views about the service were sought through meetings, reviews and survey questionnaires. These were written in a way people could understand. Annual satisfaction surveys were carried out across the organisation. The results showed that a high proportion of people were very happy with the support

they received. The provider was in the process of sending out new surveys to people, families and health care professionals. People and those acting on their behalf had their comments and complaints listened to and acted on.

The registered manager and senior operations manager completed regular audits, such as, medicines and infection control. When shortfalls were identified these were addressed with staff and action taken. Environmental audits were carried out to identify and manage risks. Reports following the audits detailed any actions needed and recorded who was responsible for taking the action. Actions were signed off once they had been completed.

There was an open and transparent culture where people and staff could contribute ideas about the service. When people made negative comments these were followed up and addressed so people's comments were listened to and acted on quickly.

Observations with people and staff showed that there was a positive and open culture between people, staff and management. Staff were at ease talking with the registered manager who was available during the inspection.

The provider had a clear vision and set of values for the service. These were described in the 'Statement of Purpose' and 'Service User Guide'. These documents about the service were given to people and their representatives and available on the provider's website. These documents helped people to understand what they could expect from the service. Staff were aware of the vision and values and described how they put these into practice. The registered manager used team meetings as a way to understand the provider's ethos.

The provider took part in organisations and associations to keep updated with the current best practice. For example, they are fully involved with the Kent Challenging Behaviour Network. Information is disseminated through regular meetings with the senior operations managers and the registered managers.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.



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.