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# The Bungalow

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection was carried out on 31 May 2018 and was announced. 48 hours' notice of the inspection was given because we needed to be sure that people who wanted to speak to us were available during the inspection.

This service provides care and support to people living in a 'supported living' setting, 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.

People using the service lived in a 'house in multiple occupation'. Houses in multiple occupation are properties where at least three people in more than one household share toilet, bathroom or kitchen facilities. There were sleep in arrangements for staff on site. There were seven people using the service at the time of our inspection.

The care 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 and autism using the service can live as ordinary a life as any citizen. The provider's vision of the service was to support people to be as independent as possible

A registered manager was working at the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was not in day to day charge of the service and had delegated many responsibilities to the acting manager, who planned to apply to be registered by CQC.

At the last inspection in April 2017 and the service was rated Requires Improvement. We found that the provider was in breach of four regulations in relation to staff training, the assessment and management of risks to people, people's involvement in planning their care, records and checks of the service. Following the inspection, the provider sent us an action plan of how they would address the shortfalls. At this inspection we found that the action plan had not been consistently followed and further improvements were needed.

Checks on the quality of the service had improved since our last inspection, however, further improvement was required to make sure all areas of the service were reviewed and actions were taken to make improvements where necessary. Shortfalls we found had not been identified. Accidents and incidents had been analysed and action had been taken to stop them happening again.

The provider had not send us information we require to us at least once a year, about what the service does well and improvements they plan to make.

People had not been asked about their end of life care preferences and had not been supported to make plans for the future. We made a recommendation about this.

Staff knew the signs of abuse and were confident to raise any concerns they had with the registered manager and acting manager. The local authority and CQC had been informed any incidents of possible abuse so they could be investigated.

People were not discriminated against and received support tailored to their needs and preferences. Assessments of people's needs and any risks had been completed. Staff knew people well and provided their support in the way they preferred. Guidance about people's support had improved and detailed guidance was now in place about the support people needed to manage behaviours that challenge. Each person had planned their support with staff, including taking their goals and aspirations. People had opportunities for lifelong learning and some people had jobs.

People's needs were assessed before they began using the service to make sure staff could offer them the support they wanted. People were able to visit and meet the other people using the service before they decided to have a service from The Bungalow.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems supported this practice. Staff assumed people had capacity and respected the decisions they made. When people needed help to make a particular decision staff helped them. Decisions were made in people's best interests with people who knew them well. Staff worked with community professionals, including care managers to support people to be more independent.

Changes in people's health were identified and staff supported people to contact the relevant health care professionals. People's medicines were managed safely and people received their medicines in the ways they preferred and as their healthcare professional had prescribed.

People were encouraged to eat a balanced diet which met their health needs. People planned what they wanted to cook and staff supported them to do this when it was necessary. People were supported to clean their bedroom and communal areas of the service including the kitchen.

There was a culture of openness; staff and managers spoke to each other and to people in a respectful and kind way. Staff were kind and caring to people and treated people with dignity and respect. Staff gave people privacy. Everyone was supported to be as independent as they wanted to be. People had enough to do during the day and were involved in their local community. They used community facilities such as the local leisure centre.

People were asked if they had any concerns about the service so they could be resolved. The complaint process was accessible to everyone in a way they understood. People, their relatives, staff and visiting professionals shared their views and experiences of the service and these were acted on.

There were enough staff to provide the care and support people needed. Staff were recruited safely and Disclosure and Barring Service (DBS) criminal records checks had been completed. Staff were supported to meet people's needs and had completed the training they needed to fulfil their role. Staff were clear about their roles and responsibilities and worked as a team to meet people's needs.

Staff felt supported by the registered manager and acting manager, were motivated and enthusiastic about their roles. A manager was always available to provide the support and guidance staff needed.

Records in respect of each person had improved and were now complete. Information about people was stored securely.

Services that provide health and social care to people are required to inform the CQC, of important events that happen in the service like a serious injury. This is so we can check that appropriate action had been taken. We had received notifications as required.

Services are required to prominently display their CQC performance rating. The registered manager had displayed the rating in the entrance hall of the service. The provider does not have a website.

This is the second consecutive time the service has been rated Requires Improvement. You can see what action we told the provider to take at the back of the full version of the report.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff knew how to identify and report possible abuse.

Risks to people had been identified people were supported to take risks when they wanted.

People were protected from the risks of unsafe medicines management.

People were supported to keep their home clean and tidy.

There were enough staff who knew people well, to provide the support people needed.

Checks were completed on staff to make sure they were honest, trustworthy and reliable before they worked alone with people.

### Is the service effective?

Good ●

The service was effective.

People's needs were assessed with them.

Staff followed the principles of the Mental Capacity Act (2005). People were supported to make their own decisions.

Staff were supported and had the skills they required to provide the care people needed.

Staff worked with community professionals to support people to be independent.

People were informed about healthy eating and supported to prepare meals for themselves.

People were supported to have regular health checks and to attend healthcare appointments.

### Is the service caring?

Good ●

The service was caring.

Staff were kind and caring to people and supported them if they became anxious or upset.

People were given privacy and were treated with dignity and respect.

People were supported to be independent and have control over their support.

### Is the service responsive?

The service was not consistently responsive

People had not been supported to plan the care they would prefer at the end of their life.

People had planned their support with staff, including setting goals. They received the support they needed in the way they preferred.

People were supported to be part of their local community and participated in activities they enjoyed. People had opportunities for lifelong learning.

People were asked about any concerns they had so they could be resolved.

**Requires Improvement** ●

### Is the service well-led?

The service was not consistently well-led.

Checks completed on the quality of the service were not effective and had not identified the shortfalls we found.

The provider had not sent information about the service to the Care Quality Commission when it was requested.

People, their relatives, staff and visiting professionals shared their views and experiences of the service and these were acted on.

Staff shared the provider's vision of the service.

Staff were motivated and were clear about roles and responsibilities.

Records about people's care and support were complete.

**Requires Improvement** ●

Notifications of significant events had been sent to the Care Quality Commission.

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# The Bungalow

## 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 31 May 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that people who wanted to speak to us were available during the inspection.

Inspection site visit activity started on 31 May 2018 and ended on the same day. It included meeting and speaking to people who use the service, speaking to a staff member who supported them and reviewing care records. We visited the office location on 31 May 2018 to see the registered manager; and to review management records and policies and procedures.

We looked at two people's care and support records and associated risk assessments and medicine records. We looked at management records including two staff recruitment, training and support records and staff meeting minutes. We observed people spending time with staff. We spoke with the registered manager, the acting manager, a community learning disability nurse from the local authority, one support staff, and met one person who used the service, other people were out during our inspection. We only spoke with one staff member as other staff were not available at the time of our inspection. The inspection team consisted of one inspector. This was because the service only provided support to a small number of people and it was decided that additional inspection staff would be intrusive to people's daily routines.

The provider did not meet the minimum requirement of completing the Provider Information Return at least once annually. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we made the judgements in this report.

We also looked at notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law. We asked three community



professionals for feedback about the service and received a response from one person.

# Is the service safe?

## Our findings

We observed people were relaxed in the company of staff and other people. People told staff what they wanted to do and where they wanted to spend their time and staff respected their choices. People smiled in response to staff chatting to them about their interests and hobbies. One person gave a staff member a 'high five' and a big smile while chatting about their favourite place to visit.

At our last inspection we found that risk assessments around people's behaviour and daily living activities were not up to date. At this inspection we found that risks assessments were up to date and staff followed positive behaviour support plans to help people manage any behaviours that challenge. The plans included any potential 'triggers' and how to divert people away to prevent them becoming upset or anxious. Staff had received training since our last inspection and had the skills to do this. Staff we spoke told us these techniques were effective and records confirmed that people rarely showed any behaviours that challenged.

Staff worked with community professionals from the local authority learning disability team to develop strategies to support some people around behaviours that challenge. The learning disability nurse we spoke with told us they "have been very impressed" with the work staff had done with one person. They had followed the guidelines the nurse had provided and this had benefitted the person, who was now calmer.

Other risk assessments contained up to date guidance for staff about how to support people to take risks, while staying as safe as possible. Risks involved in daily living tasks such as doing laundry and meal preparation had been assessed. Plans were in place to support people to be as independent as possible, for example, some people used the oven with staff supervision of staff, while other people observed staff using the oven. Staff had worked with a speech and language therapist to support one person to manage choking risks. Staff had identified that some of the person's favourite food put them at risk of choking. They had worked with the therapist to develop ways in which the person could enjoy their favourite foods safely. We observed staff following the process during our inspection and the person their favourite food without choking.

Previously we found that guidance had not been provided to staff about how to support people to manage health conditions such as epilepsy. Detailed guidance was now in place and followed by staff to support people to remain as safe and healthy as possible, including when to call for emergency medical support.

Staff were informed of changes in the way risks to people were managed at the beginning of each shift. Changes in the support that people needed were recorded in the handover book so staff could catch up on changes following leave or days off. Plans were in place to keep people safe in an emergency and people practiced these regularly.

Accidents continued to be recorded and were checked by the registered manager to look for any patterns. Accidents at the service were rare and no patterns had been identified. Behavioural incidents had been reviewed and analysed to look for themes. Triggers had been identified and recorded in people's positive

behaviour support plans. Staff anticipated when people may become anxious or worried and provided the reassurance people needed.

Staff had completed training about different types and signs of abuse. Staff knew what to do if they suspect someone was at risk of harm or discrimination. Staff described the signs they may see if someone was at risk, such as a change in their behaviour. Staff reported any concerns they had to the registered manager or acting manager and were confident they would be acted on. Any incidents or concerns had been reported to the local authority safeguarding team and the care quality commission.

Some people were not able to manage their own finances and were supported by their families, staff or advocates from the local authority to pay their bills and manage their money. People told us about the support they received to budget, including paying bills and saving for events such as holidays. Checks were completed to make sure that people's money was safe, including keeping receipts and bank records. People always had access to their money when they needed it.

Medicines were managed safely and people were as involved as they wanted to be. Effective systems were in place to order, administer and record people's medicines. Regular checks on medicines were completed to make sure they continued to be managed safely. Some people were prescribed pain relief 'when required'. People were able to tell staff when they needed their pain relief. Guidance was available to staff about when required medicines, including the time between doses and the maximum that could be taken over 24 hours. Medicine administration records showed people had received safe doses of medicines.

People continued to store their medicines securely in their bedrooms. Staff monitored the temperature of the room daily and records showed the temperatures were within a safe range. This was important as storing medicines at high or very low temperatures could reduce their effectiveness.

People were supported to clean their bedroom and a rota was in operation for the cleaning of communal areas. Some people showed us their bedrooms which were clean and fresh.

Staffing was planned around people's needs, activities and the number of support hours purchased for them by the local authority. People told us they received support from familiar, consistent staff. During our inspection staff supported people on an individual basis to complete tasks. Cover for sickness or holidays was provided by the staff team. An on call system was in operation to support staff in the evening and at weekends. The acting manager checked each person received the support their care manager had assessed they needed.

Checks were completed on staff to make sure they were honest, trustworthy and reliable before they were employed. People met candidates before they were employed and shared their views with the registered manager. Plans were in place to involve people in interviews. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. New staff did not begin working at the service until all the checks had been completed. Staff declared any health issues that may need to be supported.

## Is the service effective?

### Our findings

At our last inspection we found that staff had completed basic training but did not have an understanding of person centred support or positive behaviour support. Since our last inspection staff had completed training in these areas. Records showed that staff were no longer recording people expressing their views and they way they spoke with staff, as incidents of behaviour that challenged and people's support plans included goals and aspirations. Staff worked with the local authority staff to support people to set and achieve goals, including cooking meals and doing laundry.

Staff received an induction when they started work at the service, which included working alongside experienced staff to help them get to know people. New staff who did not hold recognised qualifications in social care completed the Care Certificate, an identified set of standards that social care workers adhere to in their daily working life. One staff member told us they had completed "loads of training". Staff's medicines administrations skills were checked annually to make sure their practice remained safe.

Staff had regular one to one meetings with their supervisor to talk about their practice, any issues they had and their development. At our last inspection we found that staff had not had appraisals to plan their development and review their performance for the year. An appraisal process was in place but had not been completed yet this year.

Before people began using the service they met with the registered manager to discuss their needs and plan their support. An assessment was completed which summarised people's needs and how they liked their support provided. This helped the registered manager make sure staff could provide the care and support the person wanted. People also met and spent time with other people using the service and staff, to make sure they got along with everyone.

People told us they were able to make choices about all areas of their life and gave us examples including where they what they did each day and the activities they took part in.

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. Staff had received training in relation to the MCA. We checked whether the service was working within the principles of the MCA.

People were able to make straightforward day to day decisions. Guidance was in place and followed by staff to support people to make choices. For example, using photo cards to support people to understand the choices on offer. Information was also available about the best time of the day for people to make choices, such as late morning and not when they first woke up. When people were unable to make complex decisions, staff worked with them and people who knew the person well, including their family and care manager, to make a decision in their best interests.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people are at risk of being deprived of their liberty and live in their own homes applications must be made to the Court of Protection. No one had a Court of protection authorisation in place. People were not restricted and we observed people coming and going as they wanted. Six people were out during our inspection, some had gone out with staff support and others had gone out alone. One person was looking forward to visiting another of the provider's services to see an entertainer. The registered manager understood their responsibilities to raise any concerns they had with people's case managers for further consideration.

Staff worked closely with specialist learning disability community nurses and other healthcare professionals to support people to remain as healthy as possible. People had hospital passports in place to tell staff and health care professionals about their health care needs. Staff spoke with knowledge about people's health care needs. For example, when people were at risk of developing an infection staff followed guideline provided by health professionals to reduce the risk, such as encouraging people to fully empty their bladder when they went to the toilet. Staff knew the signs that people may have an infection and contacted their doctor promptly.

Staff had identified when people's mental health had changed, such as becoming confused or forgetful and had supported them to have assessments. They followed the advice of speech and language therapists and used signs and pictures to support people to understand, as well as supporting them to attend regular check-ups.

People were supported by staff who knew them well to attend health care appointments, including health checks. Staff helped people to understand what was going to happen and supported them to tell their health care professional how they were feeling. Staff supported people to follow any recommendations made when they returned home and maintained records of the doctor's advice and any follow up appointments or treatment. People were prompted to have regular health checks, including dental check-ups and eye tests, if they wanted them. People lived healthy, active lives and told us they enjoyed weekly trips to the local swimming pool as well as regular walks and gardening.

People ate and drank when they wanted to. People planned weekly menus and shopped for items they needed each week with staff support. We observed one person who was at risk of choking telling staff they wanted a drink. Staff supported the person to choose the drink they wanted by showing them choices. The person knew that they required their drink thickened and liked to be responsible for getting the thickener with staff. People were encouraged to choose healthy options, and we observed people being offered fruit snacks.

# Is the service caring?

## Our findings

We observed that people were relaxed in the company of staff and staff showed people genuine affection, and we observed them smiling and laughing together. People and staff spent time together playing games or doing tasks. We observed one person linking arms with staff and taking them to items or activities they wanted. The community professional we spoke with before our inspection told us, 'I do feel the service is kind and caring towards the people they work with and promotes service users independence'.

At our last inspection we found that staff did not always describe people with respect in their records. The registered manager told us they would take action to address this. At this inspection staff described people to us and in their records, in positive and respectful ways, including "Likes to be involved in house hold tasks and is very helpful".

Staff supported people to be as independent as possible. They knew what people were able to do for themselves and the support they needed to do other things. For example, some people needed prompting when getting dressed but were able to dress themselves without staff support. Information about what people were able to do for themselves and the support they needed was recorded in their support plan, including any prompts or reminders people needed. We observed people were pleased and smiled when they completed tasks for themselves and staff supported them only when they needed it.

People were supported to keep in contact with family members and other people who were important to them. People met their visitors in private either in their bedroom or in communal areas. Some people visited their family and stayed for the day or overnight if they wanted to. Other people enjoyed days out with their family and friends.

People were given privacy and their dignity was respected. We observed staff did not enter people's bedrooms without their permission. Shared bathrooms and toilet doors were fitted with locks, which people used. Staff described to us how they gave people privacy, such as standing outside the toilet and prompting people through the closed door. Records in relation to people's support were stored in people's bedrooms or locked away.

Staff had asked people about their cultural and spiritual beliefs and supported people to follow these when they wanted to. People had been asked if they had a preference for the gender of the staff member who supported them and these were respected. Staff were aware that there was a risk that some people may become dependent or 'fixated' on one staff and encouraged people to receive support from a variety of staff. This strategy had been successful in reducing people's reluctance to accept support from accept support from some staff.

Staff knew what caused people to become anxious, such as becoming being asked to wait for what they wanted or noisy environments. They anticipated the support people needed in these situations and described to us how they distracted or diverted people's attention elsewhere to help them remain calm. Staff also described to us in detail how they reassured people when they were worried or upset, including

chatting to them about holidays they had enjoyed or looking at their favourite books.

Staff supported people to understand why an inspector was visiting them. People who wished to spend time with us were supported to do so by staff, who helped us to understand what people were telling us.

From April 2016 all organisations that provide NHS or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. The provider was meeting the Accessible Information Standard and had developed accessible ways of communicating with people, such as photographs and easy read documents, to support people to tell staff about their needs and wishes, be involved in planning their care and make a complaint. We observed one person looking through photo cards they used to tell staff about their preferences. The person was saying the word to the staff member and they practiced signing the word together. Both were smiling as they did this.

People who needed support to share their views were supported by their families or care manager. The registered manager knew how to refer people to advocacy services when they needed support. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf.

## Is the service responsive?

### Our findings

Staff had not asked people about the care and support preferences when they came to the end of their life. No one using the service was receiving support at the end of their life. However, we would expect staff to have asked people about their preferences including any cultural or spiritual needs, where they preferred to be and who they wanted with them. This information is important to enable staff to provide people's care and treatment in the way they want, when the time comes.

We would recommend that the provider considers current guidance on end of life care for people with a learning disability.

At our last inspection we found that people's support plans did not contain guidance for staff about how people preferred to be supported. Support plans had been reviewed since our last inspection and contained information about what was important to the person, including what they liked to do, information about their job if they had one and the support they need to prepare meals. Staff described people and their support needs to us consistently. They knew about the support each person needed and how they preferred this offered. This reflected the guidance in people's support records and the support we observed.

Previously we found that people had not been actively encouraged to plan their own support. At this inspection we found that people had set goals and planned how they would achieve them with staff. For example, one person enjoyed going out to the beach. They had a photo card of them at the beach and showed it to staff when they wanted to go there. Other people's plans included information about the support they needed to get washed and dressed, prepare meals and go shopping. People had access to their support plans and one person showed us theirs. Information in support plans was accessible to people. Some people had signed their support plan to confirm they had been involved in developing it and were happy with the content.

Each of the support plans we looked had been reviewed and updated since our last inspection. Support plans were now up to date and had been changed as people's needs and preferences changed.

Routines were flexible to people's daily choices. As we arrived at the service one person was leaving. They had had an appointment with a community professional and had decided to go out afterwards rather than staying at home. Another person decided to spend the afternoon at one other provider's other services, something they did regularly when they wanted to.

People were supported to take part in activities and were involved in the community. Some people did this with friends and others were supported by staff and enjoyed activities including going shopping, out for meals and to the local beach. Other people enjoyed watching television, reading books and doing puzzles. Staff supported people to have opportunities for lifelong learning. When people identified goals they wanted to achieve, such as learning to cook or traveling alone, staff referred them to the local authority multidisciplinary team who arranged for someone to provide the training people needed. Other people had jobs in local shops which they enjoyed.



No complaints had been made about the service. A copy of the complaints process was shared with people when they began using the service and was in an accessible format. People were asked for their views about the service, including any concerns they had at regular meetings with staff. No one had raised any concerns.

## Is the service well-led?

### Our findings

The registered manager was also the registered manager of two other services the provider owned on the same site. They spent the majority of their time at one of the other services. The registered manager was not in day to day charge of The Bungalow and had delegated this role to an acting manager. The acting manager planned to apply to the Care Quality Commission (CQC) to be registered but had not begun this process at the time of our inspection.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is information we require providers to send us, at least once annually, to give some key information about the service, what the service does well and improvements they plan to make. The provider did not return the PIR by the required deadline. We discussed this with the registered manager during our inspection, they were unable to tell us why the PIR had not been returned.

Previously, we found checks and audits completed were not effective and had not identified the shortfalls we found during the inspection. Since our last inspection the provider and registered manager had increased the checks they completed on the service. However, these had not been fully effective in identifying and addressing any required improvements. For example, the registered manager did not now that a PIR had not been completed and sent to CQC when requested. Other checks including accident and seizure audits had been completed and action had been taken to address any shortfalls found.

The provider's statement of purpose states, 'The manager and a member of the Service User Action Group visits Grove Villa homes and carries out a quality assurance check on a monthly basis'. People were not involved in checking the quality of the service at The Bungalow. Training staff completed had not been tracked so gaps in training or any refreshers needed could be easily identified. Plans were not in place to continually improve the service. Providers should have systems in operation to continually review the service to identify ways to maintain and improve the quality of the service people receive. The provider did not have a system in operation and had not made plans to improve the service.

The registered persons had failed to establish and operate systems to assess, monitor and improve the quality and safety of the service provided. The registered provider had failed to submit with 28 days of the request a written report setting out how, and the extent to which, in their opinion they assess, monitor and improve the quality and safety of the service and mitigate risks. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One of the providers met weekly with the acting manager to discuss what was planned at the service that week and agree any action needed to make sure people received the support they needed. Actions were reviewed the following week to make sure they had been effective.

At our last inspection we found that the records were not always accurate and complete. During this inspection we found that staff knew people and their needs well and records about people's care and support had improved, including risk assessments.

The registered manager sent a survey to people, visiting professionals and friends/relatives each year. The last survey had been sent out at the beginning of 2018. Most of the feedback received had been positive. The registered manager had identified that some people were not aware of how to raise complaints and concerns about the service. They had discussed this with people and provided them with a copy of the complaints policy. No visiting professionals had responded.

Staff had not been invited to complete a survey since our last inspection. Plans were in place to review the process used to gather feedback about the service from staff. Staff we spoke with told us they shared their views at supervision and staff meetings.

The provider's vision of the service was to support people to be as independent as possible. We observed that this vision was shared by staff and underpinned the service people received.

There was a culture of openness; staff and managers spoke to each other and to people in a respectful and kind way. We observed people chatting to the managers and staff when they wanted to. Staff and people knew each other well and chatted in a relaxed way. Staff told us they were motivated and enjoyed working at the service. A manager was always available to give them advice and guidance. One staff member told us they were confident to raise any concerns they had with the registered manager or provider. They told us, "People are important, not staff or management". Staff worked together as a team to provide people with the care and support they needed. They understood their roles and knew what was expected of them.

The registered manager had developed in their role and had recently completed a level 5 diploma in the management for care. They were a member of the local registered manager network but had not attended any of the meetings. They planned to attend meetings in the future and create a personal development plan for them self with a care consultant. The provider was a member of the Kent Integrated Care Alliance (KICA). They used information from KICA to keep up to date with changes in legislation, such as the new general data protection regulation. The acting manager had enrolled onto a level 5 diploma in the management for care course which was due to begin in June 2018.

Services that provide health and social care to people are required to inform the CQC, of important events that happen in the service like a serious injury or deprivation of liberty safeguards authorisation. This is so we can check that appropriate action had been taken. The registered manager sent notifications when they were required.

Services are required to prominently display their CQC performance rating. The provider had displayed the rating in the entrance hall of the service. The provider did not have a website.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered persons had failed to establish and operate systems to assess, monitor and improve the quality and safety of the service provided.</p> <p>The registered provider had failed to submit with 28 days of the request a written report setting out how, and the extent to which, in their opinion they assess, monitor and improve the quality and safety of the service and mitigate risks.</p>