

Blythson Limited

# Blythson Limited - 33 St. Johns Church Road

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

The inspection was unannounced and took place on 8 October and 9 October 2015. The service is operated by a family run company. It is a small residential service for up to three people with learning disabilities and autistic spectrum disorder. People have their own bedrooms which are located over a first and second floor; the service is not accessible for people who cannot use stairs. This service was last inspected on 22 July 2013 when we found the provider was meeting all the regulations.

There was a registered manager in post who had oversight of this and an adjoining service, in addition to a supported living placement. The registered manager was a visible presence every weekday and alternate weekends. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

# Summary of findings

People were well matched, they liked each other's company and being of similar ages had shared interests. They told us they were happy there. They led active lives undertaking a range of challenging activities and sports, they were supported to access educational and work opportunities too. Staff said there was "a lot of laughter and a lot of fun", in the service.

People told us they felt safe and liked the registered manager and staff that supported them. Relatives told us they had no concerns about the service and were satisfied with the overall standard of support provided. They felt confident in the quality of care and said they were kept fully informed by the service and that communication was good. Professionals we contacted about the service also commented positively about the service and raised no concerns.

There were enough staff with the right skills to support people properly. Recruitment processes ensured only suitable staff were employed. Staff received induction and a range of training to give them the knowledge and skills they needed. Staff felt listened to and supported but would like more regular staff meetings, staff did not receive regular formal supervision but did meet regularly with their registered manager or deputy; records of these discussions were not always made.

People's medicines were well managed by trained staff. Staff were able to demonstrate they could recognise, respond and report concerns about potential abuse. The premises were well maintained and all necessary checks tests and routine servicing of equipment and installations were carried out.

People ate a varied diet that took account of their personal food preferences. Their health and wellbeing was monitored by staff that supported them to access regular health appointments when needed. Staff understood how people communicated and ensured they received information in a format suited to their needs.

People were supported to develop and maximise their potential for independence at a pace to suit themselves and that they were comfortable with. Staff were guided in

the support they gave to people through the development of individualised plans of care and support; risks were appropriately assessed to ensure measures implemented kept people safe.

People were encouraged by staff to make everyday decisions for themselves, but staff understood and were working to the principles of the Mental Capacity Act 2005 (MCA) where people could not do so. The MCA provides a framework for acting and making decisions on behalf of people who lack mental capacity to make particular decisions for themselves. People and relatives told us they found staff approachable and felt confident of raising concerns if they had them. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. No one at the home was subject to a DoLS but the provider understood when an application should be made and the service was meeting the requirements of the Deprivation of Liberty Safeguards.

People were treated with kindness and respect; they said their needs were attended to by staff when and if they required it. People respected each other's privacy. People were supported to maintain links with the important people in their lives and relatives told us they were always consulted and kept informed of important changes.

People and relatives were routinely asked to comment about the service and their views were analysed and action taken where improvements could be made. Quality assurance audits were undertaken on a weekly, monthly and six monthly basis to highlight and address shortfalls in service quality.

## **We have made two recommendations:**

**We recommend that the provider undertakes a review of the records of staff employed prior to the recent change in recruitment procedures to ensure gaps in employment have been fully explained and documented.**

**We recommend that the registered manager reviews and implements fully relevant company policy in regard to the required frequencies of staff supervisions and staff meetings.**

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe

Recruitment processes ensured that only suitable staff were employed. There were enough staff to support people safely. Medicines were managed well.

The premises were well maintained and servicing checks and tests of fire, gas and electrical installations carried out regularly. Staff understood abuse people could be subject to and how to respond and report on this.

Accidents and incidents were monitored, analysed and actions taken in respect of emerging issues

Good



### Is the service effective?

The service was effective

Formal support networks for staff through individual planned supervisions and staff meetings needed improvement as these were not happening regularly enough. However, staff said they felt supported through regular informal discussions with the registered manager but these were not recorded. Staff received training to give them the right knowledge and skills to understand people's needs and support them safely.

People ate a varied diet that took account of their preferences. People's health needs were monitored and they were supported to access healthcare appointments.

People were supported in accordance with the Mental Capacity Act 2005 (MCA) they were consulted about their care and support needs. Guidance was available to inform staff about how they should support people whose behaviour was challenging.

Good



### Is the service caring?

The service was caring

People were well matched they got on well and liked to spend time with each other and with staff. People had time to spend with staff to talk about their care and support.

People's privacy was respected. Staff showed kindness, affection and respect in their interactions with people.

Staff promoted people's independence and ability to do more for themselves. Staff supported people to maintain links with their relatives and representatives. Relatives and other professionals felt they were kept informed.

Good



### Is the service responsive?

The service was responsive

People referred to the service had their needs assessed to ensure these could be met. Care plans were individualised and took account of people's capacity, needs, support preferences and things that were important to them.

Good



# Summary of findings

People were provided with a challenging programme of activities each week, but could choose to do other things if they wished.

People and relatives told us they felt comfortable raising issues with staff and were confident these would be addressed.

## Is the service well-led?

The service was well led

People, their relatives, staff and external professionals commented positively about the service and felt this was well led by an active team of providers.

Quality assurance audits were undertaken by staff, the registered manager and the providers to highlight and address any shortfalls. People and their relatives were asked to comment about the service on a regular basis, and their comments were discussed and acted upon.

Policies and procedures were kept updated to inform staff. Staff said they felt listened to and supported but would like staff meetings more often.

**Good**



# Blythson Limited - 33 St. Johns Church Road

## 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 8 October 2015. As people and staff are usually out during the day we gave the provider short notice of our inspection to ensure that someone would be available to meet with us. We visited again briefly on 9 October at a time convenient to the people living there so that we could speak with them about their care and treatment experiences. This is a small service, so to ensure our inspection was not too intrusive this was conducted by one inspector only.

Prior to 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 service, what the service does well and improvements they plan to make. We looked at the information provided in the PIR and used this to help inform our inspection. We reviewed the records we held about the service, including

the details of any safeguarding events and statutory notifications sent by the provider. Statutory notifications are reports of events that the provider is required by law to inform us about.

We spoke with all three of the people using the service. We also spoke with the registered manager, and deputy manager who were present and one new staff member undergoing induction, following the inspection we contacted nine staff and received feedback from five. After the inspection we also contacted three people who are significant in the lives of the people using the service to ask for their views, we received feedback from all three. We also contacted two care managers, an education professional, and the local commissioning and safeguarding teams, and have received positive feedback with no concerns from all three of these.

We spoke with people and observed how they interacted with each other and with staff. We observed staff carrying out their duties and how they communicated and interacted with each other and the people they supported. We looked at people's care and health plans and risk assessments, medicine records, staff recruitment training and supervision records, staff rotas, accident and incident reports, servicing and maintenance records and quality assurance surveys and audits.

# Is the service safe?

## Our findings

People told us they felt safe living at the service because there were always staff available to support them and this and the attitudes of staff made them happy. Relatives and other people important in people's lives spoke positively about the service and the quality of support people received. One professional told us "Whatever event we put on or arrange there is always someone from the service to provide the person with support". People told us about helping out with tidying their bedrooms, and other small household tasks, one said "We sometimes dance as we are cleaning my room". A staff member said "We are working in an environment where they actually want you to flag up concerns".

An emergency plan was in place in the event of a fire, individualised evacuation plans had been developed, and these helped inform staff how to help people leave the building quickly and safely. Contingency plans in the event of other events that might stop the service were in place but in conversation staff were unaware of them because they were not referred to as often and we discussed this with the registered manager. The premises were well maintained and provided people with a comfortable homelike environment to live in. Repairs and upgrading were undertaken in a timely way. People with staff participated in regular fire drills and checks and tests of fire equipment were undertaken regularly. There was a simple alarm system that required minimal servicing but was checked both by the maintenance person and the contractor who also checked the emergency lighting. We discussed with the registered manager the importance of ensuring contractors documentation made clear what was checked and when to show this was being serviced regularly. The registered manager arranged with the contractor at inspection for this to be made clear in regard to their most recent servicing documentation and for future servicing/maintenance checks.

People were protected from harm because staff had received safeguarding training that helped them to understand, recognise and respond to abuse. Staff were confident of raising concerns either through the whistleblowing process, or by escalating concerns to the registered manager and provider or to outside agencies where necessary.

People were not prescribed a lot of medicines, but staff trained in medicine management ensured they received their medicines when they needed them. Staff responsible for the administration of medicines understood all aspects of medicine management in the service and were able to undertake all tasks relating to medicine ordering, receipt, storage, administration, recording and disposal in accordance with the service medicine policy. A staff member said if there was anything they were unsure about they could always approach the registered manager or deputy for support with completing a task for example ordering medicines.

A medicines audit was conducted each month to highlight any shortfalls and an action plan ensured any issues were dealt with. Medicine keys were kept secure, medicines were dated upon opening, storage was clean and temperature records maintained to ensure these were not too high or low. Individualised medicine protocols were in place for medicines that people took now and again for specific issues, the protocols helped staff to administer these medicines in a consistent way.

There was a low level of reported accidents/incidents. These were analysed by the registered manager and actions taken to address possible emerging issues, for example, a developing health need.

People and staff told us that there were always enough staff available to provide people with the support they needed. During the weekday one person attended an educational facility and two staff supported the other two people with their activities. When the third person returned a third staff member was available to provide them with support. The rota confirmed staffing that these levels were maintained. The service did not use agency but had their own bank of staff that were familiar to the people using the service and understood their routines.

The premises were kept visibly clean, tidy and odour free. Cleaning schedules were in place and staff were required to complete some tasks on a daily and nightly basis. Regular sanitising of door handles for example helped reduce the risk of cross contamination. Staff told us that people were encouraged to undertake some household tasks or to help to the best of their ability and people told us that they helped keep their bedrooms tidy and helped with some meal preparation.

## Is the service safe?

The environment was safe for people to live in. The premises were well maintained and staff reported that repairs were undertaken quickly. All electrical, gas installations and equipment used for the support of service users was serviced by external contractors to ensure these were maintained in good working order. The provider ensured that where review dates were not given by a contractor, for example the electrical installations, this would be automatically reviewed on a five yearly cycle, because there is a possibility that this may require review earlier they agreed to ensure contractors in future gave their professional opinion as to when the next review dates should be.

People were protected against the risks of receiving support from unsuitable staff, because recruitment checks undertaken ensured staff selected were safe and had suitable qualities and experience to support people safely. Checks had been undertaken with regard to criminal records, proof of identity and previous conduct in employment and character references. Current photographs were in place. Since the last recruitment of staff the provider had made changes to the interview process that now required exploration and discussion of gaps in employment histories which were noticeable on all

three of the recruitment files viewed of staff recruited before this change. This showed that the provider had taken steps to improve and make safer the recruitment process. New staff were expected to complete a six month probationary period before they were made permanent in their role this ensured that the registered manager was confident that they had learned and put into practice the skills they needed to support people safely.

Risks people may be subject to from their environment or as a result of their own care or treatment needs were assessed; risk reduction measures were implemented and staff provided with guidance on how to support people safely. For example, safety on public transport or in the community. These were kept updated and reviewed to monitor how effective risk reduction measures were and to make changes if required to further reduce risk levels and keep the person safe.

**We recommend that the provider undertakes a review of the records of staff employed prior to the recent change in recruitment procedures to ensure gaps in employment have been fully explained and documented.**



# Is the service effective?

## Our findings

We observed staff responding to people's different styles of communication to ensure they felt included and involved. People told us that they liked the staff that supported them. A relative told us "The staff that we have met have all come across as capable and caring without "smothering" our relative". Another relative told us that they were satisfied with the support the staff were giving their relative around their healthcare. A staff member said "I like this service, it's one of the better ones, there are good outcomes for people, and there is a lot of laughter and a lot of fun".

Staff had received training in the Mental Capacity Act 2005 (MCA). This provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make particular decisions for themselves. Staff assumed people's capacity to make everyday decisions and choices for themselves, staff told us "We work to people's different levels of capacity and their care plans reflect this", this was reflected in the way staff communicated information and sought consent, from people in a variety of ways that best suited the person's ability to absorb and handle the information presented, we observed some examples of this where verbal information backed up with sign language was used. Staff said for some people they sometimes acted out the information they wanted to impart or showed the person by walking it through with them for example, fire drills. Sometimes pictorial prompts using Widget (this is a communication tool using pictures for people with limited verbal communication) were also used as with menu information. Staff understood that when more complex decisions needed to be made that people did not have the capacity to decide on their own, relatives and representatives and staff would help make this decision for them in their best interest.

The registered manager was aware of actions to take when more complex decisions needed to be made and where the person lacked capacity to make an informed decision; best interests meetings were held to help with important decisions for example, necessary health interventions.

Communication passports had been developed to inform and help staff understand how people communicated their

needs and wishes, the service was innovative in using new technology to aid people's communication skills and one person used a communication app on their iPhone which helped them to communicate with others.

Care plans helped staff to understand the type of behaviour some people could express when they were anxious or upset this was documented in detail with clear strategies for working with people to de-escalate behaviours. Staff were trained in MAPA (management of actual or potential aggression) training to help support people whose behaviour could be challenging. Staff support was guided by detailed behavioural support guidance that informed staff of what person specific triggers to behaviour to look for, and what action to take at various stages of the person's behaviour. The guidance informed staff about the type and level of approved interventions staff could use if necessary; behaviour monitoring was in place but incidents of behaviour were rare. We observed staff to be confident and relaxed in responding to and managing behaviours and introducing in a sensitive way other distractions, in line with people's behaviour support plans.

Staff supported people with their health appointments. People were referred to health care professionals based on individual needs. Staff were vigilant in checking people's wellbeing and whether there was an emerging health related need, for example, analysis of accident reports highlighted a falls issue for one person; this was being explored with various health professionals.

Menus were developed from an understanding of people's likes and dislikes and these were on a four week summer or winter cycle to take account of seasonal changes. Menus were on display in the kitchen in a Widget and text format so people knew what they were having. Staff said these were suggested choices but changes could be made to them to fit in with people's personal preferences, for example, someone who did not like rice might be offered a substitute to the dish of noodles which they liked. People enjoyed a takeaway each week and this was looked forward to. People's weights were monitored to ensure they maintained a healthy weight.

The staff training record showed that the majority of staff had completed all their essential training in respect of food hygiene, fire safety, infection control, moving and handling medicine management, safeguarding and MAPA, 13 staff had completed training in regard to mental capacity. Additional specialist training in respect of Autism



## Is the service effective?

awareness, and transactional analysis were also provided. Nine out of 19 full time, part time and flexi staff had completed nationally recognised vocational qualifications at level 2 or 3.

We met several new staff undergoing induction, this involved several office based days in which they were told about the vision and values of the service, important practical information about their conduct and responsibilities and also talked through some policies and procedures and documentation they would be using. New staff completed the induction programme at the start of their employment; this followed the nationally recognised Care Certificate standards. Induction included shadowing other staff, and familiarising themselves with peoples care needs and routines and took several weeks before they were rostered on shifts as a full team member. New staff said they completed a set of workbooks as part of the Care Certificate and had to demonstrate within these they had learned. These were assessed and marked by the

registered manager, completion of these took several months and new staff competency was assessed throughout their probationary period and they received support and feedback through probationary meetings.

Staff received support to understand their roles and responsibilities through face to face discussion and talks with the registered manager and through her observations of their practice. Documented supervision by the registered manager with staff was infrequent, however, staff said that because she worked so closely with them on shift, they could always ask for a private talk with her when they had issues they wanted to talk with her about, but these informal meetings were not always recorded. Most staff spoken with felt the present balance of formal and informal meetings with the registered manager was about right and that they felt supported and listened to.

**We recommend that the Registered Manager reviews and implements fully relevant company policy in regard to the required frequencies of staff supervisions and staff meetings.**

# Is the service caring?

## Our findings

People told us that they felt happy living at the service. Relatives and representatives commented, “She seems very happy there I can tell when she rings me, and she seems to be doing an awful lot”, another said “Now I can feel relaxed because someone is looking after our relative”. “We are more than happy with the placement, they keep us up to date and we are involved”. “We know X is happy there because they are always ready to go back”, A third relative said “The group in the house are ideally matched”, “We have been away but during our absence we have received photos, videos etc. via the registered manager, and X has been assisted in using her iPad to communicate with us”.

One person told us how they had come to be living in the service and was happy with this arrangement and how supportive staff had been at a difficult time for them. A staff member told us “I like the way people using the service are spoken to by staff and how they respond, there is mutual respect for each other. Staff never talk amongst themselves they always include people”.

We observed people and staff sitting companionably talking and drinking tea together. People felt comfortable and wanted to share information about themselves or to show us things that were important to them.

We observed staff took time to listen and interact with people so that they received the care and support they needed. People were smiling and chatting and we saw many positive interactions between people and staff and vice versa. The chatter was very ordinary that you could hear amongst any group of friends with exchanges ranging from clothes choices, what they were doing for the evening or weekend, or discussions about favourite books or upcoming films or favourite music. People were heard asking after the wellbeing of staff family members and staff were observed providing unobtrusive support and prompting to people and providing comfort to another following a disappointment.

One person told us about a special event they had attended recently and how staff had taken time to shop with them to find the right dress and had shopped on line to get the shoes they wanted. They said staff had come in

specially to do hair and makeup, and other staff commented on how lovely the person had looked when they went out and took pride that they had helped make this a special day.

People had their own space and could be private when they wished; they all respected each other’s privacy. People’s bedrooms had been personalised to reflect their individual tastes and preferences and were full of possessions, photographs and important memorabilia. In one bedroom purpose built wardrobes had been made because the person possessed a lot of clothes.

Staff said that because they did many of the outdoor activities with people. They felt the shared experience built a rapport and more trusting relationship with the people they supported

People and staff told us about contacts with their families and representatives and visits home, or holidays away with their family. One person told us that staff made a point of providing extra treats and activities of choice for them because they knew how sad it made them feel for not having the same opportunities.

Everyone had relatives or representatives that advocated on their behalf. The registered manager either arranged weekly face time with them or completed a journal so that they knew about the things their relative had done and could talk about this with them. Two people had regular contact with their families and spent time away with them on holidays or on weekend visits. One person told us they sometimes went abroad with their relatives.

People’s care plans contained information about the important people in their lives and important events they needed to be reminded about. People were young and for some this was their first placement since leaving home, staff had built up relationships with them and were familiar with their life stories and preferences. We observed during the inspection staff talked about people in a caring and meaningful way.

People’s potential for independence was developed at a pace to suit them and there was no set time frame for them to move on. One person told us about their future aspirations to move into full time work and greater personal independence, and this was commencing with an impending work placement which they were looking forward to and were heard discussing the practicalities of getting there and back.

# Is the service responsive?

## Our findings

People talked about the activities they did during the day which they said they enjoyed. They told us about evening and weekend events they had planned or they regularly attended. Some were already getting excited about forthcoming Halloween festivities and their costumes. Staff said “It’s a brilliant service people don’t have to do the activities planned, there is always a choice.” A professional we spoke with commented “She is doing very well there and has settled fantastically, I would recommend this service to anyone wishing to place a younger adult”. We have regular contact with the registered manager, and when we arrange events that X comes to, they (staff) are always there and are very supportive”.

Staff showed that they understood what interested people. Staff engaged in conversations with people about their interests and made a point of highlighting events people might wish to see or participate in. A relative told us that their family member enjoyed a wide range of activities and had been encouraged to try new activities and learn new skills. They felt the current housemates were a good mix and of a similar age range to enjoy shared interests in addition to their individual activities.

Each person had a weekly activity planner that meant they were busy each weekday participating in education, or conservation projects that helped the community. All were keen on sport activities and were active participants in a football team and league, with some having won trophies. In addition they went kayaking, canoeing, swimming, walking, did rock wall climbing, went for picnics in good weather, went bowling, helped with cooking and bedroom cleaning and participated in a community network project. People also had time set aside in their busy schedules for doing other things of their own choice.

We met one person who had come into the service on an emergency basis and was able to describe the circumstances of this and understood the reasons for it. The registered manager explained that usually people were admitted over a longer period with opportunities for full assessment and trial visits and stays but in this instance and the time pressures involved a range of reports from other professionals had been sought to inform the decision to admit and whether they could meet the person’s needs. Two relatives told us about their experiences of looking for the right placement for their son/daughter. One told us that

the transition to this service for their son/daughter had been managed slowly, initial meetings between the registered manager and their relative, reports gathered and assessment of needs undertaken, this was all undertaken at a pace to suit their son/daughter, and there were opportunities for visits and trial stays.

Care plans were personalised and looked at what people needed and wanted in the way of support to live their daily lives. They addressed the individual support people needed around maintaining their personal care, social interaction, leisure interests, night time support including continence management, and a development plan of future aspirations and what people thought they could do for themselves and what they needed assistance with.

Staff said that any changes in people’s needs they became aware of were discussed with registered manager or deputy manager who amended the relevant parts of the care plans accordingly. Staff took time each week to sit with each person and talk about their care and support; any issues that arose from these discussions were taken forward to the registered manager. At each review people were set achievable goals that they could work towards over the course of the year, their annual review to which relatives and care managers were invited, looked at progress made on achieving their set goals, and agreed further goals. As a staff member told us “They do what it says on the tin, they are proactive and always moving people forward to achieving greater independence”.

There was a complaints procedure available for everyone, this was also displayed. People said they felt able to tell staff if they were upset or concerned about anything. Relatives told us they felt able to raise any concerns with the registered manager who they found approachable and felt any issues they had were resolved quickly to their satisfaction. There was a complaints log for recording of formal complaints received. The PIR informed us and the registered manager confirmed that no complaints had been received in the last 12 months, although a minor issue had been raised by a relative and this had been addressed immediately. People had opportunities at their weekly meetings with a staff member to discuss their support and care including any concerns they might have, which would be reported to the registered manager. A review of some of these meetings showed no particular issues of concern arising.

# Is the service well-led?

## Our findings

A relative told us “The provider and registered manager are very hands on, communication is very good and they work brilliantly as a team”. Staff commented “It’s such a brilliant service, they don’t have to do anything, it’s run brilliantly and the ethos is very much one of working towards independence.” “They can be set in their ways, but I can’t fault it as a service”. “There is an open door policy by the registered manager who is very approachable, I feel confident if I had any concerns these would be addressed.”

People showed that they liked the registered manager and made a point of singling her out for attention, drawing pictures for her, teasing her or confiding in her. Relatives said they were very happy with the service, theirs and staff comments indicated that they thought the providers led by example and that the overall service was well put together and well led. Staff said they felt supported and listened to. The atmosphere within the service on the days of our inspection was open and inclusive. Staff were seen to work in accordance to people’s routines and support needs.

The providers were accessible and visible and had regular contact with staff through delivery of training or support with activities; they undertook unannounced pop-ins to the service each week. They gave direct supervision to all the registered managers and undertook formal audits of the service every six months. A weekly meeting was held by the directors with registered managers across all their services, to discuss on going developments and operational issues, and individuals living in them. The registered manager said that the directors took their auditing responsibilities very seriously and gave short timescales for the completion of any shortfalls, and this was checked with the registered manager to ensure it had been addressed. Performance indicator reports drawn from the findings of the director’s audits were sent to the registered manager showing the scores achieved and where these fell short discussions took place with the registered manager as to why this had happened and how this could be improved.

Staff told us that they felt supported and listened to, they felt communication was good and they were kept informed of important changes to operational policy or the support of individuals. Most staff other than the deputy and registered manager worked shifts in teams of three and worked two days on and four days off. The registered manager or deputy met with staff at every shift change to

ensure they kept everyone informed of important changes and also received an overview of any emerging issues staff had become aware of. They also worked alongside staff on shift and made observations of their practice. Occasional formal staff meetings were held the last being in August 2014; three out of five staff spoken with said they would like these to happen more often. Staff said that although communication was good and they worked well together as team members, they would like a few more staff meetings as this would help new staff in settling into the team and also help build links with other staff that they might not often work with because of shift patterns.

Staff undertook some weekly audits and the registered manager monitored these as part of monthly audits. The registered manager was responsible for audits which covered a wide range of areas including environment and health and safety, systems which included maintenance of records in respect of fire checks, weekly task planners, financial records, vehicle inspections, medicines, service user welfare, staffing and catering. The registered manager also undertook weekly and monthly auditing. A development plan for the whole service was in place and was updated year on year.

The views of people were sought through surveys every six months and through weekly individual review meetings with a staff member where they could discuss anything they wanted to and where staff would ask them about their care and support and whether they were happy with the current arrangements. A relative said that they were asked to comment about the service regularly but had queried the questionnaire’s wording for people with limited communication; they said the provider had listened and had done something about this and the questionnaire was now better.

The registered Company had membership of organisations that promote good practice in delivery of services to people with learning disabilities, to enable them to take greater control of their lives. This included the Kent challenging behaviour network. The organisation as a whole is currently participating in research conducted by the Tizard Centre (this is one of the leading UK academic groups working in learning disability and community care) on practice leadership in learning disability services. Findings from this will be shared with the Company so that where necessary improvements can be made or planned for in regard to staff support.

## Is the service well-led?

The registered manager and staff had a good working relationship with members of the local learning disability team. One care manager commented that they felt the service kept them well informed; they felt that the people they represented received the right staffing support and overall they were very satisfied with the standard of care they received in the service.

Information about individual people was clear, person specific and readily available. Guidance was in place to direct staff where needed. The language used within records reflected a positive and professional attitude towards the people supported.

The provider's philosophy set out the principles of providing quality care. Staff had discussed the philosophy during their induction so it was recognised, understood and embedded in their practice. We observed staff displaying these values during our inspection, particularly in their commitment to the people they supported and the maximising of their potential for experiencing new things and for greater independence.

Staff had access to policies and procedures, which were contained within a folder and was held in the service. The provider had access to an online service that provides up to date information and guidance to care providers about changes to legislation and good practice guidance, this helps them to ensure they are working to the requirements of the Health and Social Care Act 2008 and the fundamental standards. Policies and procedures were reviewed regularly by the management team to ensure any changes in practice, or guidance is taken account of, staff were made aware of policy updates and reminded to read them.

People and their relatives were asked to give their views about the service every six months, feedback was analysed and discussed at registered manager meetings to look at how improvements could be made if necessary and any comments responded to immediately.