Sanctuary Home Care Limited

Gravesend Care Services

Inspection report

Wimborne House
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 23 May 2017. The inspection was announced.

Gravesend Care Services is registered as a domiciliary care agency, providing personal care specifically to people living within a supported living service who have a learning disability or mental health need. Set within the larger Wimborne House extra care complex, people live in their own self-contained flats. There were ten people receiving support with their daily living from Gravesend Care Services, however not all of these people required support with their personal care needs. Four people required support to meet their personal care needs on the day we inspected.

The provider had been registered to provide personal care services at this location since 16 May 2016 when the new building was completed. Some people had been living there since May 2016 and others had moved in as recently as February 2017.

There was a registered manager based 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 registered manager was available at the service for ten hours per week as they managed other services within the providers group.

People were given information in a way they could understand about how to stay safe and who to tell if they did not feel safe. Staff were fully aware of their responsibilities in keeping people safe and reporting any concerns they had. They were shown how to report directly to the local authority if they needed to.

Individual risks were identified and management plans to reduce and control risk were comprehensive, making sure people and staff had the guidance they needed. Accidents and incidents were recorded in detail by staff with action taken. The registered manager had not always kept up to date with checking the process had been completed, however this was being addressed by a change to the reporting process.

Most people managed their own prescribed medicines if they had them, or required only reminding or prompting. Two people did need assistance with the administration of their medicines. Records to do with the safe administration of medicines were kept well and monitoring systems to check records had been started by the registered manager.

There were enough staff to provide the support people had been assessed as requiring. Staff support and the times it was given was tailored to the individual, changing when necessary to suit people's changing needs and wishes. Safe recruitment practices were followed by the provider and the registered manager to make sure only suitable staff were employed to work with people in their own homes.

Staff were supported well by the provider and the management team. Training was generally up to date and

staff were encouraged to pursue their personal development. Staff had received one to one supervision although this was not as regular as the provider's policy stated it should be. Staff saw the deputy manager on a daily basis and felt well supported. Regular staff meetings were held to aid communication within the team.

People were supported to make their own choices and decisions. Staff had a good understanding of the basic principles of the Mental Capacity Act 20015 (MCA) and promoted people's rights. Where people needed support with some decisions they were helped by a close family member. As people were living within a supported living service, they had a tenancy agreement, protecting their housing rights. They were supported to understand their responsibilities by staff and were provided with an easy read guide to support their understanding further.

Some people needed the assistance of staff to cook their meals. The support required was detailed within their support plan. Most people had the support of a family member with their health care needs, making and attending appointments. When a family member could not support, staff made sure appropriate referrals were made and followed up. Good relationships were developing with health and social care professionals.

People had access to many different activities of their choice outside of the service and were supported to pursue and maintain these. Within the service, people had been supported to set up activities they said they wanted to do together. Regular residents meetings took place and people ran these themselves, chairing and taking notes, with staff attending to answer questions and take actions away. People were regularly asked their views of the service and action was taken by the registered manager to respond where necessary.

There was clear evidence of the caring approach of staff. People were very positive about the staff who supported them, describing them as kind, caring and lovely. A small staff team provided support so staff knew people well and were able to respond to their needs on an individual basis. A theme of promoting people's skills and confidence, supporting them to move on to greater independence ran through everything staff did.

Auditing processes were in place to check the safety and quality of the service provided. Some audits, such as the care plan audits, were not completed as regularly as the provider intended them to be. We have made a recommendation about this.

The people we spoke with thought the service was well run and were happy with the service provided. People and their family members knew the registered manager and deputy manager well and were complimentary about the support they received.

Staff said they were well supported and found the management team to be very approachable. They felt they were listened to and when they had suggestions to make these were acted on when possible.

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 keep people safe by following the safeguarding procedure and knew how to report any concerns they had.

Individual risks were assessed without impacting on people's independence. Medicines were recorded and managed well.

Robust recruitment practices were in place to safeguard people from unsuitable staff. Sufficient staff were available to provide the support required.

Accidents and incidents were reported and investigated.

Is the service effective?

Good

The service was effective.

Staff were supported well to develop in their role, Some one to one supervision meetings had been held and others planned. Suitable training was provided to develop staffs skills appropriately.

People had control over the choices and decisions they made about their support and in their daily life.

Where people needed it, staff supported them to cook their meals and develop skills.

Staff contacted health professionals when necessary to get the appropriate support for people.

Is the service caring?

Good

The service was caring.

A small staff team meant people knew the staff well and had confidence in them. People found the staff to be caring and respectful.

People were given information about the support they received and the standards they could expect from the staff.

People experienced care from staff who promoted their privacy, dignity and independence,

Is the service responsive?

Good

The service was responsive.

People and their family members were involved in the care planning process and could change things when they wished or their needs changed.

People chose their own activities and were supported to pursue these.

People knew how to make a complaint and felt they would be listened to and action would be taken, although no complaints had been made.

People's views of the service were sought on a regular basis.

Is the service well-led?

Good

The service was well led.

The registered manager was not involved in the running of the service on a daily basis. The deputy manager provided daily management and supported people regularly. Support was readily available from the provider.

Staff felt supported and listened to. They felt their concerns would be acted upon.

Monitoring processes were in place to check the safety and quality of the service although some of these were not always completed regularly.

Gravesend Care Services

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 23 May 2017 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be available. The registered manager was absent from work on planned leave and the deputy manager arranged to meet with us.

The inspection was carried out by one inspector.

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 service, what the service does well and improvements they plan to make. Prior to the inspection we also looked at notifications that the provider or registered manager had sent us. A notification is information about important events which the service is required to send us by law.

We spoke with three people who received personal care from the service, and two relatives, to gain their views and experience of the service provided. We also spoke to the deputy manager and two members of care staff. After the inspection we asked health and social care professionals for their views of the service.

We looked at three people's care files and four staff records as well as staff training records, the staff rota and staff meeting minutes. We spent time looking at records, policies and procedures, complaints and incident and accident recording systems, medicine administration records and quality assurance systems.

We asked the deputy manager to send us audit action plans after the inspection and they sent these within the time requested.

Good

Is the service safe?

Our findings

People were keen to tell us they felt safe being supported by Gravesend Care Services at Wimborne House supported living service. The comments we received from people included, "I am very happy here", "I do feel safe" and "I am definitely safe, better than where I lived before".
People's family members felt confident their loved ones were safe. One relative said, "I have a real sense of relief that [Name] is here and safe".

People were supported by staff to understand what constituted abuse and how to keep themselves safe. The provider had devised a questionnaire for people to complete with the support of a staff member, to gauge their understanding. For example, questions such as, 'What is abuse', 'If you told staff would they have to report it' and 'Who else could help you'. Where it was clear people did not have a good understanding how to stay safe and who to talk to, more discussion was held in their keyworker meetings. People were asked to complete another questionnaire at a later date to check their understanding had improved. One person told us, "I would speak to the staff about anything" and another person said, "I would speak to my keyworker [Name], or [Deputy manager name] if I was worried, or my dad".

Staff had a good understanding of abuse and their own responsibilities in keeping people safe. Staff told us they were encouraged by the deputy manager to raise any concerns with the local authority safeguarding team. They gave examples of having raised concerns with the deputy manager and these had been acted on immediately. The deputy manager had taught staff how to make safeguarding referrals to the local authority and they now felt confident to do this themselves. People were supported to be safe by staff who had the knowledge and confidence to respond appropriately to concerns.

Individual risks had been identified with control measures in place to support people and staff to manage risks. One person found life challenging at times and at these times their behaviour could be a cause for concern for them and the people around them. Detailed risk assessments showed how, with the support of staff, a positive behaviour support team and family members, the risk of incidents had reduced over time. Staff completed observational charts to identify; what was happening before an incident, detail of the incident and what happened after the incident. The person and staff had been guided to recognise the signs that the person was starting to struggle and to respond to these in a planned way. Staff were confident responding to incidents with a comprehensive step by step guide in place to keep the person and themselves safe. Another person had epileptic seizures. The person liked to have a bath occasionally and the risks were identified as high due to the risk of a seizure while in the bath. This meant that staff needed to be present in very close proximity. Risk assessments were reviewed when the person decided they would prefer to have showers only. This meant the risk level lowered to medium and management plans were changed. Risk assessments were written to keep people safe while at the same time promoting and increasing independence. Regular reviews and updates responded to people's changing needs and greater independence.

A risk assessment matrix showed the risks identified for each person with the level of each risk, for example, high, medium or low. Staff detailed the supporting evidence of why a risk had been identified. For example,

mental health; detail recorded included a diagnosis of depression or signs and symptoms displayed, for instance self neglect, when a person had neglected to wash, eat or drink. The review periods for risk assessments depended on the level of risk identified. High risks were reviewed every month, medium risks every three months and low risks every six months, unless a change in circumstances required a more immediate review. Health and social care professionals told us they thought people were safe living at Wimborne House supported living service and that risks were "well managed".

Most people either took care of their own medicines or a family member assisted with this. Where people looked after their own medicines, assessments had been carried out to make sure people were able to do this safely. Staff regularly checked to make sure people were coping well with managing their own medicines and responding if concerns became apparent. Two people did need the full assistance of staff to take their medicines. Staff received training to make sure they were competent to take on the role of administering medicines. Medicines competency assessments were carried out with staff by a senior member of the team. Some people were prescribed 'as and when necessary' (PRN) medicines. Comprehensive protocols were in place to guide staff when the medicine should be administered and the side effects to look out for, with a step by step procedure to follow. Errors made when administering medicines had been appropriately reported, recorded and followed up with action. The registered manager had started a process of auditing medicine administration records (MAR). Three audits had so far been undertaken, where gaps in recording had been found and action taken. Gaps in recording were entered onto a 'gap monitoring' form to enable the registered manager to keep an overview and check if trends were evident. Medicines were managed well, supporting people to receive their medicines safely.

The provider had a process for recording accidents and incidents. Staff followed the procedure by documenting the details of an incident and the action they took following the incident. The registered manager was required by the provider to sign off the incident form to ensure the correct process had been followed, keeping people and staff safe. As the registered manager was not always present in the service they had often been informed verbally of an incident. However, they had not signed incident forms to confirm they had checked all action had been taken until many months after an incident. We spoke to the deputy manager who said this had been identified and was due to the fact that the registered manager did not work full time in the service, they had other services they also managed. It had therefore been agreed with the area service manager that the deputy manager could sign off any records that required a 'locality manager' signature as they were in the service every day. Incident forms did show that the correct action had been taken by staff and action plans were in place to ensure similar incidents were avoided in future. For example, the review of individual risk management plans and lone working risk management plans for staff.

The registered manager had made sure each person had a personal emergency evacuation plan (PEEP). This was an individual plan listing each person's needs if for example a fire broke out and people needed to evacuate the building. For instance, if people were able to follow the fire procedure independently or if they required support, such as a member of staff to guide them and remind them of the action they needed to take.

Safe recruitment practices were used. New staff went through an interview and selection process. The registered manager and the deputy manager followed the provider's policy which addressed all of the things they needed to consider when recruiting a new employee. This included gaining a full employment record from each applicant and pursuing references before commencement of employment. All new staff had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with vulnerable people. People were protected from the risk of receiving care from unsuitable staff.

Although the registered manager was still recruiting new staff, there were enough staff to deliver the care and support required by the people living in the service. The staff rota was developed around the needs of people so changes were regularly made. Sometimes two or three support staff were on duty and other times only one. The deputy manager was available Monday to Friday each week although also undertook duties evenings and weekends too when needed. A member of staff slept in the service each night in case people needed assistance. Relief support staff were available and used regularly so people knew them well. The permanent staff told us they were flexible and worked around what support was needed.

Good

Is the service effective?

Our findings

People told us they made their own decisions and choices and were supported and encouraged to do this. When we spoke to people they told us, "I can do what I want. I can go out when I want and I can go to bed when I want. I couldn't do that before" and "I make my own decisions and I am doing travel training".

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 people lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager, the deputy manager and staff were aware of their responsibilities under the MCA. Staff had a good understanding of how to promote people's rights and support them to continue to make their own choices and decisions. For example, some people may choose not to have a shower or wash, or to wash their hair or change their clothes some days. Staff told us how they would encourage them by trying different ways or go back at different times, supporting people to reflect on the consequences of their decision. Usually people would change their own minds but if they didn't then their decision was respected. One staff member said, "We need to have empathy. We all have days we don't want to do things".

People's capacity had been assessed where appropriate although most people supported to be independent in their own homes by the service did have the capacity to make their own decisions. Those who struggled with some day to day decisions were supported appropriately by family members. Consent was sought when people first moved in for such things as staff assisting with personal care, administering medicines or entering their flat in an emergency. A staff member said, "The first point is consent from the beginning, for example, always asking permission to enter their flat". People were supported to make their own choices and decisions by staff who understood their rights under the MCA.

People had a tenancy agreement setting out their rights and responsibilities as a tenant living in the supported living scheme. People had signed their own tenancy. An easy read guide to their tenancy agreement was made available for each person to help them to understand. The people we spoke with clearly understood their tenancy agreement and what it meant. They were aware they had rights and were also aware there were rules that everyone in the service were expected to follow. People had been supported to register to vote. Staff had helped them to understand what this meant and what was expected. People were supported by staff to uphold their rights and to be aware of and understand their responsibilities.

Most people's relatives supported them to go to health care appointments and they would come to the office afterwards to update the deputy manager. One person returned from a hospital appointment and told the deputy manager what had been discussed, with the support of a relative. The relative told the deputy manager how happy they had been because their family member had spoken up for themselves in the appointment. They said, "[Person's name] wouldn't say boo to a goose before coming here. Now they say

what they want and speak up for themselves" and "It's great, I'm really pleased, thank you to you all". Sometimes people's relatives were not able to attend an appointment with them. In these instances staff made sure they were available to offer support, making sure they received the advice and treatment necessary. The registered manager and deputy manager liaised closely with health care professionals to build relationships and to ensure referrals were made appropriately. Close liaison was evident with the community mental health team for example who regularly supported one person to manage difficult situations in their life. All staff were encouraged to contact health and social care professionals when necessary to ensure all staff had up to date information to aid good communication. One health and social care professional told us, "We have now started to get weekly updates from the keyworker which is helpful". Some people required support to cook their meals, although other people did not want or need support in this area. Others had the help of relatives. People who required some support from staff had a support plan in place with a view to encouraging healthy eating and to develop the skills to eventually cook independently.

New staff received induction training consisting of three days training then shadowing more experienced staff until they got to know people well enough to support them on their own. New staff were expected to complete the care certificate within their first six months of employment. The care certificate is a set of minimum standards for health and social care workers to ensure they are equipped with the knowledge and skills they need to provide safe, compassionate care. A staff member told us, "The permanent staff are all on the same page and we make sure new staff follow".

Staff had only been in post for one year maximum as the service had only been open one year. Staff had been given the opportunities for training, although some refresher training was still outstanding for some staff, mainly relief workers. The deputy manager was encouraging the completion of outstanding courses. Some of the training was through the provider's online training and some face to face training delivered by an in house trainer. The deputy manager told us they were pursuing training from external sources. One health and social care professional told us they thought it would be beneficial to staff to have specific learning disability training. They said they were aware colleagues in their department were going to deliver this training to staff. One staff member told us, "The induction training was very good, mostly face to face and the trainer was great". Staff told us how they were encouraged to develop and take part in training that would help them to achieve. One staff member said, "They push me to progress, I am always being encouraged to do training". Another said, "[The deputy manager name] has developed me. They are encouraging me to do an NVQ level 4".

Although staff hadn't had one to one supervision meetings as regularly as the provider's policy stated, a plan was in place with dates booked for all staff and this had commenced. Staff had received some supervision and told us they felt very well supported and spoke regularly every day to the deputy manager and at least once a week with the registered manager. Staff said communication was so good they were aware of what was going on in the service and were encouraged with their personal development every day. A staff member said, "I can see my career progression and I have [the deputy manager] to thank for that as they have prepared me". A relative told us, "I am surprised and pleased how proactive the staff have been".

Good

Is the service caring?

Our findings

People were very clear they were happy living in the supported living service and the staff were very helpful. One person told us, "I like it here, much better than my last place" and another person said, "The staff are lovely, they make me laugh and they help me a lot. Another person commented, "The staff are fantastic, they are kind, caring, lovely".

Gravesend Care Services had been established one year ago to support people living in the ten supported living flats within Wimborne House. The staff team was small and knew people well. Good communication meant that staff were kept up to date with any changes they needed to know. The emphasis of support was around supporting people to increase their independence skills with the goal of moving on to live more independently in the future. People who were becoming increasingly confident and independent were encouraged with a 'moving on' support plan.

The registered manager and deputy manager included people in decisions about their support from the beginning. The process of moving in to the supported living service went at the pace to suit each individual. Some people required more time and visits than other people. This meant that they got to know staff before moving in to make the transition smoother. Staff had the information they needed to start to build good relationships with people. People were asked how they wanted to be supported, what their preferred times of support were and their likes and dislikes before any support commenced. A staff member told us, "I am happy when the people I support are happy"

Within the care plan staff had written a 'biography' using information from the person and their families. The biography gave information about the person, their past before moving in to their new flat and the important people in their life. Important information about the areas people had identified as requiring staff support or encouragement were included. Some good examples of caring responses were evident. For example, one person had very low self-esteem when they moved in to the service. Staff writing the biography had written 'Encourage [Name] to see themselves as beautiful'. One staff member said, "People do come to us for help, if they are worried about something. It's really good they feel confident to do that".

Staff were comprehensive in their recording of the care and support they gave to people each time they supported them, in or out of their flats. The daily recordings were respectful and thoughtful in their content. Staff told us "We make sure the support plan is geared to the person. We always do what people want and how they want it".

The deputy manager knew people well as they saw people on a daily basis and provided care and support at times. We heard conversations on the telephone in the office between the deputy manager and people, relatives and staff during the inspection. They clearly knew people well and made calls advocating for people to ensure they got access to the right support and services.

Relatives visited regularly and continued to be an important source of support for their loved one. Many relatives were visiting during our inspection, stopping by the office for a chat with the deputy manager and

staff, updating each other on support required or undertaken. People regularly visited their relatives for a weekend or sometimes longer. Staff facilitated and supported those who needed it to make sure people could visit their relatives when they wanted to.

Good

Is the service responsive?

Our findings

People and their relatives told us they were involved in writing their support plan with staff. One person said, "I am involved in my support plan, and I sign it". A relative said, "We have had one review and another one is due".

An initial assessment was completed with people by the registered manager or deputy manager before they moved in to their own flat within the supported living service. This was completed with the person and or their relatives following referral. Referrals were made by social services departments or community mental health teams for example. The assessment detailed the specific support the person would require from staff and the days and times they would need this. A record of people's emergency contact details and medical history was recorded which included any medicines they were taking. People's needs were identified and colour coded for easy reading. For example, a red spot meant the person required immediate support, a purple spot identified the need for regular support, a green spot meant the person may need support sometimes and a black spot meant no support required. The assessment process supported the registered manager to find out what support people required and what they expected from the service. The registered manager could then check if the service could provide what was needed and expected.

The information from the initial assessment was used to develop a support plan. Support plans included detailed information and guidance to inform staff how to meet people's individual needs. For instance, how much a person could do themselves or if there were times they were more able to help themselves than other times. Needs identified in the assessment process were carried over into the support plan, continuing with the colour coded theme. Support plans included areas such as; education, work and training, daily living skills, being safe, my health, being involved and confidence, choice and decisions. Support plans were detailed, providing staff with the guidance they needed to support people in the way they wanted. For example, one person's 'being safe' support plan provided the information needed to help the person to stay safe, at home and when out. Such as 'tell family and staff if you don't feel safe', 'talk about abuse at monthly keyworker meetings, and 'to ring staff with mobile phone if you are not safe'. Another person's education, work and training support plan showed how they were learning to cook.

People were involved in the support planning process, including reviews to make sure the detail was up to date, saying how they wanted their support and when. Support plans were signed by the person to show their involvement. Staff told us they felt the support plans should be more visual to make them easier to understand. They told us that the provider was introducing a new system based around the 'mental health recovery star' where people's progress could be measured using the tool. The recovery star is an outcomes measure which enables people using services to measure their own recovery progress, with the help of staff. Staff told us they were excited about this as it would benefit the people living at the service. They were expecting to receive their training in the near future. Support plan reviews did not always take place at the times they had been planned. This had not been identified because plans were not being monitored through regular audits. We spoke with the deputy manager about this. They showed us evidence that responsibility for this had now changed.

People had a key worker. This was where a member of staff was responsible for making sure people were involved in their support and their support continued to be delivered in the way they wanted. Key worker meetings were planned once a month and were planned in advance. Sometimes people said they did not want to meet, or had gone out instead. Although the keyworkers encouraged people to take part in the meeting every month, they respected their wishes if they chose not to. Staff described how the key worker meeting was very informal for some people who may be wary of meetings. For example, staff told us they would chat about the relevant areas they needed to cover while they were supporting people to make their meal or while carrying out some other domestic task. The keyworker would then write the discussion up later when they had finished the support.

Most people had many activities they enjoyed, some outside of their home and some within the supported living service. One person attended exercise/dancing sessions supported by a staff member each week and was planning on joining a cycling activity. Others regularly attended local day resources where they took part in many activities with friends. Some people really enjoyed bingo held within the scheme and film nights were held once a week in the communal lounge area. Take away nights were also an evening people looked forward to. People had activity plans in place to identify new interests and to support them to establish their own routine. People themselves chose their own activities with the support of staff and these were added to their plan if changes were made. Most people used public transport to get out and about. Some people required staff support and others had progressed to travelling independently.

'Resident's' meetings were held once a month for the ten people living in the supported living service to take part in and contribute to the running of the service. Staff attended the meeting, to support where necessary and to listen to what people had to say. However, the people living at the service had started to run the meeting themselves with one person as the chair person. Actions from the previous meeting were read out by another person. At the meeting on 24 April 2017 six people and two staff attended and the items discussed included; agreeing that parents were welcome to attend every three months if they wished; first aid training available for people to attend – three people had already had this opportunity; suggestions for guest speakers such as around healthy eating; house rules that people themselves had put together and activities.

People had been asked their views of the service six months after moving in to the supported living service at Wimborne House. This first survey concentrated mainly on their moving in experience, for example the quality and cleanliness of their new home, were they given all the information they needed and their views on the support provided. Not every person had completed this survey as some people had not been living at the service for six months. However, those who had showed people were very satisfied. A further survey of views had been completed after this, although these were not dated. Again, the views held were positive.

The provider had a complaints procedure setting out the process for people to follow if they had a complaint. An easy read leaflet with a guide about making a complaint was available to make it easier for people to understand. No complaints had been received since the opening of the service one year ago. One person commented, "I don't need to make a complaint because I am happy".

Good

Is the service well-led?

Our findings

People clearly knew all the staff well, including the management team. One person told us, "I know [Registered manager and deputy manager's names]. They are both lovely". Another person said, "Yes I know [deputy manager's name], they help me too".

The provider had a range of monitoring and auditing processes to check the quality and safety of the service provided. The registered manager was responsible for the auditing of a selection of support plans on a monthly basis. To check staff had completed plans correctly and had carried out regular reviews to make sure information about people was up to date and relevant. Support plan monitoring forms for six care plan files showed none of them had been audited in recent months. For instance the last date of a completed audit in four support plan files had been 02 September 2016. We spoke with the deputy manager about this and they said that this was something they had identified and had spoken to the registered manager about. Although support plans were well documented and generally up to date, the provider's procedure was not being followed. The deputy manager contacted the area service manager and approval had been given for the deputy manager to take responsibility for the support plan audit. This was due to the fact that the deputy manager was based in the service every day so was best placed to take this responsibility. The registered manager visited one or two days a week as they were also responsible for managing other services. The deputy manager intended to commence a new regime of support plan audits straight away. It was agreed the registered manager would have oversight by monitoring the deputy manager's work every three months.

The area service manager completed an independent audit each month to review the provider's systems were being used and completed correctly and records were kept up to date. A six monthly audit was completed by the provider's quality assurance team to further check compliance. Both these audits had found issues of non-compliance including the area of support plan audits. Feedback and action plans were put in place to support the service to reach the required standards. For example the last six monthly audit, on 15 and 16 March 2017, required action to address the concerns regarding support plan audits within three months. Actions were being worked through to achieve compliance in the provider's processes and procedures.

We recommend the provider and registered manager ensures compliance by reviewing the monitoring and auditing processes to ensure it is fit for purpose for Gravesend Care Services and the registered manager has proper oversight of the service.

The registered manager and deputy manager had an 'open door' policy, welcoming people to come to the office at any time if they needed some help or had a concern they wanted to discuss. Many people and relatives called in to the office during the inspection.

The registered manager and deputy manager made sure good communication between staff was a priority to ensure a good service was provided. Staff meetings were held regularly, generally every month. Giving staff the opportunity to access; peer support, development opportunities and updates from the registered

manager or the provider. At the meeting on 26 April 2017 detailed discussions were held, including; staffing issues, health and safety; safeguarding vulnerable adults issues; mental capacity and people's rights and what to expect from a CQC inspection. Previous meetings had been held on 27 March 2017 and 17 January 2017 with similar subjects discussed between the management team and staff. Staff held handover meetings each day when one shift was ending and the other beginning. The handover meeting was thorough, communicating information about people and their support.

Health and social care professionals told us that the service had been improving since they first opened one year ago. They said that they had been a bit slow to act with some issues such as benefits and invoicing, however this now appeared to be in hand.

We received positive feedback about the running of the service. Staff were confident in the management team and told us they were always listened to and their views respected. Comments we received included, "I am confident to raise concerns and I know they will be listened to", I know any questions or queries I have I will be listened to and guided in the right direction", "Both managers [Registered manager and deputy manager] fully support me. It is really good, their confidence in me is great", "We all feel equal, there is no feeling of hierarchy", "Our well-being is very important to [Deputy manager]"and "It is the first time I have had such a good manager. They are very approachable".