

LDC Care Company Ltd

# LDC Supported Living

## Inspection report

11 The Glenmore Centre  
Shearway Business Park, Pent Road  
Folkestone  
Kent  
CT19 4RJ

Tel: 01303276000  
Website: [www.ldcdover.co.uk](http://www.ldcdover.co.uk)

Date of inspection visit:  
01 June 2017  
02 June 2017  
05 June 2017

Date of publication:  
08 September 2017

## 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?      | Outstanding ☆ |
| Is the service well-led?        | Good ●        |

# Summary of findings

## Overall summary

The inspection took place on 1, 2 and 5 June 2017 and was announced. We contacted the service 24 hours before the inspection to ensure the manager would be in the office. The service was last inspected in August 2014, where no concerns were identified and it received a rating of Good.

LDC Supported Living is registered to provide personal care to people with learning disabilities, living in their own homes. Some people lived in their own flats or houses and others in shared accommodation, such as two/three bedroom houses, where they shared communal areas with other people. At the time of the inspection the service was supporting 28 people across Dover, Ashford and Folkestone.

The service had a registered manager who was available on the days of the inspection. 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.

We received positive feedback about LDC from people, relatives and professionals. We heard about good standards of care and support which improved people's wellbeing and the quality of people's lives. We observed warm, caring attitudes from staff and a drive to provide a quality service for people.

People trusted staff and felt safe whilst being supported by them. Staff had received training in how to safeguard people. They knew what signs to look out for which would cause concern and how to report them so the appropriate action could be taken to help keep them safe.

A system to recruit new staff was in place. This was to make sure that the staff employed to support people were fit to do so. People's needs were met promptly and effectively by staff who knew people and their preferences very well. Staff had completed comprehensive induction training when they first started to work at the service. Staff were supported during their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs. Management staff carried out routine checks of staff knowledge and capability.

Staff received a comprehensive programme of training and were supported to develop their skills and knowledge. The provider encouraged progression and supported staff to attain qualifications. There were staff meetings, so staff could discuss any issues and share new ideas with their colleagues, to improve people's care and support.

Staff had undertaken training in The Mental Capacity Act (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

The registered manager and management team provided clear leadership to the staff and led by example. Staff were motivated and felt well supported by management and the provider. Staff felt that the provider was committed to their wellbeing and were committed to the values of LDC. Staff treated people as individuals and each person received person centred support. Staff told us the registered manager and management team were very approachable and they were positive about their style of management.

Medicines were stored and administered safely. People were supported in safe environments and possible risks to people had been identified and were managed to keep people as safe as possible whilst enabling people to live as independent a life as possible. People's health was monitored and professional advice sought quickly and efficiently as needed. Staff worked collaboratively with health professionals, especially from the local community teams, forming working relationships which had led to good outcomes for people.

People's health care and nutrition needs had been comprehensively assessed and clear guidance was in place for staff to follow, to ensure that their specific health care needs were met. Staff were knowledgeable about people's health care needs and liaised with health professionals and family members when appropriate.

People received care that was tailored specifically to them, needs had been assessed to identify the care they required. Care and support was planned and reviewed with people to make sure they continued to have the support they needed. People were actively encouraged to be as independent as possible. Detailed, specific guidance was provided to staff about how to provide all areas of the care and support people needed. Staff knew people well which enabled them to support people in a personalised way.

Bespoke packages of care were planned for people who had challenged traditional services. They identified suitable properties, made adaptations specific to the person and sought appropriate staff. For example; staff who spoke the person's first language.

Staff listened to what people told them and responded appropriately. Staff knew people very well and responded to noises, gestures and body language. People were treated with respect and their privacy and dignity was maintained. People and their relatives told us that they had no complaints and if they did they would speak to the staff who would listen to them and take action.

Staff actively encouraged people to be involved and feel included in their environment. People chose what they wanted to do throughout their days and staff supported them. Staff were fully committed to ensuring people participated in the activities of their choice and had supported people to fulfil their goals of meeting people, visiting places, attending college courses or securing jobs. People told us about the different things they did and holidays that they had planned and organised with staff.

The registered manager encouraged an open culture; and people, relatives, visitors and staff were all enabled to speak out with any concerns; so that they could be put right. Quality assurance audits were carried out to identify any shortfalls within the service and how the service could improve. Action was taken to implement improvements. People, their relatives, professionals and staff were asked about their experiences of the care. These were used to improve and develop the service.

People, relatives and staff told us that the service was well led and staff felt supported by the registered manager to make sure they could support and care for people safely and effectively. Professionals told us the registered manager and staff provided responsive care and support for people. Accurate records were kept about the care and support people received and about the day to day running of the service. This

provided staff with the information they needed to provide safe and consistent care and support to people. The registered manager and management team had good oversight and was able to fully assist us in all aspects of our inspection.

## 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.

Medicines were well managed. Appropriate arrangements were in place for the safe storage, administration and disposal of medicines.

There were effective staff recruitment and selection procedures in place.

People felt safe and were supported by staff who knew how to identify signs of abuse and what action to take.

### Is the service effective?

Good ●

The service was effective.

Staff received extensive training, supervision and support to have the skills and knowledge they needed to be effective in their roles.

Staff were clear about the importance of gaining consent and giving people choice and followed the principles of the Mental Capacity Act to ensure decisions were made by people or in people's best interests.

People's health and nutritional needs were monitored and staff ensured people had access to external healthcare professionals when they needed it.

### Is the service caring?

Good ●

The service was caring.

Staff knew people very well. They were kind, caring and compassionate and had developed positive relationships with people and their family members.

Staff took the time needed to communicate with people and included people in conversations. People were enabled to make daily decisions and choices.

Staff spoke with people in a caring, dignified and compassionate way. People were treated with kindness, respect and dignity.

### Is the service responsive?

Outstanding 

The service was exceptionally responsive.

People were fully involved in planning their care, treatment and support, which reflected their choices and preferences.

The service was flexible, adaptable and responsive to people's changing needs and wishes and in the way it delivered services.

Staff had an excellent understanding of people's needs and preferences.

People and relatives knew how to raise a concern or complaint and felt listened to.

### Is the service well-led?

Good 

The service was well-led.

There was an open culture where people and their relatives were asked about their experiences and they were listened to and feedback acted on.

Staff understood the vision and values of the service and how to put these into practice.

Systems in place to assess and monitor the quality of the service were effective in driving improvements.

The service worked in partnership with other organisations to make sure they were following current practice and to identify areas that could be improved.

# LDC Supported Living

## **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.

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. The provider returned the PIR within the set time scale. Before the inspection, we looked at information about the registration of the service and notifications about important events that had taken place at the service. A notification is information about important events, which the provider is required to tell us about by law.

We received questionnaires from one person, 10 staff and five community professionals. These questionnaires asked people a range of questions including if people felt safe, received care from familiar and consistent staff, were treated with dignity and respect, involved in making decisions and asked for their views about the service.

This inspection took place on 1, 2 and 5 June and was announced with 24 hours' notice being given. The inspection was carried out by one inspector. On the 1 and 2 June we visited the service's office and met four people who visited the office throughout the days. On 5 June we visited two people in their homes. This was to speak with them about their experiences of the service.

During the inspection we spoke to the registered manager, the head of operations, the operations manager and five support workers. We viewed a number of records including three care plans; the recruitment, training and supervision records of three staff employed by the service; the staff training and induction programme; medicine records, safeguarding records, service user guide; staff handbook; compliments and complaints logs; audits and quality assurance reports.

# Is the service safe?

## Our findings

People supported by LDC told us they felt safe, comments included, "I'm happy", "The staff are kind" and "It's good, I'm safe." Relatives told us they felt their loved ones were safe and very well cared for.

Some people were living in shared housing, others lived on their own and all received 24 hour support, each home had a dedicated staff team. Staffing levels varied across the day and night in line with individual's needs. The registered manager explained they were recruiting additional staff as the service was growing and there was need for a bigger staff team. They said they always managed to cover shifts with staff who were prepared to work additional hours. Staff confirmed that people were provided with staff support in line with their identified needs. An electronic rota system had been introduced which enabled managers to clearly identify where a shift may need to be covered, and then could easily share this with the entire staff team to cover. During the inspection a new group of staff were undertaking their first week induction. The management team explained that they had identified new ways of recruiting and had found that a recent open day had worked well and another one had been planned. Many potential applicants attended, this gave them opportunity to find out more about the job and company in a less formal atmosphere.

Managers and staff were familiar with the process to follow if any abuse was suspected; and knew the local Kent and Medway safeguarding protocols and how to contact the Kent County Council's safeguarding team. There had been some safeguarding's issues raised in the last 12 months. Managers had worked closely with the local authority and had taken appropriate action to resolve the concerns. Staff confirmed they had been provided with safeguarding training and had an understanding of their responsibilities to protect people from harm. Staff could describe the different types of abuse and were clear of the actions they should take if they suspected abuse or if an allegation was made so that correct procedures were followed to uphold people's safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they always reported any concerns to the most senior person on duty at the shared living locations or manager at the office base. All staff felt confident that senior staff and management would listen to them, take them seriously, and take appropriate action to help keep people safe. We saw a policy on safeguarding people was available so staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff knew that these policies were available to them. Information gathered from the local authority and from notifications received showed that safeguarding protocols were followed to keep people safe.

We looked at three staff files. They all contained two references, proof of identity, interview notes and an application form detailing employment history. This showed that full and safe recruitment procedures were adhered to. All of the files seen contained evidence of a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. Staff confirmed they had provided references, attended interview and had a DBS check completed prior to employment. This showed recruitment procedures in the service helped to keep people safe.



Risk assessments had been updated as needed to make sure they were relevant to the individual. They were specific to the individual and identified the risk and the actions required of staff to minimise the risk. The risk assessments seen covered all aspects of a person's activity and included finance and medication. Staff described how they dealt with any accidents or incidents and knew to record report to a senior member of staff. Management reviewed and monitored these reports to ensure that appropriate action had been taken to reduce the risk of further occurrences or identify any emerging patterns or trends.

People received their medicines safely. There was a medicines policy in place for the safe storage, administration and disposal of medicines. Training records showed staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow. Staff were knowledgeable on the correct procedures on managing and administering medicines. Staff could tell us the policies to follow for receipt and recording of medicines. This showed that staff had understood their training and could help keep people safe. We viewed MAR charts and found they had been fully completed. The medicines in people's homes corresponded with the details on MAR charts.

## Is the service effective?

### Our findings

People, relatives and professionals were wholly positive about the service, one person told us, "The staff really help me" and "They {the staff} help when I need help and help me do what I want." A relative told us the service delivered care in a way that met their relative's individual needs, they said "The attention and interest shown to {person} by their care workers is in sharp contrast to that received elsewhere."

Staff understood their roles and responsibilities. Staff undertook a comprehensive induction which included a week of classroom based sessions at the services' offices. The registered manager explained that they had tried different types of inductions but found that the way they were using had increased the confidence of new starters. During the inspection a group of newly recruited staff were completing their first week of induction. We spoke with some of them who told us they were finding the week to be very informative and felt that they were receiving the information they needed to be able to confidently support people. The week included sessions on getting to understand the LDC way of working, mandatory training, introduction to The Care Certificate, and knowledge assessments for those not new to care – in order to identify any areas for improvement. Staff also completed an induction specific to the locations and people they would be supporting which intended to ensure they were fully informed to be able to support people to fully meet their needs. Prior to working independently new staff worked alongside experienced staff, and their practice was observed and evaluated to ensure they were fully competent and identify any areas they needed further support to develop or understand. In line with the company's policy new staff received a review at the end of their first and third month, prior to completing a period of probation.

People were supported by staff that had good knowledge and training in care. Staff received regular training, which included moving and handling, fire safety, first aid, safeguarding, health and safety, medication awareness, risk assessments, equality and diversity and food hygiene. Staff said they could approach their manager with any additional training needs or interests and these would be provided. A system was in place to identify when refresher training was due so that staff skills were maintained. Training was provided in range of formats, most was provided in the classroom by the companies training manager and some external organisations. Staff also undertook qualifications in health and social care. Staff spoke extremely positively of recent awareness sessions that had taken place. The company recently had a visit from a 'Virtual Dementia Tour' awareness bus. This gave staff a practical experience of what it would be like to live with dementia. Staff told us that they felt this training experience had made them understand dementia from the person's point of view and that as a result they felt better able to support a person living with dementia. The registered manager told us they were one of the first providers in the country to secure a visit from 'the autism reality experience', a similar experience where staff would be fully immersed in an interactive experience of the sensory processing difficulties faced by people on the autism spectrum. This training and experience would offer staff skills and techniques to support people, with a real sense of understanding. All of the staff we spoke to were very much looking forward to this upcoming session.

Feedback from one professional included, 'They are always willing to send their staff on training that we offer which is tailored for individual clients and their staff teams. The staff that have come to that training have been very warm and caring, as well as being thoughtful and professional about the people that they

work with.'

Staff told us they could talk to any member of the management team at any time and received regular supervision and appraisals, they felt very well supported. Regular supervision gave the staff opportunity to discuss their responsibilities and to develop in their role. It was evident from talking to managers and staff during the inspection, and feedback from relatives and professionals following the inspection, that the company placed very high values on supporting and training their staff team. The provider had introduced a variety of development programmes for staff. These ranged from working closely with schools and colleges to introduce a comprehensive work experience programme and a framework for apprentices. For existing staff who wished to develop, the provider supported them with a shift leading programme which was a comprehensive programme to enable staff to develop the skills needed to lead shifts or move into management. We viewed the records from one staff member who had completed the programme; they contained a complete picture of what tasks they had completed and how they had developed their skillset.

People had been consulted about their care and treatment needs and had agreed to the support provided. We spoke with management about the systems in place to ensure people consented and agreed to the support provided. They explained that assessments were undertaken with the person supported, their relatives and other relevant parties, to ensure their views were obtained. People were also involved in writing their support plan. People said they had helped write their support plan and staff talked to them about it. The plans clearly showed that people had discussed their support needs and identified the support they wanted. Support plans focussed on meeting people's needs whilst actively encouraging them to make choices and maintain independence. Peoples' preferences, likes and dislikes were well documented.

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 the best interests and as least restrictive as possible. The managers and staff had a good understanding of the Mental Capacity Act 2005 (MCA). Staff confirmed that they had received MCA training so that they had the knowledge to uphold and promote people's rights. Staff told us they had access to written information and guidance on the MCA to support their understanding, they were clear that it was the person's right to make decisions. Staff had a good understanding of their responsibilities in making sure people were supported in accordance with their preferences and wishes. From interactions observed staff consulted with people and encouraged people to voice their opinion. Staff obtained permission from people for the inspector to visit them in their home.

People had been supported to access other health and social care services, such as GPs, dentists, chiropodists, and opticians. There was evidence that staff worked collaboratively with other professionals to ensure that people's health needs were being met to maintain their wellbeing. Reports guidance and information received from other professionals had been incorporated within people's care plans. Staff supported people to attend any health appointments. Where required, some people received mental health support from community learning disabilities teams, made up of psychiatrists and learning disabilities nurses. Some people also had support from specialist teams to manage complex conditions like epilepsy. One person had a specific phobia of needles, in order to support them staff worked very closely with the community nursing team. Very small steps were taken to build their confidence, for example, visiting and sitting in the waiting room, then building to an appointment, the person watching someone else have blood taken, picture guides, pictures of different coloured pain thresholds. In conjunction with staff, the community nurse has visited the person in their home to build up their trust by slowly introducing themselves, their nursing bag, needles etc. This is an ongoing and timely process with clear aims to benefit the person. During the process the staff team have also been working closely with the community learning

disability nurse completing behaviour analysis work.

Detailed health action plans contained guidance for staff on how best to monitor and support people's health. This meant staff were aware of people's healthcare needs and knew how to recognise any early warning signs of deterioration in health. Personalised information on specific health conditions was included, along with the actions required of staff to support the person. Each person had a communication passport that described, in detail, how the person needed to be supported with communication and what was important to them. The passport would inform any health professional and potential hospital visits.

One person commented, "The staff help me learn to cook." People told us they took part in the planning and cooking of their meals as much as they wanted to. People said they enjoyed food shopping and liked to take part in preparing their meals. Staff knew about people's favourite foods and drinks and about any special diets. Healthy eating and exercise was encouraged. If staff were concerned about people's appetites or changes in eating habits, they sought advice and had worked closely with the local speech and language therapy team.

## Is the service caring?

### Our findings

All of the people, relatives and professionals that we spoke with or received feedback from told us that the staff and management were caring. Feedback from one professional included, 'LDC have taken several challenging behavioural clients recently and have worked extremely well in a calm professional manner reducing risks whilst ensuring their work is person centred. Their communication with all professionals is excellent and they work hard to ensure families are also involved' another professional feedback, 'We have been really impressed with the support our clients receive from LDC. Several really complex clients I have worked with have moved into their service and done exceptionally well. They are really person-centred in their care and think carefully about how to support the most complex people'.

During the inspection we saw examples of a caring, kind and patient approach from staff who knew the people they were supporting very well. People had been able to build positive and caring relationships with the staff that supported them. Staff included people in all of the conversations we heard and took time to explain plans and ensure understanding. For example, staff were heard discussing a person's plans for the day with them, to make sure they were happy with their choice. The person engaged in conversation and made decisions which were supported by staff. When people were visiting the offices they freely approached staff, who went out of their way to engage with people and to make them feel comfortable and welcome, whilst enjoying light banter and humour. This showed a respectful approach from staff. People valued their relationships with their staff team and told us that staff supported them in the way that they preferred and that they were kind, caring and thoughtful. One person told us, "I've come a long way since moving, the staff have all really helped me to do really well. I love living in my house." A relative told us, "They {the staff} are wonderful – they have really given {person} a new lease of life. They do all sorts of things we never imagined would be possible."

People were supported to communicate in the way that suited them best. Health professionals and relatives told us that staff and managers went out of their way to find the best way to explain things in a way which people understood. Some people preferred to use signs and symbols such as Makaton; Makaton is a type of sign language. Staff had received training to enable them to be able to communicate clearly with the people they were supporting. Other people were supported with PECS (picture cards) and sequencing books or cards; these help to put events and activities into order to help people to prepare for their day. Staff knew people well including their life histories, families and other people who were important to them. People were supported by staff to use technology to remain in regular contact with family and friends, such as video calling. The provider endeavoured to be able to meet individual's communication needs. One professional told us, "They are exceptionally responsive to client needs, in fact recently taking on a client as an emergency placement from custody, managing to find a support team in a matter of hours. They also have been really proactive in trying to source other staff members who speak that client's first language, as they rightly identified that the barrier in communication could be linked to difficult behaviour."

People told us they were treated with dignity and respect and had their privacy respected. Staff were able to describe how they treated people with dignity. For example, staff told us in detail how they supported one person to go or shopping or to other places where it could be busy. Within their care plan there was a very

detailed community action plan, that guided staff through every step of supporting the person and protecting their dignity within the community should they become anxious and begin to show behaviours that may challenge themselves and others. We were told that these incidents were few and far between as the person had a staff team that they knew well and trusted, and the staff team were extremely observant and able to observe, identify and distract in order to prevent incidents occurring and to protect the person's dignity. One member of staff told us, "They are treated as we would want to be treated. We talk and have conversations, as we would with anyone." One professional had complimented the service, 'Made to feel welcome in a warm and inclusive environment. It was instantly clear how well the service users are valued and included as well as being well cared for.'

Throughout our inspection we saw that people's independence was promoted and people's opinion was sought. The management and staff team were committed to promoting and developing each individual's independence. Two people who had lived in a residential service had recently been supported to move into a shared house. They had both expressed a desire to move into more independent living and with the ongoing support of the provider and staff this had become a reality. They were happy and proud to show us around their new home, they told us how happy they were living there and about their plans for the future.

The provider was committed to providing a service that was person centred and specific to individual's needs. They looked for ways to ensure that they could offer a bespoke package of care and support for each individual. Many people they supported had previously challenged more traditional services prior to receiving support from LDC. However, with the right support and understanding individuals were leading fulfilled lives and taking part in activities that they chose. For example; one person had lived in an inappropriate residential setting for many years and had expressed some very challenging behaviours. With the support of LDC they had moved into their own home, and were provided with consistent support and routine. Within weeks, specific monitoring had been able to identify trigger factors and the staff were able to work with professionals to reduce the periods of challenging behaviour. They could not tolerate windows or doors being opened, but were affected by hot weather, staff worked with the person by slowly introducing picture cards and building this up to some toleration. During a recent spell of hot weather, no negative behaviours were exhibited. One person had been out only once in two years due to a phobia. Again, with the input and support of the staff team, they had gradually been able to reduce anxieties until the person has been able to go out for short walks or trips out. Staff ensured to always make an assessment of risk prior to any activities. Many of the people had been supported to purchase their own cars, which had resulted in increased independence. One person visited the office during the inspection in their new car, and was very proud to tell the inspector all about it and the places they had been able to visit with staff; such as France via the Eurotunnel and Butlins.

People were provided with appropriate information about the service in the form of a service user's guide. The guide ensured people were aware of the services available from the agency. The registered manager told us information on advocacy services was available should a person need this support, we saw examples of where people had been supported by an advocate. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf and when they are unable to do so for themselves.

## Is the service responsive?

### Our findings

It was clear that the service worked exceptionally hard to maintain a person-centred approach to care and support. People, their relatives and professionals told us that the service responded extremely well to their complex needs and had outstanding skills. People told us the staff knew them well, and they enjoyed talking about what they liked and that they listened to them. One person told us, "The staff, they listen and they help me. They're so good." Feedback through the form of questionnaires was entirely positive; people felt they were involved and listened to and health professionals felt that staff shared information appropriately and implemented advice and guidance.

Professionals consistently commented on the responsiveness and person centred nature of the service; and the achievements they had seen the service make with people. One professional had feedback to the service, 'As a provider you have supported an adult that needed support in an emergency and you met their needs and improved their health and well-being. A very positive input in their life.' The directors were proud to operate a family run business and ensured that their values of 'making every day count' and 'attention to detail and individual service in everything we do, and that includes the individuals we employ', was applied to every area of the service they provided.

People's care and support was planned in partnership with them, their relatives and other relevant parties. Staff had an excellent understanding of people's individual social and cultural diversity and fully supported people to make decisions that took account of this. Before people used the service they and their relatives, where appropriate, were visited by a manager to make an assessment as to whether the service could meet their needs. One person who had recently moved into the service had required a structured transition to meet their needs. The service had gone out of their way to ensure they had gathered all of the information they needed to make a holistic assessment; this included going the 'extra mile' by travelling across the country to assess the person in their usual environment, prior to putting forward a proposed package of care to their care manager. Staff had also spent time working with the person's usual staff team to help get to know the person and how they preferred to be supported. This in-depth assessment process meant that the service made sure they could meet people's needs before admission and got to know about the things that would be important to them in their new home.

During the transition process information such as pictures and photos were sent to the person for them to identify with which showed where they would be living and the staff that would be working with them. This included photos of things important to them, such as views from what would be their bedroom, and photos of each room in their new home. This formed part of a 'welcome to LDC' pack, where details of appropriate college courses employment and places of interest were included. This approach helped people to become comfortable with the idea of moving to the service and enabled them to preview what their life might be like in advance of the transition. People had been reassured by these efforts by the provider to make the change as relaxed as possible. We spoke to this person and they told us how welcome they had been made and how much they were enjoying their new home. They told us staff had supported them to find a job that interested them and were supporting them to attend a college course, all within a few days of moving into their new home. The provider demonstrated that people were valued and that their need for meaningful occupation



had been considered. People's care records contained detailed, personalised information; they included an individual support plan that contained details of people's identified needs and the specific actions required of staff to meet these needs. They were person centred and unique to the individual. It was evident from the plans that people had been involved in decisions about the support they needed. Which people said made them feel valued and an important part of what happened at the service. The support plans contained detailed documents which identified what was important to the person and how they wanted to be supported and included information on routines, likes and dislikes. Care records contained a detailed history about the person; their families, life, health and home. Along with details about activities and what each person enjoyed doing; out and about and within their own home. For example; one plan contained details of a person's favourite TV programs and movies for when they had chosen to take some 'downtime'. Communication passports contained specific guidance for each person about how they preferred to communicate. For example; one person had learnt to use some specific Makaton signs, their plan contained images of the signs they used. The plans focussed on promoting independence and encouraging involvement safely.

Care records designed to guide staff in supporting people with any behaviours or anxieties were very detailed and specific in the guidance they gave, providing clear guidance of trigger points, warning signs and known behaviours. Along with how to support the person to remain calm. 'Unusual behaviour' monitoring sheets were used. Professionals told us that the records staff kept around monitoring and analysing behaviours with possible triggers, trends and patterns were exceptionally useful. This information was used to develop bespoke strategies for addressing individual behaviours and meant that people received support that was tailored to their own needs.

Feedback that we received from all professionals was entirely positive and during the inspection we viewed a number of complimentary comments that had been written in relation to the positive working relationships between LDC staff and other professionals.

Daily care reports had been designed for the individual and therefore reflected the important parts of each person's day. For example; a person living with epilepsy or dementia would have a specific recording section on their daily report for staff to capture any important information. Each person had a health care plan and again, these were detailed and specific to the person. For example, the specific symptoms a person may demonstrate for a particular health condition were described in detail, along with identified risks and hazards and how best to reduce these or what action to take. This level of detail meant that staff would be equipped to notice any changes or manage risks associated with people's health, to help keep people safe and well.

Staff said people's support plans contained sufficient, clear information for them to support people in the way they needed. Staff had an excellent knowledge of people's individual needs and could clearly describe the history and preferences of the people they supported. Details of reviews that had taken place were stored within care records. These comprehensive documents gave staff an excellent understanding of the individuals they were supporting and meant that people were supported to have an enhanced sense of wellbeing and exceptional quality of life. The provider asked staff to complete 'knowledge check' sheets; these gave reassurance to the provider that staff were knowledgeable about the needs of people.

The registered provider gave many individual examples of where the service had been creative and used innovative practice to ensure that people lived as full a life as possible. One person had been supported to move from a secure setting to their own home with support, with a reduction in medicines that had required careful planning and collaborative working with mental health services. Another person had been supported to move from a traditional residential service that did not meet their needs, to their own home. Previously



they had demonstrated behaviours that challenged staff, peers and their self. With consistent support from a stable staff team who had spent time analysing behaviours and potential triggers, the person now felt able to go out to visit different places. This was something they had not been able to do in their previous placement and demonstrated that the intensive input made by staff had positive outcomes for this person.

One person had a specific phobia of needles, in order to support them staff worked very closely with the community nursing team. Very small steps were taken to build their confidence, for example, visiting and sitting in the waiting room, then building to an appointment, the person watching someone else have blood taken, picture guides, pictures of different coloured pain thresholds. In conjunction with staff, the community nurse has visited the person in their home to build up their trust by slowly introducing themselves, their nursing bag, needles etc. This is an ongoing and timely process with clear aims to benefit the person. Time, effort and careful consideration of how this person could be supported, was leading to them being able to accept needles and suffer less distress when needing any tests or injections. During the process the staff team have also been working closely with the community learning disability nurse completing behaviour analysis work.

Staff had supported the transition of another person by supporting them in their previous placement for a long period of time prior to them moving into their own home. This meant that the person was able to get to know the staff team and that staff were able to gain their trust. This reduced the person's anxieties of moving into a new home. The provider invested time into considering each person's aims and developing strategies to make those goals achievable.

In response to demand for requests for their service the provider had designed and obtained planning permission to develop and build eight flats; these had been designed to meet the needs of people taking into consideration disabilities; both physical and mental, that may challenge people in their own homes.

Feedback was sought from people through questionnaires, discussions and through weekly house meetings, where appropriate. People were supported to maintain a range of individual interests and activities, according to personal preference. People told us they were supported to access activities such as horse-riding, swimming, trampolining, art and craft sessions, sensory facilities and bingo sessions. Staff also supported people to arrange and attend various places of interest and holidays. For example, one person had a love for Grand Prix so a trip had been arranged to see the Grand Prix in Belgium. When the person told inspectors about this they spoke about it with great enthusiasm. One person told us they were very excited to be going to see Cliff Richard in concert in the near future. Another person was supported to go to football matches of the team they supported. Other people had been supported to go away on holidays or short trips of their choosing. All activities were planned in line with individuals, considering their goals, ambitions and preferences ensuring that people were involved and empowered to lead an exceptional quality of life.

People were provided with important information to promote their rights and choices. There was a clear complaints procedure in place. Staff told us that they would always pass any complaints to their manager who would take these seriously. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. One complaint had been made since our last inspection. This had been managed and investigated in line with the services complaints policy. A large number of compliments and thank you cards had been received. One thank you card read, 'Thanks to everyone for all their efforts for {persons} care and energy in supporting {person}'. Everyone deserves recognition'.

## Is the service well-led?

### Our findings

Everyone told us the service was well led. People, relatives and professionals had positive praise and feedback. One professional commented, 'I often recommend that they are considered as a service for people that are tricky to place elsewhere. The management have been easy to liaise with and respond to emails and phone calls, and will make sure the staff shifts are such that they can attend any staff sessions we offer if needed.'

The service had a positive, open culture where people, relatives, staff and professionals were encouraged to raise any concerns or suggestions they may have. Management and staff were clear about the values and principles of the service – 'we remember that everyone is unique and every day is special. We also offer a pathway of progression towards independence' and went out of their way to ensure this was reflected in everything they did.

The contributions of all; staff and people, were valued and acknowledged. Each month everyone could nominate anyone to be 'champion of the month', a scheme that recognised and rewarded good practice and going the extra mile. This could be either a member of staff or a person using the service. Certificates were added to the 'wall of champions' in the office and they were mentioned in the monthly newsletter. Staff had also been recognised in other awards; KICA (Kent Integrated Care Alliance - whose aim is to help shape the future of homecare in Kent.) had awarded the registered manager runner up in registered manager of the year award in 2016. Several other staff members had received runner up awards in other categories and a member of staff had won care innovator of the year award and then took part in the Great British Care Awards.

The registered manager looked for ways to improve the experience for people within their community. They actively sought to work in partnership with the local community and other organisations, developing strong relationships and securing opportunities for people for example; volunteering at horse stables, auction rooms and charity shops. Organising events with people such as; Cancer research coffee mornings, open days at their office and attending job fairs.

The management team also took an active role in conferences with organisations such as the Challenging Behaviour Network and the Safeguarding Network. These gave opportunity to ensure that practice was up to date with the latest practices and news. The service had also recently signed up to the Social Care Commitment. This is a Department of Health initiative made up of seven statements, with associated 'I will' tasks that address the minimum standards required when working in care to raise workforce quality in adult social care. The registered manager was also going to be the chair of a newly set up group, the 'Registered Manager Network'. A local group, also a part of Skills for Care. The aim was to be committed to working with others and embedding best practice by providing information, increasing confidence, sharing skills and having access to peer support.

Systems were in place for quality monitoring checks; quality assurance surveys from staff, relatives and health care professionals gave positive feedback. As part of their quality assurance process staff had

feedback, comments included; 'Genuinely interested in the wellbeing of their employees', 'Listen to staff and give feedback', 'Good at noticing every person is different' and 'Would not change a thing.' Records were in good order and kept up to date. When we asked for any information it was easily accessible and records were stored securely to protect people's confidentiality. Feedback was requested at review meetings and other meetings and all comments and suggestions were listened to and acted on. Surveys were sent to people, their loved ones and staff so they could give their views more formally. The registered manager had analysed the results from recent feedback and created a document which highlighted the positive feedback that the service had received. Questionnaires that the commission sent to people, staff and health professionals prior to the inspection contained positive responses about clear communication.

The registered manager was also a director of the company and was fully committed to the development and well being of the entire staff team and providing an outstanding service. It was clear that they were committed to continually striving to improve the outcomes for people, and that this commitment was shared throughout the staff team. Time and thought went into planning suitable, individual packages of care, with appropriate staffing and activities, ensuring that that each person was at the centre of the service and received care and support that fully met their needs. Demand for the service was high and feedback from health and social care professionals indicated that they were confident that LDC were committed to continually improving the service and providing quality care and support.

The registered manager and management team were aware of their responsibilities and had good management oversight. They audited aspects of care both weekly and monthly, such as medicines, care plans, accidents and incidents and health and safety. The audits identified any shortfalls and action was taken to address them. In addition, managers undertook 'spot check' visits to ensure that standards were maintained on all shifts. As a result of this routine testing the registered manager was able to monitor and improve care delivery.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. This enables us to check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way and had done so.

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