Blythson Limited

Blythson Limited - 3 Ashley Avenue

Inspection report

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Date of inspection visit: 28 October 2015
Date of publication: 11/01/2016

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We carried out this inspection on 28 October 2015. Because this is a small service where people are out during the day we contacted the provider before we arrived to ensure that someone would be in to receive us and to ensure we could meet the people living there.

3 Ashley Avenue is a service for people with learning disabilities and autistic spectrum disorder. It provides accommodation for up to three people, and at the time of inspection there were three people living in the service; we were able to meet them all. At a previous inspection on 16 August 2013 we found the provider was meeting all the requirements of the legislation.

There was a registered manager in post who was unavailable at the time of the inspection. We met the deputy manager and another registered manager who was providing oversight of the service in the registered manager's absence. A registered manager is a person who has registered with the Care Quality Commission to

Summary of findings

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 saw that people were happy and comfortable in the presence of staff and actively sought their attention. Staff interacted well and showed they understood people's individual needs.

Relatives told us they were kept informed and had been consulted about their family members care and treatment plans. Staff monitored people's health and wellbeing and supported them to access routine and specialist health when this was needed. People ate a varied diet and were consulted about the development of menus which took account of their personal preferences. Medicines were managed safely by trained staff.

People were given individual support with their interests and hobbies and also had their own daily planner that took account of their activity and interest preferences. Assessments of risk people might be subjected to from their environment or from activities they undertook were developed and measures implemented to reduce the likelihood of harm occurring; these were kept updated. Staff understood people's individual styles of communication and communication aids were used to give people more independence in making decisions for themselves, and to enhance their ability to make their needs and wishes known to other people.

Accidents and incidents were monitored by the provider to see where improvements could be made to prevent future occurrence. Individualised guidance was available for staff to help them understand how to work proactively with those people whose behaviour could be challenging to others.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. No one at the home was subject to a DoLS but the provider understood when an application should be made and the service was meeting the requirements of the Deprivation of Liberty Safeguards.

Staff had been trained to recognise abuse and knew how to protect people. They understood how to report concerns about the practice of other staff through the whistleblowing policy. Staff showed that they understood the actions they needed to take to raise concerns with the registered manager or with external agencies if this was necessary.

There were enough staff to meet people's needs. Staff recruitment procedures ensured that all the necessary checks were made to protect people from unsuitable staff. Staff were provided with a wide range of essential and specialist training to help them understand and meet people's needs. They received support through staff meetings and discussed their performance with the registered manager through one to one meetings.

People lived in a clean, well maintained environment. Decoration and furnishings were maintained to a high standard. People personalise their bedrooms to their own taste in décor and personal possessions. Equipment checks and servicing were regularly carried out to ensure the premises and equipment used was safe. Fire detection and alarm systems were maintained; staff knew how to protect people in the event of a fire as they had undertaken fire training and took part in practice drills. Guidance was available to staff in the event of emergency events so they knew who to contact and what action to take to protect people.

People's relatives were routinely asked to comment about the service and action was taken to address any areas for improvement. A range of quality audits were in place to help the registered manager and provider monitor the service; ensuring standards were maintained.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe

Good

Recruitment procedures for new staff ensured they were suitable to undertake their role. People were protected from harm because staff understood how to identify and respond to abuse. There were always enough staff available to support people.

The premises were well maintained and routine checks and tests of fire detection equipment and gas and electrical installations were undertaken. Staff understood the action to take in an emergency to protect people from harm and evacuate them safely.

People were supported to take risks and comprehensive assessments ensured this was undertaken safely to reduce the risk of harm. Accidents and incidents were monitored and actions taken to minimise the risk of recurrence.

Is the service effective?
The service was effective.

Good

Staff received a comprehensive induction to their role, they received essential and specialist training to give them the right skills and they were given opportunities to meet with the registered manager on a regular basis.

The registered manager ensured that people were supported in line with the principles of the Mental Capacity Act 2005, people's consent was sought by staff in respect of their care and treatment. Staff understood people's communication needs and used a range of communication aids to help people with their decision making.

People ate a healthy and varied diet, and their health and wellbeing was monitored by staff and some external professionals. Staff supported people to attend routine and specialist health appointments when needed.

Is the service caring?
The service was caring

Good

People benefited from the company of staff on a one to one basis, this enabled them to undertake activities in the service and in the community that interested them.

People's privacy and dignity was respected. Staff showed kindness and patience in their contacts and engagement with people.

Staff helped people to maximise their potential to do more for themselves. Staff supported people to maintain links with their relatives, and arranged and supported visits to their family home for them. Relatives said they were always made welcome, were consulted with by staff and felt they were kept well informed.

Is the service responsive?
The service was responsive

Good

Summary of findings

People were assessed prior to coming to live in the service to ensure their needs could be met. People and their relatives were involved and consulted about their care and treatment which was kept under review. Detailed care and support plans guided staff in ensuring care was delivered that was consistent with these.

People were provided with activity planners that took account of their interests and preferences so they could participate in activities and events in the community and socialise and make friends.

A complaints procedure was available. Staff knew people well and gave them time to try and understand issues that affected their mood or made them unhappy. Relatives felt confident of approaching staff with any concerns.

Is the service well-led?

Good 

The service was well led.

There was a registered manager who staff, people and their relatives found approachable and supportive. The providers were a visible presence and staff said they felt listened to, and able to express their views at staff meetings.

Audits systems were in place that ensured staff, the registered manager and provider checked service quality and took action to address any shortfalls. Staff practice was informed by policies and procedures that were kept updated.

Relatives were asked to give their views about the service and their responses were analysed and informed service development.

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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 checked 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 the 28 October 2015. As people and staff were usually out during the day we gave the provider short notice of our inspection to ensure that someone would be available to meet with us. The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at all the other information we held about the service, including previous reports, complaints and notifications. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

We met all the people that lived in the service during the inspection. Most of the people using the service were unable to speak with us directly about their views of the service, so we used a number of different methods to help us understand their experiences including the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with three relatives, the deputy manager, the registered provider, a covering registered manager and three care staff. We contacted four health and social care professionals who knew the service and received feedback from three that raised no issues of concern.

We looked at one person's support plan, activity planner, health records, and individual risk assessments. We also looked at medicine records, and menus, and operational records for the service including: staff recruitment, training and supervision records, staff rotas, accident and incident reports, servicing and maintenance records and quality assurance surveys and audits.

Good

Is the service safe?

Our findings

People were relaxed and comfortable in the presence of staff who knew their needs well. Relatives told us they were more than happy with the service their particular family members received. One said, "When he comes home he is really chatty about what he has been doing and when it's time for him to go back he always seems positive about that", another said, "It's marvellous, it's very clean, it's like a home from home, it doesn't feel like care, I can't find a fault with it". A social care professional commented "This is the best service ever".

The provider operated safe recruitment procedures. Staff recruitment records were clearly set out. Staff told us they did not start work until the required checks had been carried out. These included proof of identity check, satisfactory written references; a Disclosure and Barring Service (DBS) criminal record check. These processes helped the provider make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services.

Staff rotas showed there were sufficient staff on shift at all times during the day to meet the needs of people. Staff told us that there were always enough staff and rotas were followed. At times of staff shortage through sickness, only staff that were familiar with the needs of the people in the service and their routines were used to provide cover; this helped to ensure continuity in the care and support people received. Agency staff were never used for this reason. Staff worked two long days and then had four days off, this provided people with continuity of staffing and meant that staff could take people out on all day activities without the need to worry about getting back for the shift change. Staff said they were allocated to work with a different person on each day of their shift which they thought worked well as this gave each person a different experience from a different staff member and gave staff the opportunity to spend regular time with everyone.

Staff were able to tell us about the signs of abuse, and how they would report their concerns and to whom; including those agencies outside of the organisation, such as the local authority safeguarding team. Staff received regular training in protecting people from abuse so their knowledge of how to keep people safe was up to date. Staff had access to the local authority safeguarding policy and protocols and this included how to contact the safeguarding team. Staff understood the whistle blowing policy and they showed they felt confident of raising concerns with the provider or outside agencies if this was needed.

Staff were trained in all aspects of medicine management to ensure that they knew the procedures for ordering, receiving and booking in medicines. People were unable to administer their own medicines and this was made clear in their care records. Medicines were stored securely and appropriately. Temperatures were checked to ensure these did not exceed recommended levels. Medicine Administration Records (MAR) charts were completed properly with appropriate use of codes when medicines were not administered. A clear protocol was in place for staff when administering medicines that were not for everyday use to make clear in what circumstances these could be used. A photograph of each person was provided with each individual medicine record to ensure the right medicine was administered to the right person. A returns book was used to return unwanted medicines to the pharmacy.

Risk assessments were completed for each person; these were individualised and took account of each person's specific needs and their personal awareness and understanding of danger and risk. Measures were implemented to reduce the level of risk so that people were protected from harm when undertaking activities outside and inside of the service, from risks within their environment, or from or to other people. For example, we observed one person who was able to help staff in the kitchen and a risk assessment was in place for this, staff were aware there was a risk that the person was not aware of hot surfaces, such as the hot oven and staff were seen to be vigilant in distracting the person away from this area during the cooking process, without the need to exclude them from the area. Risk assessments were kept updated and reviewed on a regular basis.

There were a low level of accidents and incidents mostly linked to slips, trips and falls or incidents of behaviour that was challenging to others. These were recorded clearly and the registered manager monitored these and discussed with staff if any changes were needed to the support people received or if further improvements could be made to prevent similar events in future.

Risk assessments of the environment were reviewed and guidance made available to staff in the event of emergency

Good

Is the service safe?

situations that required evacuation, staff knew where the emergency guidance pack was kept. A business continuity plan was in place to inform staff of the actions they needed to take in the event of emergencies that could impact on the running of the service. Personal evacuation plans took account of people's individual needs to ensure a safe evacuation. Staff knew how to respond in the event of an emergency, and who or what agencies they should contact and how to protect people during evacuation.

The premises, décor and furnishings were maintained to a high standard. They provided people with a clean, tidy and comfortable home. Repairs were carried out in a timely way and a programme of regular maintenance was in place. There was a secure accessible garden for people's use.

Equipment checks and servicing were regularly carried out to ensure this was safe and in good working order. Internal checks and tests of fire safety systems and equipment were made regularly and recorded. Fire alarm systems were regularly maintained. Staff knew how to protect people in the event of fire as they had undertaken fire training and took part in practice fire drills.

Good

Is the service effective?

Our findings

Relatives told us that they were very happy with the support their family members received from staff to maintain their health and wellbeing. A health professional told us that in their experience staff had always sought advice about a person's health condition, and put into practice any advice given. They said staff managed the person's health condition very well and were always well prepared with relevant monitoring information when they attended appointments with the person, and they had seen a vast improvement in their health as a result.

We observed that people were offered things they liked to eat for lunch, and not everyone ate at the same time because of being out at activities. Meals were unrushed and taken at a pace that suited each person. We sat with a person who did not always eat well, the person said that they were full and was concerned about eating an evening meal which they said they did not want. Staff were seen to acknowledge the persons comments respectfully, but suggested that perhaps it was too early in the day to make a final decision; this was an acceptable compromise for the person concerned, and staff said that they would encourage the person to eat a meal later in the evening, but this had to be done at a pace to suit them.

Staff were effective because the provider valued the need to embed good practice and ensure staff received support to acquire the right skills and knowledge. Newly appointed staff were required to complete an induction programme that included signing up to a charter of support that underpinned the ethos and values of the organisation and how this translated to everyday practice. Induction also prepared new staff by giving them an understanding of the routines within the service and the needs of the people being supported. New staff spent several weeks shadowing other experienced staff whilst they familiarised themselves with people's care and support needs. All new staff completed a probationary period and met regularly with the registered manager, where their progress and competence was assessed and discussed with them. Staff said that as new staff they had been provided with the basic essential skills training they needed to understand how to carry out their role safely and protect people from harm.

For established members of the staff team there was a programme of refresher training in a variety of topics, such as safeguarding, food hygiene and health and safety. Specialist training relevant to the needs of the people in the service was also provided to all staff, for example Autism, Crisis Prevention and Interaction (CPI), transactional analysis (this is a theory for understanding behaviour) and MAPA (management of actual or potential aggression) that helped them to deliver care effectively to people at the expected standard. All staff had achieved or were working towards a level two vocational qualification in health and social care. These are work based awards that are achieved through assessment and training.

Staff told us that they were supported through individual one to one meetings. These meetings provided opportunities for staff to discuss their performance, development and training needs. The registered manager or deputy were always available, and staff felt able to approach them at any time if there were issues they wished to discuss. The staff said that they had comprehensive handovers between shifts to provide them with updates about people's care needs at which the registered manager or deputy manager were usually present.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Whilst no-one living at the service was currently subject to a DoLS, we found that the registered manager understood when an application should be made and how to submit one. Staff supported people when making everyday decisions about what they wore, where they ate, what they ate, what they wanted to do. Where people lacked the capacity to make some more important decisions for themselves around their care and treatment the service was guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests, and by people who knew them well.

People could on occasion express behaviour that could be challenging to staff or other people, staff said people could sometimes use behaviour to show that they were unhappy with something. Physical restraint was not used and staff had been trained in the management of actual or potential aggression (MAPA). Each person had a detailed behavioural support plan and assessment. Staff responses were guided by clear protocols and information specific to each person, as to how best to de-escalate and manage incidents of behaviour. Staff said they followed these but sometimes the person responded differently to different staff members

Good

Is the service effective?

so staff had to adjust how they managed incidents in a manner that the person accepted from them. The registered manager monitored incidents of behaviour looking for patterns and causes of the behaviour. The infrequency of such events gave the registered manager and staff confidence that the support they provided to people at times of high anxiety was effective in reducing incidents of aggression.

People's dietary needs and preferences were discussed with them or with people who knew them well before admission. Menus were developed that ran over a four week cycle, and these were provided in a pictorial and widget (this is a communication aid that uses symbols to make information accessible to people) format to help people make choices. The menu was divided to take account of peoples individual likes and dislikes. Staff encouraged people to eat a healthy balanced diet, and recorded peoples food and drink intake to ensure this was at a satisfactory level that did not highlight a risk of poor nutrition. Some people had very specific requirements around how their food was presented, and some had issues about how much they drank. Discussions had taken place with relatives and health professionals to ensure the appropriate level of support was given and staff were vigilant about how much people ate and drank. People's weights were regularly recorded and any significant changes reported to the registered manager.

People were supported by staff to maintain their health and wellbeing. Routine health checks with doctors, dentist and opticians were arranged, and where necessary referrals were made to other health professionals, for example the epilepsy nursing service. Individual guidance was provided to staff in respect of health needs around specific conditions, such as epilepsy with monitoring of seizures and protocols in place for administration of rescue medicines when major seizures occurred. A record was kept of all health appointments and contacts; each person has a health passport and health checklist in place to ensure all aspects of their healthcare needs were kept under review. Relatives told us that they were kept informed of any issues regarding the health and wellbeing of their family member.

Good

Is the service caring?

Our findings

We observed that people were comfortable with staff and were happy to be around them and being involved in activities with them. Staff were friendly and kind in their support and responses to people, their attitude was respectful and they showed that they understood people's individual characters and needs. Relatives told us they were made to feel welcome by staff when they visited, and that staff were supportive of visits their family members made home to them. One relative said, "He has come on in leaps and bounds since going there, we have seen a big improvement, if they see a new behaviour they have not seen before they ring and ask me about it and I tell them, we work together". Another said, "They (the staff) are always really friendly, a lovely bunch.

Relative's told us that communication from the registered manager and staff was good and they were always contacted about matters relating to the health and wellbeing of their family member, and any changes in care and treatment before these were implemented. They said they were included in regular reviews and were asked to contribute their thoughts and felt listened to. They said that they had helped with information for staff to build a profile of their relative's likes and dislikes and personal history; they still provided information to staff when staff observed behaviour they had not seen previously.

There was a relaxed atmosphere in the service and we observed many examples of good humoured exchanges and gentle patient and supportive interactions between staff and the people they were supporting. Staff showed that they understood people's individual styles of communication well enough to know their preferences and wishes. Staff used various communication tools and aids to enhance each person's ability to make active decisions about their care and support in their everyday routines, this included using pictorial information and communication apps for iPad and iPod. Staff supported people to make choices and decisions for themselves in their everyday lives about how they spent their time, when they went to bed, what they wore, or did, where they ate and what they ate. Staff respected people's choices.

Staff protected people's dignity and privacy by providing personal care support discreetly, respecting confidentiality and speaking about people's needs with other staff in privacy.

When at home people were able to choose where they spent their time, for example, in their bedroom or the communal areas. Bedrooms had been personalised not only with personal possessions and family photos but décor had been chosen carefully to reflect people's specific preferences and interests.

People were supported to maintain relationships with the people who were important to them, and were supported to make regular contacts or visits. Some activities people participated in were inter linked with other services to enable people to enhance their social circle and make relationships with people outside of the service. Relatives were welcome to visit but because people were usually out during the day, to avoid disappointment relatives were asked to make known their intention to visit or take people out so this could be arranged within peoples activity schedules. Relatives said they were made to feel welcome and were very happy with the responses they received from staff.

Good

Is the service responsive?

Our findings

During the inspection we observed that people were content and in good moods when returning from or going out to a planned activity. A social care professional said they were very happy with the type and quality of activities people were offered. Relatives told us they were invited to reviews of care and were consulted about care and support decisions, they said they felt confident of raising concerns if they had any, and always found the registered manager and staff approachable.

Before admission to the service a pre-admission assessment was undertaken to assess whether the service could meet the person's needs. Initial meetings with the providers, registered manager, relatives, representatives and previous care providers enabled reports to be gathered. An assessment of needs was usually undertaken at a pace to suit the person, with opportunities for visits and trial stays. A relative confirmed that they had looked around a number of services before this became a suitable option and they said "This was the best decision for him we made". They also said they had been actively involved in the early gathering of information and the development of a plan of care.

Following initial assessment people's everyday care and support was designed around their specific individual assessed needs. This included an understanding of their background history, interests, preferences around daily routines, communication, personal care, social activities and interaction, night time support including continence management, and a recognition of the people who are important in their lives. This information provided staff with a holistic picture of each person and guided them in delivering support consistent with what the person needed and wanted. There was also recognition of what people could do for themselves and achievable goals were set to help them to develop and enhance their skills, at a pace in keeping with their abilities.

Staff showed they understood the needs and personalities of each person well, staff rostering on each shift meant that each staff member had opportunities to work on a one to one basis with a different person each shift. Staff showed that they were able to respond appropriately to people's needs that was consistent with their plan of care. Changes in people's care and treatment was discussed with their relatives and representatives before these were put into place. People and their relatives were included in the regular assessments and reviews of their individual needs.

Each person had a weekly activity planner that had been developed from an understanding of what they were interested in and liked to do. Planners showed that people had an activity in the community at least once per day and this could range from for example, horse riding, light sensory activities, trampolining, swimming, music, music and movement, walks, hydrotherapy, football, bowling, lunches out, visits to the beach, and shopping. There were also evening activities and social activities where they were able to meet people from other services. People could choose not to do some of their usual activities, for example on the day we visited, a person had signed that they would prefer a drive to another planned activity, and this was arranged for them. Time was also set aside within weekly activity planners for people to do activities of their own choice, such as listening to music, or watching favourite DVD's.

There was a complaints procedure in place. Staff understood how people used sign, body language or their general mood, behaviour and demeanour to show that they were unhappy or sad. Staff said they would always look for the causes of this and had ample time to spend time with people to observe and assess them. There was a complaints record for recording of formal complaints received, the PIR informed us that there had been no complaints received in the last 12 months and this had not changed at the time of inspection. Relatives told us they found the registered providers, registered manager and staff approachable and would not hesitate in raising concerns with them if they felt this was necessary; they expressed confidence that action would be taken to address their concerns and that they would be kept informed.

Good

Is the service well-led?

Our findings

A social care professional commented "This service should get your highest rating, it does everything well". Relatives told us that they were asked to give their views about the service; they said they felt communication from the home was good and they felt well informed. One relative commented "They have peoples interest at heart and treat them the same as they would treat anybody else, ringing them feels like ringing another member of the family". A health professional commented they had never had any concerns about the service and found staff very professional and proactive.

The registered manager had been with the company for some years. She managed this and an adjoining service and had oversight of two supported living placements as well. Staff said she was good manager and they felt supported by her and found her approachable if they wanted to talk about something, they said they felt listened to and that their views and opinions were valued.

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

The providers were accessible and visible and had regular contact with staff through delivery of training or support with activities; they undertook unannounced pop-ins to the service each week and we met one of them during the inspection and spoke about their role in auditing the service. The provider gave direct supervision to the registered manager and undertook formal audits of the service every six months. A weekly meeting was held by the providers which the registered manager attended and where ongoing developments, operational issues, and issues in regard to individual people using the service were discussed.

The provider took their auditing responsibilities seriously and gave short timescales for the completion of any shortfalls, and they checked back with the registered manager to ensure these had been addressed. Performance indicator reports drawn from the findings of the director's audits were sent to the registered manager showing the scores they had achieved; where these fell short of the expected target percentage, discussions took place with the registered manager as to why this had happened and how this could be improved.

There were systems in place to review the quality of all aspects of the service. Weekly audits were conducted by staff of people's welfare, systems within the service, for example, maintenance of records, computer and office audits, catering, health and safety, medicines audits, vehicle checks and environment and cleaning audits. These were reviewed by the registered manager as part of her own monthly audit checks and highlighted areas for improvement and listed actions to be taken. A development plan for the service was in place and was updated annually.

The provider information return told us about actions taken by the provider to improve the service and further planned improvements, for example, the development of a management self-audit tool focusing on the inspection methodology domains of safe, effective, caring, responsive and well led. The PIR told us and senior staff confirmed that plans were also underway for the development of systems for requesting and responding to feedback from health and social care professionals who knew the service well; also the implementation of people's review tools in a pictorial format for those with limited communication. The system was already in place whereby people's relatives were routinely asked in a variety of ways for their views about the service; this could be through phone contact, informal and formal meetings, events where family and friends were invited, and surveys.

Staff said the registered manager had an open door policy and were available for staff to talk to at any time. The providers were a visible presence and were familiar to staff, who felt confident about talking to them. Staff told us they felt well supported and listened. A relative told us they found staff very thorough and professional, a social care professional told us that they thought the service was very good and was well managed at all levels. Other social care professionals we contacted had no concerns about the service. The registered manager promoted an open culture by making themselves accessible to people, visitors, and staff, and listening to their views.

Staff told us that they felt supported and listened to, they felt communication was good and they were kept informed

Good

Is the service well-led?

of important changes to operational policy or the support of individuals. Communication was facilitated through the registered manager or deputy manager who met with staff at every shift change to ensure they were kept informed of important changes, and to listen to any emerging concerns or issues staff were raising or had become aware of. They worked alongside staff on shift and made observations of their practice. Regular staff meetings were held and staff said they felt confident of raising issues within these.

There were a range of policies and procedures governing how the service needed to be run. The provider subscribed to an on line service that ensured they were kept updated of changes to good practice guidance or legislation that impacted on their service, so this could inform updating of policies and procedures and staff could be apprised of changes, staff knew where to find policy and procedure information and said they were required to read updates.

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