

CLBD Limited

24 Seabrook Road

Inspection report

24 Seabrook Road
Hythe
Kent
CT21 5NA

Tel: 01303230772
Website: www.clbd.org

Date of inspection visit:
21 June 2018

Date of publication:
10 August 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

People and their relatives told us they felt safe at 24 Seabrook Road. One person told us "I am safe here. There's always someone looking out for me." A relative told us "The impact the service has had on our lives as parents is huge. We feel confident and comfortable that they are safe."

People were safeguarded from potential harm and abuse. Staff had received training in safeguarding, and could identify different types of abuse and potential warning signs they would look out for. One member of staff told us "I would look for a change in behaviour for example if they were withdrawn or quiet or declining activities they would normally do." Another staff told us "If I had any concerns I would go to CQC, the police or safeguarding." Staff told us they felt confident that any concerns raised would be acted on by the manager and provider. The provider had a safeguarding and whistleblowing policy which staff were aware of and able to refer to should they need to. Safeguarding risks and concerns were discussed during regular staff meetings.

Risks to people had been assessed and mitigated. People's care plans contained personalised risk assessments which were specific to each individual and their needs. These included risks to people's mental health care needs, aggression towards others, being in the community, self-harm and making false allegations. Each risk assessment identified potential triggers, known behaviours and how best staff could support the person to reduce the risk or de-escalate the situation in the least restrictive way.

Regular health and safety checks were completed by staff. These included checks of fire extinguishers, infection control checks, control of substances hazardous to health (COSHH) storage and fire doors. Staff and the manager had carried out regular fire drills. People had personal emergency evacuation plans (PEEPs) in place, which included details of how each person responds to the fire alarm, people's mobility and support needs to evacuate safely. People told us they took part in fire drills and understood how to exit the building in the event of a fire.

People, their relatives and staff told us there were sufficient staff to meet people's needs and keep people safe. One relative told us "There is always enough staff to give [name] the attention they need." We reviewed staff rotas, and observed that suitable numbers of staff were deployed at all times. The provider advised us they did not use agency staff, due to the high needs of the people living at the service, and the need for people to have continuity in their care. Should there be a need for temporary cover, the provider had the ability to share staff from one of their other local homes, which staff told us they liked. The service had one staffing vacancy; they were actively recruiting at the time of our inspection. The manager told us "They're a very good staff team."

Staff recruitment processes were followed, and recruitment systems were robust. The manager told us that people had been involved in the interviews of staff to ensure they were of the right character to support people with learning disabilities. We reviewed recruitment files for six staff working at the service, and observed that recruitment processes had been followed. Prior to commencing work, the provider had

carried out all necessary recruitment checks. Each staff member had a disclosure and barring check (DBS) in place. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care services. The provider had sought two references for each staff prior to them starting work, and explored any gaps in the staff members work history.

People's medicines were administered, stored and disposed of safely. One person was being supported regularly by staff with the administration of medicines. Staff were able to talk through the process of administration medicines with us. Staff would observe the person to confirm they were in the right state of mind to take their medicines, and ask them if they wanted a drink to take them with. We checked the medicines administration records (MAR) and they showed people received their medicines when they should. Some people were prescribed medicines to have on an 'as and when required' (PRN) basis. We observed there were clear guidelines in place for staff to follow, detailing how often and the maximum dosage within a 24 hour period. One person had discussed wanting to reduce their prescribed medicines during a care review. We observed staff were working the person and relevant healthcare professionals, to make small changes over a period of time. Staff monitored behaviours that other people may find challenging and told us of the importance of supporting the person in the least restrictive way.

Prior to administering medicines, staff had received effective training in medicines administration. All staff were competency checked by the manager or deputy manager. Staff told us they did not administer medicines unless they and their manager were 100% confident. Staff completed daily stock checks on medicines, and ensured medicines were being stored at the correct temperature. One staff member was responsible for medicines ordering, and they were clear on the expectations of when medicines should be ordered, and who would complete this task if they were not able to.

People were protected by the prevention and control of infection. We observed the service to be clean and tidy on the day of our inspection. People told us staff encouraged them to be involved in the up keep of the service, and staff told us they had a schedule to support them to maintain the property. We observed one person putting their clothes in the washing machine, receiving verbal prompts from staff. Throughout the inspection we observed people washing up following a drink or something to eat. One staff member told us "It's important we don't de skill them" and went on to explain they encouraged people to be involved in the upkeep of the house, to cook and make drinks. Staff had received training in infection prevention. There was sufficient personal protective equipment (PPE) available throughout the service, and we observed staff using PPE appropriately.

There were processes and policies in place to learn from accidents and incidents. We reviewed accident and incident documentation and found there were limited incidents. Staff explained to us they worked hard to ensure that incidents were kept to a minimum, and where accidents happened they were clear on the reporting of such events. Records show that the management team had investigated all incidents and put improvement plans in place where any potential issues had been identified. Any learning from such events was shared with staff during handovers and formally during staff meetings.

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.

Risks to people, staff and others had been assessed and mitigated.

People felt safe and were protected from the risk of potential harm and abuse.

There were sufficient numbers of staff to keep people safe. The provider followed safe recruitment processes.

People were supported safely with their medicines.

Measures were put in place to minimise the spread of infection.

Is the service effective?

Good ●

The service was effective.

Comprehensive assessments were completed prior to people moving into the service.

People had access to healthcare professionals who worked with staff to meet people's needs.

Staff received effective training and support to enable them to carry out their roles.

People were supported to eat and drink enough to maintain good health.

Staff understood their responsibilities under the Mental Capacity Act.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who knew them well and understood when they may require emotional support.

People were encouraged and supported to be as independent as possible.

People were supported to maintain and develop relationships to those most important to them.

Is the service responsive?

Good ●

The service was responsive.

Person centred support plans were in place, and reviewed regularly.

People received person centred care, and were involved in decisions about their care.

A complaints policy and procedure was in place and available to people, their relatives and staff.

Is the service well-led?

Good ●

The service was well-led.

There were effective procedures in place for assessing and monitoring quality and identifying improvements.

There was an open, empowering culture.

Staff understood their responsibilities and were involved in improvements at the service.

People's views had been sought and used to improve the service.

The service worked effectively in partnership with other agencies.

24 Seabrook Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 June 2018 and was announced. We gave the service 24 hours' notice of the inspection as it is a small service and people are often out. We needed to be sure that they would be in. The inspection was completed by one inspector.

Prior to the inspection, we reviewed information we held about the service, such as any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law. The provider completed a Provider Information Return (PIR). A PIR is information we require providers to send to us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with a director, the facilitation director, the manager, the deputy manager, four care staff and three people that lived at 24 Seabrook Road. We looked at two care plans and risk assessments, six staff recruitment files, medicine records, quality assurance surveys and audits. After the inspection we spoke with two relatives and received feedback from two healthcare professionals.

We asked the manager to send additional information after the inspection visit. The information we requested was sent in a timely manner.

The service had been registered with us since 8 May 2017. This was the first inspection carried out on the service to check that it was safe, effective, caring, responsive and well led.

Is the service safe?

Our findings

People and their relatives told us they felt safe at 24 Seabrook Road. One person told us "I am safe here. There's always someone looking out for me." A relative told us "The impact the service has had on our lives as parents is huge. We feel confident and comfortable that they are safe."

People were safeguarded from potential harm and abuse. Staff had received training in safeguarding, and could identify different types of abuse and potential warning signs they would look out for. One member of staff told us "I would look for a change in behaviour for example if they were withdrawn or quiet or declining activities they would normally do." Another staff told us "If I had any concerns I would go to CQC, the police or safeguarding." Staff told us they felt confident that any concerns raised would be acted on by the manager and provider. The provider had a safeguarding and whistleblowing policy which staff were aware of and able to refer to should they need to. Safeguarding risks and concerns were discussed during regular staff meetings.

Risks to people had been assessed and mitigated. People's care plans contained personalised risk assessments which were specific to each individual and their needs. These included risks to people's mental health care needs, aggression towards others, being in the community, self-harm and making false allegations. Each risk assessment identified potential triggers, known behaviours and how best staff could support the person to reduce the risk or de-escalate the situation in the least restrictive way.

Regular health and safety checks were completed by staff. These included checks of fire extinguishers, infection control checks, control of substances hazardous to health (COSHH) storage and fire doors. Staff and the manager had carried out regular fire drills. People had personal emergency evacuation plans (PEEPs) in place, which included details of how each person responds to the fire alarm, people's mobility and support needs to evacuate safely. People told us they took part in fire drills and understood how to exit the building in the event of a fire.

People, their relatives and staff told us there were sufficient staff to meet people's needs and keep people safe. One relative told us "There is always enough staff to give [name] the attention they need." We reviewed staff rotas, and observed that suitable numbers of staff were deployed at all times. The provider advised us they did not use agency staff, due to the high needs of the people living at the service, and the need for people to have continuity in their care. Should there be a need for temporary cover, the provider had the ability to share staff from one of their other local homes, which staff told us they liked. The service had one staffing vacancy; they were actively recruiting at the time of our inspection. The manager told us "They're a very good staff team."

Staff recruitment processes were followed, and recruitment systems were robust. The manager told us that people had been involved in the interviews of staff to ensure they were of the right character to support people with learning disabilities. We reviewed recruitment files for six staff working at the service, and observed that recruitment processes had been followed. Prior to commencing work, the provider had carried out all necessary recruitment checks. Each staff member had a disclosure and barring check (DBS) in

place. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care services. The provider had sought two references for each staff prior to them starting work, and explored any gaps in the staff members work history.

People's medicines were administered, stored and disposed of safely. One person was being supported regularly by staff with the administration of medicines. Staff were able to talk through the process of administration medicines with us. Staff would observe the person to confirm they were in the right state of mind to take their medicines, and ask them if they wanted a drink to take them with. We checked the medicines administration records (MAR) and they showed people received their medicines when they should. Some people were prescribed medicines to have on an 'as and when required' (PRN) basis. There were clear guidelines in place for staff to follow, detailing how often and the maximum dosage within a 24 hour period. One person had discussed wanting to reduce their prescribed medicines during a care review. Staff were working the person and relevant healthcare professionals, to make small changes over a period of time. Staff monitored behaviours that other people may find challenging and told us of the importance of supporting the person in the least restrictive way.

Prior to administering medicines, staff had received effective training in medicines administration. All staff were competency checked by the manager or deputy manager. Staff told us they did not administer medicines unless they and their manager were 100% confident. Staff completed daily stock checks on medicines, and ensured medicines were being stored at the correct temperature. One staff member was responsible for medicines ordering, and they were clear on the expectations of when medicines should be ordered, and who would complete this task if they were not able to.

People were protected by the prevention and control of infection. The service was clean and tidy on the day of our inspection. People told us staff encouraged them to be involved in the up keep of the service, and staff told us they had a schedule to support them to maintain the property. We observed one person putting their clothes in the washing machine, receiving verbal prompts from staff. Throughout the inspection we observed people washing up following a drink or something to eat. One staff member told us "It's important we don't de skill them" and went on to explain they encouraged people to be involved in the upkeep of the house, to cook and make drinks. Staff had received training in infection prevention. There was sufficient personal protective equipment (PPE) available throughout the service, and we observed staff using PPE appropriately.

There were processes and policies in place to learn from accidents and incidents. We reviewed accident and incident documentation and found there were limited incidents. Staff explained to us they worked hard to ensure that incidents were kept to a minimum, and where accidents happened they were clear on the reporting of such events. Records show that the management team had investigated all incidents and put improvement plans in place where any potential issues had been identified. Any learning from such events was shared with staff during handovers and formally during staff meetings.

Is the service effective?

Our findings

One healthcare professional told us "From my direct experiences and observations, I have been very impressed with the commitment and performances of the organisation and its staff. Whilst early days, we have already seen as outcomes significant reductions in stress, restrictive practices; including but not limited to physical restraint, an increase in wellbeing, teamwork and philosophy/values into practice."

Prior to moving into the service, the provider completed a comprehensive assessment in line with current legislation and best practice with people. The assessment completed by the provider took into account; gender, marital status, religious and spiritual beliefs as well as asking if people liked to celebrate events such as Christmas and Easter. People were asked about their gender preference to support them. Initial assessments included comprehensive transition plans for the person. This included detailed information about where the person currently was, why they were there, any behaviours that could challenge, and any progress made at their previous placement. Other factors were also considered, including how the person reacted to peers and staff, and a crisis contingency plan. The assessments included the relevant healthcare professionals to ensure people received the support they needed. One relative commented "Our initial impression was of a service with expertise, resources and patience at dealing with young people with behavioural issues. We are pleased to say that this continues to be the case."

Staff received the training and support they required to complete their roles effectively. Staff had received training in a range of subjects including; fire, food hygiene, health and safety, safeguarding adults and induction to autism. Additional training had been completed to support staff to manage behaviour that could challenge. Staff and the manager told us throughout the inspection that they sought to use to least restrictive practice to support people during these situations. The deputy manager had completed a counselling course, which they told us enabled them to coach and support people and the staff team when required. As a result staff and relatives told us people had begun to express their feelings and frustrations more frequently.

New staff completed the providers induction programme. The induction programme consisted of classroom based and online training courses, being orientated at the unit, reviewing people's care files and other relevant documentation, shadowing staff and learning people's routines and likes and dislikes. The induction programme was re completed by all existing staff when people moved into the service in December 2017. The manager told us this had been completed to ensure staff had the most up to date training and knowledge to support people.

The manager and deputy manager completed supervision with staff. A mixture of formal supervisions and direct observations were completed when managers worked alongside staff. The managers told us staff were really receptive to feedback and on the job training. Staff were united in their feedback that managers were helpful and supported them to complete their roles.

People were involved in the meal planning and preparation of food. Menus were completed on a weekly basis, and on days when people changed their minds about the food they had selected, they were

supported to choose an alternative. For example, the day prior to our inspection, one person had decided they did not want the planned meal. The person was supported to walk to the shop with staff, chose an alternative and support staff in the preparation and cooking of the food. We also observed one person cooking brownies with the support of a staff member. Throughout the activity the staff member and person talked and joked casually very at ease in each other's company. Afterwards the staff member told us "I love my job. It was really rewarding to do that today. [Person] got a lot out of it." People were supported to make a 'packed lunch' to take to their activity. We observed one person making their own lunch, choosing what they wanted from the fridge. Staff encouraged people to take fruit out with them, and praised people when they made a healthy selection.

Staff worked within and across organisations to deliver effective care. We observed referrals had been made to internal and external health care professionals when people's needs changed. Staff involved social services and commissioners in people's care reviews. The manager had strong relationships with people's care managers. Care records evidenced people were registered with the GP, optician and dentist. When required people were supported to see consultant psychiatrists to discuss changes in behaviours or needs. We reviewed documentation for one person that noted their need to see healthcare professionals monthly. Another person's progress had been tracked since moving into the service, and with the support of staff, the community mental health team, psychologists and the consultant psychiatrist was supported to have their Community Treatment Order (CTO) lifted. A CTO is a legal order made by the Mental Health Review Tribunal. It sets out the terms under which a person must accept medication and therapy, counselling, management, rehabilitation and other services while living in the community. The person and staff told us of the huge achievement this had been for them. They were now able to plan for the future and was looking to book their first holiday in years.

People were supported to live healthy active lives. People were supported to take part in regular exercise, that staff recognised was beneficial to their emotional and mental wellbeing as well as their health needs. We observed people being encouraged to go for walks and bike rides. One person was identified as having the tendency to over eat. Staff worked with this person to promote healthy eating, and exercise. A relative told us "They are encouraged to consider their diet and exercise regime. They recently undertook a walk to Folkestone at the suggestion of staff. We know they enjoyed this as they still talk about it." Equally when someone had lost a significant amount of weight, action was taken. Records evidenced that over time the person had been reviewed as having regained the weight. A relative commented "They are much happier and much healthier." Staff told us they felt they had the training and confidence to support people with complex healthcare needs.

The service has been adapted to meet the needs of the people. The kitchen was open and people were able to go in and make their own food and drink. People had personalised their rooms with items such as posters and bedding individual to them. Some people required adaptations to be made to their furniture, and where this was the case, windows and wardrobes had been reinforced to ensure they were safe. There was access to the garden via the kitchen, we observed people frequently accessing the garden.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interest and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA 2005 and that conditions on DoLS were being met. Although people had complex needs, staff encouraged them to make decisions for themselves. People were given choices in relation to food and drink, activities, and how they wanted to spend their day. Staff had a clear understanding of people's capacity, including when this was known to fluctuate and how best to support the person. The manager was able to discuss how they would involve healthcare professionals if they had any health concerns for people, however, they were fortunate that people were 'Very healthy'. One relative commented "[Name] is treated as an adult and their ability to make decisions is respected. Staff are very good at explaining the pros, cons and consequences of actions in a way they understand; this helps them in their decision making process."

Is the service caring?

Our findings

Staff and the manager spoke with fondness, kindness and respect of the people they supported. The manager told us "The guys here are amazing." People and their relatives feedback of the service was wholly positive.

People were treated with kindness, respect and compassion. Staff had built positive, caring relationships with people. One healthcare professional told us "The staff appear knowledgeable and caring." Throughout our inspection, people were at ease with staff, laughing and making jokes. One relative told us "They [people and staff] have a mutual respect." People greeted staff with high fives and seemed genuinely pleased to see them. One person told us "They get to know you quickly. They know how to help you if you're upset." Staff knew about people, their histories and backgrounds. Staff discussed family members and pets with people, which they clearly enjoyed. Staff told us they changed their approach depending on who they are supporting to ensure they were working in a person-centred way. One staff member told us "You need a soft approach, and limited verbal prompts. [Person] likes space and time to process information." Staff and people had mutual interests which they discussed easily. One staff member told us "The best thing about working here, is that I've made a difference to people's lives." One person told us all the staff were "Good" another person told us who their favourite staff members were.

The manager and provider were aware that incidents including managing behaviour that could challenge could impact on relationships. Staff were united in their feedback that they were well supported during these periods by the management team and the provider. Staff knew people well, and had a good understanding of things that could trigger behaviour that can challenge. Staff and the manager, described behaviour that could challenge a person had displayed, respectfully. Staff and the manager did not see these incidents as defining the whole person, just a part of their personality. One relative told us "We feel the staff are very perceptive at identifying behaviour patterns. Changing Lives Building Dreams [CLBD] is active in developing strategies to alleviate or prevent escalation."

From April 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. We reviewed documentations including care plans, and observed they had been created in a format that was effective for the person. Where required, care plans were created in 'easy read' format, including pictures.

People were supported to express their views. People and their relatives were involved in their reviews with healthcare professionals. We observed people had a very good understanding of their care needs, and discussed them with staff. For example, one person was observed discussing with staff the number of people they required to support them, and how to reduce this number. Staff were honest and open with the person, and discussed realistic timeframes and goals in order to achieve this. People had goals individual to them. One person had previously lived a very restricted lifestyle. The person proudly told us they had progressed to regularly accessing the community, and of their progress in working towards their end goal to

access the community without support and be more independent. Another person's relative had commented that their loved one had begun to express themselves with the support of the staff at the service. The relative told us "[Name] has started to verbalise their frustrations for the first time ever. They talk to the staff." They went on to describe this as "A massive step forward."

People told us staff respected their privacy and boundaries. Staff told us they would knock on people's doors, and could recognise when people did not want support. One staff member told us that when people have private time in their rooms, they respected them and gave them space. People were encouraged to go to bed and wake up when they decided, and we observed this to be the case during our inspection. A staff member told us, "It's so important for people to be independent. It enables them to live out a more fulfilled life. Who wouldn't want to be independent and rely on others." Staff supported people to learn life skills, such as budgeting. One person told us, "I'm budgeting now" and went on to tell us they had started to learn to budget, and had purchased their computer games at a certain shop because they were cheaper, and therefore saved them money. A staff member told us "They've come so far it's incredible."

People and their relatives told us staff had supported them to increase their independence. A person had decided they wanted a lock on their door, and was supported to have one installed. One person told us, "I go out a lot more often. I'm more independent here." Staff told us of the importance to support people to be independent and recognised it would enable people to live a 'more fulfilled life'. We observed people being supported to choose their activities for the day, to take part in household chores and supported to prepare food to increase their daily living skills.

Staff had supported people to maintain relationships with those most important to them. Relatives told us staff at the service were welcoming and pleasant. A relative said "The organisation is very family focused and has striven to maintain good links with home and build lines of communication that work and provide structure." One person had been supported to have increased interactions with their family. The person had previously enjoyed 30 minute visits with their family, but most recently with support from staff had increased their visit to four hours. We reviewed feedback from the person's family, that it was the best visit they had had. One relative told us "More importantly they [staff] have made a difference to [name's] life."

Is the service responsive?

Our findings

People received care that was person centred and responsive to their needs. People were supported to live active lives and were involved in meaningful activities they chose. One relative told us "There have evidently been significant improvements to their quality of life which has also impacted on us as their parent in a very positive way."

People were partners in planning their care, which was done in a person-centred way. People had been asked if they wanted their loved ones involved in care reviews. Care reviews were completed every six months unless there was a change that required the review to be held earlier. Staff involved multiple healthcare professionals in people's reviews. We reviewed notes of a care review and observed that people were involved and were given the opportunity to express their desired outcomes. For example, one person wanted to become more independent and access the community without support. Staff were in the process of supporting this, shadowing the person in the community to ensure they were safe by observing their road safety. People's care plans were person centred and had been regularly reviewed. Any changes to people's conditions or health including any changes in risks had been updated and shared with staff.

People were supported to be part of the local community. One person had expressed an interest in finding a job. This person was being supported by staff to contact local charities to discuss voluntary positions as a starting point. Staff told us they had seen an increase in the person's self-worth since they had expressed an interest in finding a job. People were known at the local shops, where staff told us people had good banter with the shopkeepers. Some people enjoyed attending the local pubs and eating establishments. One person told us "They know what I want before I ask." One person had a friendship with someone from another of the providers services. The person told us they would organise to meet up and watch the football together. People had been supported to attend the providers Christmas party, where one person met someone they were keen to pursue a relationship with.

People were involved in activities they chose that were meaningful to them. One person had been supported to increase their attendance at their educational placement. The person told us with pride they had increased their attendance at the placement from once per week to three times, with staff telling them "You are doing really well." One person enjoyed photography and was able to share with us some of the photographs they had taken, which they were clearly proud of. Staff and people had shared interests, and they discussed activities they were clearly passionate about. People's activity schedule was decided by them, and designed around their needs. For example, one person enjoyed playing electronic computer games in the evening, and was therefore known to wake up later in the day. This person was supported to choose what they wanted to do on the day, depending on how they felt. People took part in a wide range of activities including going out for a walk, a bike ride, visiting local towns and going to the cinema. During our inspection we observed one person changing their mind about the activity they wanted to do that day. The person and staff spent time together researching on the internet and discussing different possible activities to take part in that day.

People used a wide range of technology. People had mobile telephones they would use to communicate

with loved ones through various social media sites and applications. One person had a music device they used to listen to music. Another person had a keen interest in sport, and therefore had cable television installed so they were able to watch the football.

Complaints records showed there had been no complaints logged at the service. The manager was able to demonstrate how they would resolve potential complaints or concerns raised. The provider had a complaints policy in place. The complaints policy directed people to relevant parties they could contact internally and externally of the service should they wish to escalate a concern, such as the local authority or the local government ombudsman. People and their relatives told us they knew how to raise complaints and concerns. One person told us "I could talk to people, but there's nothing I would change." People had easy read complaints policies within their care plans they could access.

The service had not supported anyone receiving end of life care. The manager recognised this was a sensitive subject, and was an area they would explore with people and their relatives in the future.

Is the service well-led?

Our findings

At the time of our inspection, there was not a registered manager in post. The director has previously been registered as the manager, but de-registered when a manager was appointed. The manager has subsequently submitted an application to become the registered manager of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People, their relatives and healthcare professionals told us the service was well led. The manager had experience in working with people with learning disability and mental illness. People were fond of the manager, and sought them out to chat to them throughout our inspection. A healthcare professional told us "The organisation is very progressive, open and receptive to new and challenging ideas and has demonstrated a real commitment to these models. Also impressive is the honesty, transparency and openness. And the organisation accepts it is not perfect, makes mistakes and most importantly learns from these."

There was an open inclusive culture at the service, which was displayed by staff and the management. Staff were united in their feedback that the service was well managed, and told us they felt well supported by the deputy manager, manager and the directors. Managers worked alongside staff offering coaching and training to staff. One relative told us "[Person] certainly trusts all the staff, especially the manager." The manager told us they were part of the Kent registered managers forums, and would share any learning from such events with staff. The manager told us there were a range of training courses they attended to keep their skills up to date, including an advanced management course, Positive Range of Options to Avoid Crisis and use Therapy, Strategies for Crisis Intervention and Prevention (PROACT-SCIPr-UK) and a mindfulness course. PROACT-SCIPr-UK enables staff to support people whose behaviour could be challenging towards others. The manager was signed up to receive updates in healthcare. Staff understood their role within the organisation. One staff member told us "I know my role and what I can decide. There's great support, they back up your decisions. It's really nice to feel so supported." The manager told us the provider was "Really supportive."

The management team had notified the Care Quality Commission of important events as required. All personal documentation was stored securely in the office. Throughout the inspection people felt comfortable to come to the office. The manager understood their responsibilities in relation to the duty of candour.

People and their relatives were encouraged to make suggestions for improvements to the service. Formal surveys to people, their relatives and healthcare professionals had yet to be sent requesting feedback. However, the provider did intend to send out questionnaires for feedback, once people had lived at the service for six months. One relative told us "I can't think of one thing that I would change or suggest that the service is not well run." Another relative commented "Changing Lives, Building Dreams [CLBD] are the first

organisation where we feel our input has been welcomed and valued."

The manager, deputy manager and team leaders completed a range of checks and audits to make sure the service was providing effective safe care. Team leaders checked medicines daily to ensure they were managed safely. Monthly health and safety checks were completed including making sure the environment was clean and tidy. Audits showed all actions had been completed in a timely manner. For example, the day before our inspection a request had been made to repair the banister on the stairs, and the improvement work was completed on the day of our inspection. The manager worked alongside staff, and completed direct observations and competencies with staff. The manager told us the staff team were 'very receptive' and 'eager to learn'.

Staff told us they were able to raise ideas and suggestions at any time, including during staff meetings. Staff told us people were asked for feedback on how the service could improve during their regular reviews and then informally on a regular basis. Regular staff meetings were held at the service. We reviewed staff meeting notes, that detailed that staff were kept up to date with challenges within the service and any changes in people. Staff discussed people's challenges, and ideas for activities, and how to motivate people. Staff were also given the opportunity to debrief on difficult situations, and discuss strategies and improvements including training required. When required staff would take part in role plays to try to find creative solutions to any problems they faced. The deputy manager told us "Staff are open to learning, and teaching others. Everyone brings different skills and experience. There's a nice balance. Management are supportive, open and speak with staff. We teach and mentor them."

The manager and staff worked in partnership with other agencies. People had care managers, who were responsible for overseeing their care package, and regular reviews had taken place, with people's involvement. The registered manager was open and transparent and shared any potential safeguarding issues with the local safeguarding team to ensure they were dealt with appropriately. The provider engaged with a wide range of healthcare professionals to deliver new practices and ideas to the service including Non Adverse Reactive Strategies (NARS) and behavioural specialists. The director told us "We are cutting edge. We are trying to lead the way for learning disability services."