

Learning Disabilities Care (Dover) Limited

The Glen

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This unannounced inspection took place on 22 December 2015.

The service is registered to provide accommodation and personal care for up to nine people with different learning disabilities. People may also have behaviours that challenge and complex communication needs.

Accommodation is situated over three floors: there is a communal lounge on the ground floor, a dining room and kitchen. Bedrooms are located on all three floors. There is

a spacious garden at the rear of the property. Parking is available at both the front and rear of the property. At the time of the inspection nine people were living at the service.

This service had a registered manager in post. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations, about how the service is run.

Summary of findings

Potential risks to people were assessed and recorded. There was full guidance on how to safely manage risks in each person's care and support plans so that people received the interventions they needed to keep them as safe as possible. The assessments identified people's specific needs, and measures were in place to reduce the risks, without restricting people's activities or their lifestyles.

People were protected from the risk of abuse. Staff had received safeguarding training. They were aware of how to recognise and report safeguarding concerns, both within the organisation and to the local authority safeguarding team. Staff knew about the whistle blowing policy and were confident they could raise any concerns with the managers or senior staff, who would take the appropriate action.

Accidents and incidents were reviewed and action was taken to reduce the risk of them happening again. Each person had a personal evacuation plan in the event of an emergency, such as fire or flood. Health and safety checks on the equipment and the environment were carried out regularly to make sure the premises were safe. Staff told us that there was a plan to redecorate a number of areas within the service in the new year, which included each person's bed rooms and communal areas. Routine maintenance was carried out on a regular basis.

Some people living at the service needed one to one staffing support and there were appropriate levels of staff on duty and deployed throughout the service to meet people's needs. Additional staff were on duty throughout the day to ensure that people were supported to enjoy activities of their choice. There were safe recruitment practices in place and appropriate recruitment checks were conducted before staff started work. People were supported by trained staff who had appropriate skills and knowledge to provide the care people needed. Staff received regular one to one supervision from their line manager, together with an annual appraisal, to discuss their training and development needs. New staff were given a detailed induction, and completed a probationary period to make sure they were suitable to work with people. The on-going training programme ensured that staff had the right skills, knowledge and competencies to carry out their roles

There had been no recent admissions to the service, but when people did first come to live at the service they had a detailed assessment, which identified the care and support they needed.

Care and support plans were designed around people's individual interests and needs. These were written in a way people could understand, and included pictures and photos.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. Staff demonstrated good knowledge of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS), including people's right to make informed decisions independently, but where necessary to act in someone's best interests. Mental capacity assessments had been carried out to determine people's level of capacity to make decisions in their day to day lives and for more complex decisions when needed. DoLS authorisations were in place for people who needed constant supervision because of their disabilities. Guidelines were being followed by staff to ensure there were no unnecessary restrictions to people's lifestyles.

Staff supported people with their health care needs and when it was necessary, health care professionals were involved to make sure people remained as healthy as possible. People were supported to eat and drink suitable healthy foods and sufficient amounts to meet their needs and ensure well-being. Medicines were managed safely and stored securely, and people's medicines were reviewed regularly by their doctor to make sure they were still suitable.

There was a strong emphasis on person centred care and care plans covered people's preferred daily routines and lifestyle. The plans were reviewed on a regular basis so that staff had the current guidance to meet people's changing needs. The manager of care ensured that staff had a full understanding of people's support needs and they had the skills and knowledge to meet them. Staff skills and knowledge were monitored to make sure they knew people well and how to support them in a way that suited them best. We observed that staff were flexible and adapted as required to meet people's preferences and choices.

Summary of findings

People were treated with kindness and compassion. Interactions between staff and people using the service were positive and staff had developed good relationships with people. People were treated with dignity and respect to enable them to take part in activities and events to enrich their lifestyle. We observed that people's privacy was respected and this was clearly recorded in their care plans. People or their relative /representative had been involved in writing their care plans.

Feedback about the service had been sought from people, their relatives, staff and other stakeholders about the service. Their opinions were analysed to promote and drive improvements within the service. Staff told us that the service was well led and that the management team were very supportive.

Comprehensive quality monitoring was in place, with detailed checks regularly undertaken to identify any shortfalls so that appropriate action could be implemented and the service could be continuously improved. There was a culture of openness and inclusion within the service.

People's care and support plan recorded when people were happy or sad, and what staff should look for if people were not presenting their usual behaviour. There were systems in place to investigate and respond to people's complaints. The complaints procedure was also in an easy read picture format to ensure that people could be supported to understand the process.

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.

Staff had received training on how to keep people safe, and safeguarding procedures were in place to protect people from possible harm.

Risks to people were assessed and detailed guidance was available to make sure all staff knew what action to take to keep people as safe as possible.

Staffing levels were flexible and determined by people's needs. There were safe recruitment practices in place and appropriate recruitment checks were carried out before staff started work.

People were supported to take their medicines safely.

Good



Is the service effective?

The service was effective.

Staff were aware of people's rights to make informed decisions independently and when further support was necessary to ensure that decisions were made in people's best interests.

People were supported by trained staff that had appropriate skills and knowledge to meet their needs. Staff received regular supervision, training and an annual appraisal to discuss their training and development needs.

When people had specific physical or mental health needs and conditions, the staff had contacted healthcare professionals and made sure that appropriate support and treatment was made available.

People were supported to eat and drink suitable healthy foods, and sufficient quantity to meet their needs and ensure their wellbeing.

Good



Is the service caring?

The service was caring.

The management team and staff were committed to a strong person centred culture. Staff took the time needed to communicate with people, and included people in conversations. They spoke with people in a caring, dignified, and compassionate way.

Staff knew people well and were aware how they preferred to be supported. People's privacy and dignity was maintained and staff understood and respected people's preferences.

People and their families were involved in reviewing their care and the support that they needed. People were supported to maintain relationships with relatives and friends.

Good



Is the service responsive?

The service was responsive.

People's care was planned in line with their individual

care and support needs. The care plans were personalised, regularly reviewed and updated, to make sure people's changing needs were fully met.

Good



Summary of findings

People were supported to engage in a range of activities of their choice, which reflected their interests.

Systems were in place to enable staff to recognise when people had concerns and the complaints procedure ensured that any issues were addressed and responded to appropriately.

Is the service well-led?

The service was well led.

The management team led and supported the staff in providing compassionate, personalised care for people, and in provided a culture of openness and transparency.

Regular audits and checks were undertaken at the service to make sure it was safe and running effectively. There was a commitment to listening to people's views and making improvements to the service.

The staff were aware of the service's ethos of caring for people as individuals and putting the people first.

The staff said they were very well supported by the management team and the organisation. Staff told us that all of the managers were open and approachable, and always available to provide support or guidance.

Good



The Glen

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 22 December 2015 and was unannounced. It was carried out by two inspectors.

We gathered and reviewed information about the service before the inspection. The provider had 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 checked for any notifications we had received from the provider. This is information about important events that the provider is required to send us by law.

The management team consisted of the registered manager, the manager of care and deputy manager. The registered manager was not in attendance at the time of the inspection. The service was run on a day to day basis by

a manager of care, who was supported by a deputy manager. There were lines of accountability and staff each had a line manager. We spoke with the manager of care and three staff at the service and other members of the management team at the organisation's head office. We also looked around the service and one person showed us their bedroom.

Some people were unable to tell us about their experience of care at the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We looked at how people were supported throughout the day with their daily routines and activities. We observed staff carrying out their duties. These included supporting people with their preferred activities. We assessed if people's care needs were being met by reviewing their care records. We looked at four people's care plans and risk assessments.

We contacted two health care professionals for feedback about the service but at the time of writing this report we had not received any response.

We last inspected The Glen on 28 November 2014 when no concerns were identified.

Is the service safe?

Our findings

People indicated that they felt safe at the service. We observed they were relaxed in the presence of staff. Staff explained they had built up good relationships with the people they supported and would recognise signs through behaviours and body language if people were upset or unhappy.

Staff told us that they were there to protect people who could not speak up for themselves.

There were clear systems and procedures in place to ensure that any concerns of abuse would be raised and actioned appropriately. Staff had received training on keeping people safe, and was confident that any concerns they raised would be taken seriously, and fully investigated to protect people. Staff were aware of the whistle blowing policy and knew how to 'blow the whistle' on poor practice to agencies outside the organisation. People were protected from financial abuse. There were procedures in place to help people manage their money as independently as possible. People's monies and what they spent was monitored and accounted for.

Potential risks to people in their everyday lives had been identified, such as risks relating to personal care, medical conditions, such as, epilepsy, going out in the community and monitoring their health. The assessments considered the severity and likelihood of the risk. Control measures were then considered to reduce the risks. Risk assessments focused on enabling the person to take risks rather than restricting them. Staff supported people to take risks so they had as much control and freedom as possible.

Staff supported people positively with their specific behaviours, which were recorded in their individual support plans. There was clear information to show staff what may trigger behaviour and staff were aware of the strategies to minimise any future occurrence. We observed that staff calmly responded to one person's behaviour in a professional manner, in line with the strategies outlined in their care and support plan.

Accidents and incidents involving people and staff were recorded, investigated and appropriate measures put in place to reduce such incidents. The information was then sent to the head office where the health and safety team analysed the information to look for patterns or trends to reduce the risks of them happening again. We saw that

prompt action had been taken when one person suffered falls. The incidents were analysed and as a result an assessment was carried out to reduce the risk of them banging their head. This resulted in head protection being provided to reduce the risks of injury and to make sure the person was as safe as possible.

The staff carried out regular health and safety checks of the environment and equipment, including the fire alarm system. Plans were in place in the event of an emergency, such as fire, and fire drills had been carried out to make sure everyone knew what to do in the event of a fire. People's

safety in the event of an emergency had been carefully considered and recorded. Each person had a personal emergency evacuation plan (PEEP) to ensure they were supported to evacuate the premises in the event of an emergency. Other equipment for individual people was also in place, such as 'crash mats' to reduce the risk of harm when falling, and sensory pads to alert staff if people decided to get out of bed or may be suffering an epileptic seizure. Plans were in place to redecorate the service and there was an ongoing maintenance programme in place.

There were enough trained staff on duty to meet people's needs. At the time of the inspection there was a Deputy Manager, a shift leader and six care staff and three waking night staff. Staffing levels were assessed according to people's needs, and when people required extra support for arranged activities or events additional staff cover was arranged. Staff told us that there was sufficient staff on duty and cover was always available when staff were sick or on annual leave. During the inspection staff supported people to manage their daily routines, and take part in the activities of their choice. The staff rota confirmed that the staffing levels were consistent both during the day and at night. Staff told us that it was now company policy for staff to work across the other locations in the organisation. They felt that this was good practice as this gave them experience in working with people who had different needs which helped developed their skills and competencies.

Recruitment practices were robust and all of the relevant checks were carried out to make sure staff were suitable to work with people who needed care and support. This included completing an application form, evidence of a Disclosure and Barring Service (DBS) check having been undertaken, proof of the person's identity and evidence of their conduct in previous employments. The DBS checks a

Is the service safe?

person's criminal background. Staff had to complete a six month probation period to ensure they had the right qualities and skills to work at the service. There was a clear disciplinary procedure in place should unsafe practices be identified.

Medicines were managed safely. All medicines were stored securely and appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines. Clear records were kept of all medicines given. People had their medicines reviewed and updated annually by their doctor, to confirm they were receiving the correct medicines.

How people were able to cope with taking their medicines was clearly recorded in their care and support plans, such as 'staff member to tell me where my medicine is before I take it and to have a trained member of staff with me at all times to make sure I take my tablets'. 'If I refuse staff to be patient and give me my medicine later'. This ensured that staff included people, as much as possible, to have some control over their medicines.

Records showed that medicines had been administered as instructed by the person's doctor. There were systems in place to make sure people were able to take their medicines with them when they went out for the day, and clear guidelines for staff to administer rescue medicine should an emergency arise. The medicine fridge and room temperatures were checked daily to ensure medicines were stored at the correct temperatures. Checks were made every time people received their medicines to make sure people had been given their medicines correctly and when they needed them. Some people were given medicines on a 'when required basis', such as pain relief. There was written guidance for each person who needed 'when required medicines' in their support plan to make sure they were given their medicines consistently and safely. Staff were trained in how to manage medicines safely and were observed a number of times administering medicines before being signed off as competent.

Is the service effective?

Our findings

People had a wide range of needs with complex health conditions. We observed that people who needed one to one support were supported by staff who knew them well and were able to communicate their needs and wishes. Staff were passionate about supporting them in a way that suited them best.

Relatives commented in a recent quality survey: “People’s needs are always met in the home”.

Staff received appropriate training that enabled them to fulfil their roles effectively. Training records showed that staff received training in health and safety, first aid awareness, fire awareness infection control and basic food hygiene. These were linked to the care certificate, which has been introduced nationally, to help new care staff develop key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. Training was provided about people’s specific needs, including Makaton sign language, epilepsy and challenging behaviour. Staff had a good understanding of people’s varying needs and conditions.

Staff were encouraged to develop their skills and competencies. All of the staff had completed, or were currently undertaking vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve a vocational qualification candidate must prove that they have the competence to carry out their job to the required standard.

Staff told us that they were supported by the management team. They had regular one to one meetings with a line manager to discuss any issues or concerns they had about caring and supporting people and to gain mentoring and coaching. Staff had an annual appraisal to look at their performance, training and to talk about career development for the next year.

New staff received induction training, which provided them with essential information about their duties and job roles. This included shadowing an experienced worker until the member of staff was assessed as competent to work

unsupervised. Staff were monitored and supported closely during their induction period, the senior staff met with them weekly on a one to one basis to ensure they had the support they needed.

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 interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application 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. There was one person who had a DoLS authorisation in place. The conditions on the authorisation to deprive a person of their liberty were being met. Authorisation had been sought from the local authority and the support plans clearly showed that the assessments and decisions had been made properly, and plans were in place to support people in the least restrictive way. Staff told us that they supported people to make their decisions by giving them time to understand the situation.

All staff had received Mental Capacity Act and DoLS training. They understood and had a good working knowledge of the key requirements of the Mental Capacity Act 2005. They put these into practice effectively, and ensured people’s human and legal rights were respected.

People’s health needs were recorded in detail. When people had to attend health appointments, they were supported by staff that knew them well, and who would be able to support them to make their needs known to healthcare professionals. All appointments with professionals, such as doctors, opticians, dentists and chiropodists had been recorded to include any outcome. Detailed guidance from physiotherapists was detailed in the care and support plans for people who needed support to exercise daily.

Some people had medical conditions, such as epilepsy, that needed to be closely monitored. There were detailed

Is the service effective?

risk assessments in place to give staff the guidance of how to manage this condition. The assessment directed staff on how best to support the person in the event of a seizure. There was information on what signs and symptoms may occur before the seizure, different types of seizures, and charts to monitor the frequency and intensity of seizures. Information from health and social care professionals, such as Neurologists and the Epilepsy Nurse's involvement was also documented in care plans. to ensure people's needs were met and risks to people's health were minimised.

Each person had a record to accompany them to hospital should emergency medical treatment be required. This document ensured that people would be supported with their communication needs and relevant health care information, to ensure hospital staff would have a full picture of people's individual needs.

People were observed eating their meals when they wanted to. The service was flexible to their needs and people were encouraged to choose their meals. Food was

discussed at the weekly meeting where people were supported by the staff to receive a balanced healthy diet. One person liked to have their breakfast later in the morning and this was respected. We observed later in the day that they had been supported to be involved in preparing their lunch and had made an appetising salad.

Staff knew about people's favourite food and drinks and about any special diets. People were supported by staff in the kitchen to make tea and if possible help to prepare their food. If people were not eating enough they were seen by the dietician or their doctor and were given supplementary drinks and meals. Their weight was monitored regularly to make sure they remained as healthy as possible. People who had difficulty when eating or drinking had been seen by the Speech and Language Therapist. Clear guidance was in place to reduce the risk of choking with detailed actions for staff to take in the event of an emergency. People were often supported to go out to the local town for lunch.

Is the service caring?

Our findings

We observed that staff were kind and made sure people received the care and support they needed. Relatives commented in a recent quality survey: “The staff are caring and professional”.

Staff told us that they were proud to be able to work and support people with such complex needs. They said: “I love it here it is a vocation”. “It is so rewarding, every little thing counts, such as when people trust you to help them clean their teeth”. “I am proud of the way people progress and have more confidence. Putting a smile on their faces, puts a smile on ours too” “I love working here, every day is different, I would not like to work anywhere else”.

All staff signed to confirm they had read people’s individual support plans and risk assessments so that they had a good understating of peoples’ needs. As part of their induction training all new staff completed information about the people they were caring for. This helped to demonstrate that they had got to know them, understood their care and support needs, whilst taking into account their preferences and wishes.

People’s ability to express their views and make decisions about their care varied. To make sure that all staff were aware of people’s views, likes and dislikes and past history, this information was recorded in people’s care plans. When people could not communicate using speech they had an individual communication plan. This explained the best way to communicate with the person like observing for changes in mood and how to approach them. Throughout the inspection staff were able to interpret and understand people’s wishes and needs, and supported them in the way they wanted.

People’s daily routines were set out step by step to make sure people received their care in line with their wishes, such as what they liked to do before breakfast, how they like to take their time to get washed and dressed, including the way they liked their hair. One person was distressed telling staff they did not want a bath, staff spent time reassuring them that they did not have to have one if they didn’t want to. Another person became upset when a member of staff left the room to take a phone call; another member of staff spoke with them until they were calm and suggested they made a cup of tea. The person was reassured and went off to the kitchen to make some tea.

Staff spoke with people about what they had with them, such as musical instruments or cuddly toys. Even though people were unable to fully communicate verbally, staff were able to talk with them and understand their responses.

There was an inclusive atmosphere in the service. The lounge was decorated for Christmas with a Christmas tree with lights. There was a music channel on the television playing Christmas songs and staff were talking to people about Christmas. Some people were going to visit their family at Christmas and were talking about their presents and spending time with their parents. One person was excited about seeing their parents and looking forward to opening their presents and going to the Christmas party. There was a relaxed and friendly atmosphere at the service. People looked comfortable with the staff that supported them.

Staff chatted to people and spoke with individuals quietly and supported them with their daily needs. People smiled when staff touched their hands and responded with smiles and gestures. People were encouraged to communicate with books and sign language. Staff were seen talking with people using their preferred method of communication. Staff were patient and gave people time to respond to them. They spoke about respecting people’s rights and supporting them to maintain their independence and make their own choices.

Staff were aware of people’s religious choices and different backgrounds. Staff respected people’s beliefs and supported them to live how they wanted to. People were encouraged to live meaningful lives and staff were supporting them to maximise their independence skills, to have more control over their lives. Care and support plans promoted their independence, recording what they could do for themselves, such as being able to do some of their personal care, but needing some support to do it thoroughly.

People were able to choose where they spent their time, for example, in their bedroom or the communal areas. One person showed us their bedroom and their personal belongings. This was personalised with their own choices. Staff were seen to support people to go where they wanted, and made sure people were able to access the garden when they wanted to.

Is the service caring?

Advocacy services and independent mental capacity advocates (IMCA) were available to people if they wanted them to be involved. An advocate is someone who supports a person to make sure their views are heard and their rights upheld. No one at the service was being supported by an advocate at the time of the inspection.

People visited their families on a regular basis and were supported to stay in contact with their friends. Family and visitors were able to visit the service and there was no restriction on when they could call to see them. Relatives commented in a recent quality survey: "I feel welcome whenever I visit the home".

The service was a member of Dignity in Care, which is an organisation who works to put dignity and respect at the heart of care services, to enable a positive experience for people receiving care. Some staff were 'dignity champions'

to ensure that people's privacy and dignity was maintained at all times. We observed that staff respected their privacy and dignity. A member of staff said: "I'm proud of everything here and how we care for the residents, promoting privacy and dignity and making people's quality of life so much better".

People were supported to wear appropriate clothing that suited them and was suitable for both the activity and weather conditions. They were supported with their personal care, appearance, and clothing style. Details of people's sleeping patterns were recorded in their care plan.

The management team and senior staff shared an on call system so they were available out of hours to give advice and support at any time if needed. Staff were aware of the need to keep people's personal information confidential and records were stored securely.

Is the service responsive?

Our findings

Staff were responsive to people's needs. Staff made sure they were around when people needed support with their daily routines. Staff told us how the care was flexible as they worked around the people's preferences and wishes on a daily basis.

People's needs were assessed before moving into the service, with as much involvement with the people, their relatives, health professionals, and the person's funding authority. From this information an individual care plan was developed to give staff the guidance and information they needed to look after the person in the way that suited them best. There was also a 'pen picture' in each person's support plan, explaining their lifestyle before moving to the service, and the things that were most important to them. This gave a good background for staff to get to know the person well, so that people had as much control of their lives as possible.

People living at The Glen had complex needs and regular staff ensured that they received consistent, personalised care and support. Some pictures and photographs had been used to make care and support plans more meaningful. People's preferences of how they received their personal care were personalised to their wishes, such as how many pillows they liked to sleep on and specified they liked a double bed. They detailed what they may be able to do for themselves and when they needed support from staff. Each person had received a care and support plan review from their placing authority and health care professionals. The plans had been updated with people's current needs and staff were aware of these changes, which reflected the care and support the staff were providing.

Some people had been assessed as having periods of behaviour that could be described as challenging. Detailed guidance was in place to ensure that staff were supporting people consistently to minimise anxieties that could trigger an occurrence of negative behaviours. The support described was aimed at providing alternative strategies to reduce the behaviour and to contact health care professionals for further advice/support if required.

There was a flexible activity programme, which was tailored to each person's preferences. For example how people liked their DVD's, liked to walk, going to the cinema or

bowling. People commented in a recent quality survey: "I like going to the town for coffee". "I enjoy going for walks along the beach" "I like to have pamper session with the staff". Some people had also been on holiday, such as Euro Disney, Blackpool illuminations and activity parks.

People were offered activities during the day. Some people enjoyed arts and crafts and one person was being encouraged to do some painting. Some people wanted to go out and then changed their minds while others still decided to go. There were no restrictions as there was enough staff on duty to make sure people were able to do what they wished. Activities included going to the local shops, shopping, reflexology, day trips, going out for meals, and other organised community activities. People who liked to walk around most of the day were supported to do this by staff in a relaxed and calm environment.

Relatives commented in a recent quality survey: "My relative gets to do whatever they want to do and this always happens".

Contact details of people who were important, were written in each person's care and support plan. People were encouraged to keep in touch with all their friends and family and some people went to visit their family each weekend.

Each person was given a tailored quality assurance survey, using a pictorial format, which was based on their individual choices, such as their interests, likes, dislikes and daily routines. The service wanted to generate a meaningful response from each individual about what was important to them and what could be done to improve the service. People were supported by the staff or family to complete this.

People were supported through weekly meetings to assess if they were happy with the service. The complaints procedure was available in a picture format to further help them understand the policy. There was also guidance in the support plans about people's daily lives and indicators of what to look for should they be unhappy, to make sure they were being positively supported.

There were systems in place to ensure that any complaints were responded to appropriately. Staff felt confident to pass complaints they received to the manager of care or senior member of staff. There were systems in place for formal complaints to be raised, recorded and investigated, however there had been no complaints this year.

Is the service well-led?

Our findings

The service's values and philosophy were clearly explained to staff through their induction programme. The company had a clear core value: "Everyone is unique and every day is special". The management team demonstrated their commitment to implementing these values, by putting people at the centre when planning, delivering, maintaining and improving the service they provided. People were actively encouraged to live their lives to their full potential.

Staff understood the visions and values of the organisation and told us that people received person centred care in line with their needs and wishes. They said they felt valued by the organisation and it was within their role to find the potential in every person living at The Glen. They said that senior management visited the service and spent time with people to make sure they received the care they needed.

The staff and management worked well together as a team. They promoted an open culture by making themselves accessible to people and available to listen to their views. Staff felt the service was well led and there was always a member of the management team available to give practical support and assistance if required. They said: "I feel very much supported; this is the best company I have ever worked for".

Staff handovers highlighted any changes in people's health and care needs. Staff were clear about their roles and responsibilities and the staffing structure ensured that they knew who they were accountable to.

Staff were encouraged to develop professionally to continually improve their skills, knowledge and abilities. They were supported by the management team to achieve further qualifications, and understood their role and responsibilities.

People, their relatives, health care professionals and staff were asked for their feedback about the service on a regular basis. A variety of methods was used to gain people's views, including sending out surveys and during the regular meetings that took place. Responses had all been positive about the service, with the majority of scores being 'excellent or good' ratings. This demonstrated that people and their relatives were very satisfied with the care being provided.

Staff were encouraged to feedback their views on the service through staff surveys, meetings and individual meetings with their line managers. The management team ensured that staff were valued and recognised for good practice. Staff were recognised for their good practice through letters of thanks from the registered manager and this positive result was acknowledged in the staff monthly newsletter.

The service had links with local and national organisations to develop their practice and ensure they provided services in line with current guidelines, for example 'Kent Challenging Behaviour Network'. (An organisation which shares information and good practice for those working with individuals who have learning disabilities and exhibit challenging behaviour). The registered manager also told us that they worked well with the local authority, who at times would call on the service to cover emergency placements. They also attended meetings with the local authority to update their practice.

The registered manager understood relevant legislation and the importance of keeping their skills and knowledge up to date. All of the management team in the organisation were committed to continuous professional development (CPD) to ensure effective leadership of the organisation. There was a clear plan in place, which identified timescales of when managers needed to achieve their goals.

Audits were carried out to monitor the quality of the service and to identify how the service could be improved. The daily, weekly or monthly audits looked at records that were kept to monitor the care and support people received, such as personal finances, medicines, records of food and menus and daily reports made by support staff. Health and safety checks were carried out regularly and accidents and incidents were summarised to look for patterns and trends to reduce the risk of further occurrence.

Staff signed to confirm they had read policies and procedures, which together with the staff handbook, were updated on a regular basis. Staff received memos or were updated through their one to one line manager meetings, if there were changes in the service.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of

Is the service well-led?

important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.