

Mr & Mrs D B Mirsky

Marbleside Care

Inspection report

23-27 Eaton Road
Margate
Kent
CT9 1XB

Tel: 01843292616

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Marbleside Care is a supported living service for people with a learning disability. Some people lived in flats while others shared a house and amenities such as kitchens, bathrooms and lounges. People received care and support to help them live independently in the community. There were 19 people using the service at the time of our inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The provider and manager were taking action to develop the service in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service were beginning to receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

There had been significant improvements to the service since our last inspection. One person told us, "This is our home now, a new home where the staff care about us". A staff member told us the changes to the service had improved people and staff's self-esteem because everyone now felt valued. All the people and staff we spoke with agreed with this.

The provider now had oversight of the service. The manager and provider completed regular checks on the quality of care people received. People and staff were asked for their views, which were listened to and acted on to improve the service each person received. Records of people's care had improved but further improvements were needed to make sure they were always complete.

A manager was working at the service and had applied to be registered by us. They and the provider understood their legal responsibilities and had shared information with us and others when they needed to.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were now involved in making decisions about their lives and were beginning to work towards achieving their goals.

People were protected from the risks of harm and abuse and any concerns they or staff had were listened to and acted on to keep people safe. People were treated with dignity and respect and their lifestyle and equality needs and choices were understood and respected. People had privacy.

Risks to people had been assessed. People were now supported to be independent, understand risks and take them when they wanted to. Staff supported people to remain healthy and gave them advice about healthy eating. People's medicines were managed safely. People were protected from the risk of infection.

People had planned their support with staff and were encouraged and supported to set and achieve goals to be as independent as possible. People were taking part in a wider range of activities and were now cooking and cleaning for themselves. Plans were in place to support people to share their end of life preferences.

There were now enough staff working at the service each day to support people. People told us staff were there when they needed them and had time give them the support they wanted. Staff had the skills they needed to support people and were supported by the management team. People were involved in the safe recruitment of staff.

The provider and manager had plans in place embed the improvements made at the service and to make further improvements.

The service did not always (consistently) apply the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected many of the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support had begun to focus on them having as many opportunities as possible for them to gain new skills and become more independent. We will continue to monitor the service to ensure these principles are embedded and sustained.

Rating at last inspection and update.

The last rating for this service was inadequate (published 1 March 2019) and there were multiple breaches of regulation. The provider changed the name of the location from Dorriemay House to Marbleside Care in May 2019. This did not affect the rating of the service. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since February 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Marbleside Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was completed by one inspector.

Service and service type

This service provides care and support to people living in two 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from local authority professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with 19 people who used the service about their experience of the care provided. We spoke with 11 members of staff including the provider, manager, two deputy managers, three senior support workers, and four support workers.

We reviewed a range of records. This included four people's care records and four people's medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including checks and audits were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and further improvements were planned. The improvements made had not been in place long enough for them to be embedded and sustained.

Using medicines safely

At our last inspection the provider had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- People's medicines were managed safely, however guidance about people's 'when required medicines', including the signs the person may need the medicine was not available for staff to refer to. People had received their 'when required' medicines safely when they needed them. The manager provided written guidance to staff during our inspection.
- The manager had begun to take action to ensure the National Institute for Health and Care Excellence (NICE) guidance around medicines in the community was followed. They had plans in place to assess each person's ability to manage their own medicines, with support where necessary. Some people's medicines were now provided in their original packaging and staff were working with people's pharmacists to put this in place for everyone. All staff had completed face to face training in the administration of medicines from a pharmacist and assessments of their competency had been completed.
- Guidance had been provided to staff about the application of creams and patches, including body maps showing where they were to be used. Prescribed creams were now stored in people's homes. Some cream application records had not been fully completed, however people's skin was intact.
- People were supported to store their medicines safely in their homes. Staff ordered and collected medicines for people and to disposed of these safely when they were no longer needed.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to protect people from the risks of abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 13.

- People were protected from the risks of financial abuse. People no longer paid to use the washing

machine and tumble dryer. People told us this saved them money which they were able to spend on other things of their choice. One person told us, "I have more money in my pocket now". New processes to record and check financial transactions had been introduced. We checked the balance of money held for three people and found they were correct.

- People's personal items were now safe in their home. People told us other people no longer went into their bedroom without their permission and things no longer went missing. Staff supported people to manage their door key and keep their items safe.
- Risk or allegations of abuse had been identified and acted on to keep people as safe as possible. Any concerns had been discussed with the person and the local authority safeguarding team and action taken to keep people safe without restricting them.
- Staff had been supported to develop their knowledge around how to identify and raise concerns about potential abuse. They had completed training since our last inspection and reflected on their practice. One staff member told us they now recognised that not responding to people's requests for their money or support in a timely way could cause people distress. We observed staff responded to people's requests quickly and offered them any reassurance they needed.
- Further work was planned to ensure people continued to be protected. The local authority safeguarding team was booked to speak to staff shortly after our inspection. The manager also had plans in place to support people to identify risks to them in the community and develop skills and strategies to remain as safe as possible.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to assess risks and mitigate risks to people. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- People were protected from the risks of unsafe care. Staff now knew who was living with epilepsy and the different action to take if people had a seizure. Guidance for staff had been reviewed and updated and was easily available for them to refer to.
- The risk of people falling had been assessed and guidance had been provided to staff about how to support people to remain safe. This included the use of bed safety rails and how staff were to support people to walk safely. When people's needs changed staff had contacted the occupational therapist for advice.
- People were protected from the risk of choking. Food and drinks were prepared as people's speech and language therapists had recommended. Staff had identified the risk of people choking on medicines and were working with their GP and pharmacist to reduce this risk.
- People told us other people no longer shouted and said nasty things to them. Staff knew what may cause people to become angry and frustrated. We observed staff reassuring people their feelings were understandable and supporting them to calm. This included distracting the person or giving them time to chat about how they were feeling. Staff no longer described people expressing their emotions as behaviours that challenge and understood what caused the emotions.
- People were supported to take risks when they wanted to. One person told us how they regularly travelled to another town without staff. Another person had purchased a bicycle which they rode wearing a bicycle helmet.

Staffing and recruitment

At our last inspection the provider had failed to deploy sufficient numbers of staff to meet service user's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- There were sufficient staff deployed to meet people's needs. The number of staff deployed each day had increased from two to a minimum of five. People told us there were more staff around and they were there when they needed them. The manager was working with local authority staff to assess the number of support hours each person required. The provider was funding two staff to support people remain safe at night while local authority staff assessed people's needs.
- People told us there were now enough staff to support them to do things they wanted to do. For example, one person told us they were no longer required to do their food shopping at the nearest supermarket because this was quickest for staff. They now enjoyed visiting other supermarkets further away and were able to spend time with staff looking around and having a drink or meal while they were out. We observed staff were available to support people when they needed and were no longer rushed.

At our last inspection the provider had failed to ensure that persons employed were of good character and to ensure recruitment procedures were operated effectively. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 19.

- Staff were recruited safely. Robust checks had been completed on staff recruited since our last inspection. These included checks on their conduct in previous social care roles and checking the reasons for any gaps in employment. Where detailed checks had not been completed on long standing staff members, further references had been requested and risk assessments of their conduct and performance had been completed.
- People interviewed staff with the management team. They asked candidates questions which were important to them and their feedback was included in the evaluation of each candidate. One person told us how they had been involved in recruiting a staff member and that they had made a good decision as the staff member supported them to do new things.

Preventing and controlling infection

- People and staff worked together to protect each other from the risk of infection.
- People kept stocks of gloves and aprons in their homes for staff to use. Staff had completed infection control training and described to us the action they took to prevent the spread of infection. Staff had been given advice on how to protect themselves from the risk of contracting infectious diseases.
- People were now encouraged and supported to keep their homes clean. We observed two people doing their own laundry and other people proudly showed us their clean homes.
- Staff had completed food hygiene training and supported people to keep communal kitchens clean. Staff told us some people had been reluctant to do this at first but now enjoyed doing tasks such as washing up and did these to support friends who were not able to do this themselves.

Learning lessons when things go wrong

- Systems were in place to investigate accident's, incidents and errors, and take action to prevent them from happening again.
- During our inspection the manager investigated why there were two recording gaps on a person's medicine administration chart. They found the person had taken the medicines, but the staff member had

not recorded this. They arranged for the staff member to have further medicines training. They planned to discuss staff's responsibility around medicines recording and challenging the practice of their colleagues at the next staff meeting.

- Incidents of behaviour which challenged were now analysed and any patterns identified. Plans were put in place to support people and they were referred to the local learning disability team for support when they needed it.
- Staff had discussed a recent television programme highlighting abuse of people with a learning disability and had reflected on their own practice and any lessons which could be learned. Staff had decided to make sure they listen to people and always considered if their response to people's may restrict the person.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement: This meant the effectiveness of people's care, treatment and support had improved but had not been embedded and sustained.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At our last inspection the provider had failed to carry out, collaboratively with service users, an assessment of the needs and preferences for care. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 9.

- A process was in place to assess people's needs with them and their relatives and carers before they began to receive a service. People were invited to meet and spend time with other people using this service. This information was used to make sure staff had the skills to meet people's needs and people got on with others using the service. The provider was not offering a service to anyone new at the time of our inspection, this was to support the staff to make the required improvements.
- The manager planned to complete the assessment tool for everyone. They told us they were "Going back to basics" to make sure they had all the information they needed about people's life, preferences, needs and aspirations.
- The management team and staff were working with local authority case managers to reassess each person's needs to ensure the right services were commissioned for everyone. Case managers told us staff knew people well and information and records they required to complete assessments were now available.

Ensuring consent to care and treatment in line with law and guidance

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA

At our last inspection the provider had failed to act in accordance with the Mental Capacity Act 2005 to obtain lawful consent to care and treatment. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 11.

- The management team and staff had completed training around MCA. Guidance was available to staff about any support people needed to make decisions. We observed staff supporting people to make decisions about all areas of their life, including what they did, where they went and who they went with.
- One person told us they were now able to eat what they wanted at mealtimes and no longer had to eat the meal they had planned a week ago. Other people told us they now made decisions about what they did during the day, including going out for drinks and meals, and taking part in activities in the community. People were deciding together where they would like to go on holiday.
- When people wanted to make important decisions, staff supported them to look at the 'pros' and 'cons' to help them decide what to do. One person thought they would like to move away from the service. They had considered the 'pros' of being more independent and the 'cons' of being lonely and not having staff support when they wanted it and had decided to remain in their home for now.
- People's capacity to make decisions had been assessed and people had given their consent to staff supporting them with areas of their care. The management team knew when decisions needed to be made in people's best interests and arranged to these to be done with others who knew them well, such as their care manager and a paid advocate.

Supporting people to live healthier lives, access healthcare services and support

At our last inspection the provider had failed to design people's care with a view to ensuring their needs were met. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 9.

- People were supported to remain as healthy as possible. Staff identified changes in people's physical and mental health and referred them to the appropriate health care professionals, including specialist nurses and doctors.
- Staff had the information they needed to support people to remain healthy. They supported them to attend health care appointments, with their relatives if this is what they wanted. Staff supported people to tell their health care professional how they were feeling. Records of appointments and recommendations were recorded, and staff supported people to follow advice when they returned home.
- Staff had successfully supported people to challenge decisions made about their treatment where the outcome of the treatment would have a positive impact on their day to day life.
- People were supported to have regular health checks including dental and vision checks.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff were appropriately trained and competent to carry out their roles. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach

of regulation 18.

- Staff had the skills they required to meet people's needs and were supported by training and mentoring. The management team had taken advice on training from Skills for Care, a charity supporting providers to develop staff, and had purchased a new training package. All the staff had completed the training. They told us it had been enjoyable and they had learned a lot. Staff had completed training around communication and told us about changes to their practice. These included making sure they listened to people, using Makaton signs and giving people time to consider what had been said to them. We observed staff had the skills to communicate with people, including physical prompts and gestures to support people to complete tasks independently.
- New staff had completed an induction which included shadowing experienced staff for two weeks and completing the providers basic training programme. They observed tasks, completed them under supervision and were assessed as being able to complete them correctly, before they worked alone.
- Staff were being supported to complete further development, including training to meet people's needs from experts and completing recognised qualifications. For example, four staff were attending training in relation to visual impairments from the local association for the blind. The manager and a deputy manager were completing a mental health course at the local university. Another staff member had begun a counselling course, an area they were interested in.
- Staff were supported to reflect on their practice and set goals for their future career development at regular supervision meetings and staff meetings. One staff member told us they now felt supported to develop in their role and there were opportunities to be promoted.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to plan what they wanted to eat. They wrote meal planners each week and shopped for what they wanted. Staff advised people about healthy eating and respected the decisions they made.
- One person had been told by the previous management team they were living with diabetes and not able to eat ice-cream, one of their favourite foods. The new management team had contacted the person's GP to check this and found it was incorrect. The person was now able to enjoy ice-cream and was very pleased about this. Another person told us they were diabetic and previously staff had told they could not have sweets or chocolate. They told us they had discussed sugar free sweets and chocolate with staff and now purchased them occasionally and really enjoyed them.
- People were supported to do their food shopping. They were no longer restricted to using one supermarket and were able to go where ever they wished. People told us food shopping trips were now enjoyable. Two people told us they now enjoyed going shopping together. One staff member told us, "People are allowed to take their time when shopping now".
- Staff encourage people who had previously eaten 'ready meals' to shop for and cook their own fresh meals. One person's care manager told us, "Previously the client had frozen meals delivered, they now want to cook daily, and even start a cooking course. Staff have been empowering and encouraging my client".

Staff working with other agencies to provide consistent, effective, timely care

- Staff were working with local authority care managers to inform them of incidents and ensure appropriate services were commissioned for each person. Care managers told us they had been given the information they needed to make decisions. One care manager told us, "I have noticed that incident reporting has improved and in a more timely manner".
- Staff were confident to check professional's treatment was correct. A GP had sent a prescription for a medicine a person was no longer prescribed. Staff checked with the doctor who confirmed they had made a mistake and the person no longer needed the medicine.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were seen as individuals and the culture of the service had changed to be centred around what the person wanted and not what staff thought was best. One staff member described the change in culture as, "It's all about what people think they should do. Rather than staff making decision for people. We have a guidance and support role now".
- The atmosphere at the service was now relaxed and we observed people and staff chatting and laughing together throughout our inspection. Staff referred to people in positive ways, for example staff described one person who chose to clear the table and wash up for others as "very caring". We observed one person who had previously sat with the head bowed all of the time, lifting their head up and looking at what others were doing. Staff told us about one person, "Their life has changed so much for the better and they have a more fulfilled life now".
- People were encouraged to discuss their equality and diversity needs with staff. Staff gave people reassurance when they were anxious about any feelings or wishes they had. Staff recognised that one person was at risk of being isolated by other people and had supported them to manage their feelings and actions. They person was no longer isolated.

Supporting people to express their views and be involved in making decisions about their care

- People were at the centre of decision making about their lives. We observed one person making plans with staff for their birthday party, including the food and music. They asked if they could invite some friends and were told they could. The person asked how many and the staff member replied, "As many as you like, this is your home". The person was supported to write and send invitations. People had not previously been supported to invite their friends to share special occasions with them.
- There had been several parties and celebrations at the service since the new management team had been employed. People described to us how they had been involved in planning and putting on the events, including running the bar and DJing.
- Staff understood how people communicated their needs and any support they needed, such as being shown items. Staff explained to some people were able to complete complex tasks when they were broken down into small steps and they were given one prompt at a time. This was successful and people were able to make meals and complete activities. Another person used a picture exchange communication system (PECS) with people they did not know but was able to share their views with staff without this.
- People were able to choose the staff who supported them. If people wanted a particular staff member on shift to support them this was arranged. When people wanted support with a particular activities, staff with similar interests did it with them.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect. Staff listened to people's questions and answered them in an honest and respectful way. We observed one person asking a staff member, "What does disabled mean?" The staff member replied in a kindly way, "You need a little bit of help to do things".
- Staff were supporting people to develop their independent living skills. Everyone was now encouraged and supported to do domestic and personal care tasks for themselves and to be involved in their community. One person told us how they travelled by themselves on a bus to another town each week. They were very proud to be able to do this.
- People had privacy in their homes. Staff did not enter people's homes without their permission. We observed staff knocking on doors and waiting to be invited in. People told us staff always did this.
- People were supported to have sensitive conversations in private, such as conversations about their health or relationship. Records about people and staff were kept securely and staff understood how to maintain people's confidentiality.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant people's needs were met but further improvements were needed to make sure people were consistently fully involved in planning their care and support.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had failed to design service users' care with them to achieve their preferences and ensuring their needs are met. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 9.

- People's support plans had been reviewed and rewritten. They were accurate and contained guidance to staff about the support people needed. Staff knew people well and supported them in the way they preferred. For example, staff told us one person was not confident in large crowds. They told us the person had enjoyed a crowded music festival, as staff were close by when they need them. The management team had plans in place to continue to develop support plans with people and staff.
- People had been supported to plan goals and were working towards these. People's goals were recorded along with any challenges and strategies to overcome them. For example, adapted cutlery had been ordered to support one person to eat without staff support. People's goals included going to a night club, joining a new social group and telling the time. Staff recognised some people lacked confidence and praised and encouraged them. One person had achieved their goal to make a hot drink for themselves and now did it regularly.
- Staff now respected people's choices around how they spent their time. For example, some people were busy doing activities during the week and liked to have a rest in their bedrooms or flats at the weekend. Staff supported people to do this, checking on them regularly to see if they wanted anything.
- People were supported to take part in activities they enjoyed. The number and variety of activities had increased significantly since our last inspection. New activities included horse riding, walking and going to a local theme park. People who were interested had been supported to keep up to date with current affairs and chatted to us about the selection of the next prime minister. People told us they were looking forward to going out to a local club on the evening of our inspection.
- People were encouraged and supported to develop and maintain relationships with people that mattered to them. Some people were in relationships and staff supported them to understand each other's emotions and views. When people needed support to build and maintain positive relationships, they had been referred to specialist relationship counselling services.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- New documents the manager had developed, such as the user survey, had been written in an easy read format using faces to help people share their views. People told us they would like copies of their support plans and the manager was planning to develop support plans which were accessible to people and they could keep in their home.

End of life care and support

At our last inspection the provider had failed to design service users' care with them to achieve their preferences and ensuring their needs are met. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 9.

- The manager recognised that work needed to be done with people to ensure their end of life preferences were known by staff. This was to enable people and staff to plan people's care and treatment at the end of their life. The manager had discussed this at people's reviews with their care managers and had requested support around this sensitive subject.
- Staff were being supported to develop the skills they needed to support people at the end of their lives. One staff had requested training in end of life care and was taking a 12-week course. Plans were in place for all staff to complete training in palliative care.

Improving care quality in response to complaints or concerns

At our last inspection the provider had failed to act on feedback from people on the service provided, for the purposes of continually improving the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- People's complaints were listened to and acted on to improve the service. People told us they were confident to raise any concerns they had with the management team and these were listened to and acted on. One person told us, "If there is a problem someone sorts it out for me".
- The manager had introduced a 'grumbles' book, and staff supported people to raise any day to day concerns they had. The management team worked with people to resolve their grumbles to their satisfaction. For example, one person had purchased a 'freesat' box so they could watch a wider variety of TV programmes. Issues other people had raised about their showers had been resolved by the landlord.
- The manager monitored the actions taken to address people's concerns had been effective. There were no outstanding issues. No formal complaints had been received.
- The provider had a process in place to receive, investigate and respond to complaints. The manager planned to review and amend the current easy read complaints process to make sure it was accessible to everyone.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to requires improvement: This meant improvements to the service management and leadership need to be embedded. Leaders and the culture they created had improved however it needed to be sustained to support the delivery of high-quality, person-centred care.

Continuous learning and improving care

At our last inspection the provider had continually failed to operate systems to assess, monitor and improve the quality of the services provided and reduce risks to people. The provider had also continually failed to maintain accurate and complete records. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- The provider now had oversight of the service. They completed weekly checks and met with the manager monthly to discuss progress towards their improvement plan and how any challenges would be resolved. The manager told us the provider had been supportive and given them the resources they needed to improve the service.
- There had been a number of significant improvement to the service since our last inspection. Staff told us the improvements were "Fantastic" and "Needed to happen". One staff member told us they had found changes to the culture at the service "Hard but they are for the best and people are getting a better service".
- The management team completed regular checks of the service including medicines records and care plans. They also worked alongside staff, monitoring their performance and giving them feedback about how to improve their practice. The manager had plans in place to increase the number for formal checks and audits completed, to check improvements continued to be made and were sustained.
- Staff had completed training in relation to the completion of records and the quality of records had improved. The manager planned to continue monitoring record keeping to ensure records continued to improve and were consistently accurate and complete.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection the provider had failed to act on feedback from people on the service provided, for the purposes of continually improving the service. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- People shared their views about the service with the management team at regular 'tenant' meetings. The

meetings were chaired by two people who set the agenda. Minutes of discussions, decisions and actions were kept. People arranged a group to tell us about their experiences of the service and everyone was confident to speak up, including people who had not spoken to us at previous inspections.

- Staff told us they were able to share their views for the service at regular staff meetings and supervisions. They told us their suggestions were listened to and acted on. One staff member told us previously there had been no one they could raise concerns with and any concerns they raised had been ignored. They told us they now felt listened to and any concerns were addressed immediately. Other staff agreed with this.
- The manager had asked people and staff to share their views of the service anonymously, so they could check changes had had a positive impact on everyone. Staff feedback had been analysed and was positive about the changes to training, leadership and work life balance. People were still completing the surveys. Surveys we looked at showed people thought they received consistent support, were offered choices and their preferences are respected.
- The culture of inclusion included staff. Staff told us they had felt confident to share information about any disabilities or protected characteristics they had with the manager and adjustments had been made to support them. One staff member told us, "I have been supported to do the job I have wanted to do my whole life".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to notify CQC of notifiable events. This was a breach of Regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- The manager was leading the service and was supported by the provider, two deputy managers and a consultant. They received regular supervision from an experienced social worker. The manager had worked at the service since April 2019 and had applied to be registered by us.
- The manager understood their regulatory responsibilities and there was now a clear divide between the service and the landlord. We had been promptly informed of significant events that had occurred at the service. The provider had conspicuously displayed the CQC quality rating in the entrance hallway, so people, visitors and those seeking information about the service were informed of our judgments.
- Staff were clear about their roles and responsibilities and were reminded of these at regular staff and supervision meetings. Staff had been given more responsibilities and told us they now felt trusted to support people and the extra responsibilities made their role more interesting and fulfilling. Additional responsibilities included, supporting people with their money, medicines and contacting professionals such as GPs.
- The management team treated staff fairly and did not discriminate between staff. New employees had shared equalities information, and this was reviewed to check that no group was discriminated against and people received their support from staff with similar backgrounds.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The aims of the service had changed to reflect registering the right support and other best practice guidance for people with a learning disability. The manager and provider had worked together to develop a culture which supported their aims and this was shared by staff. All the staff described the aims of the service as supporting and empowering people to be as independent as possible and to achieve whatever they wanted.

- People told us the management team had made positive changes at the service and they now felt listened to and involved. One person told us, "We have new management, they are brilliant". Staff agreed and told us they were "A breath of fresh air" and fully involved people and staff in what happened at the service.
- Staff's working patterns had changed and they now had regular days off. Staff told us this had increased their "Resilience" and they were no longer tired all the time. A member of the management team worked at the service all week and staff now had support at the weekends. Staff told us the management team were approachable and supportive and always took time to given them the support and guidance they needed.
- Staff worked as a team to support people. This included the manager who staff told us was "One of the team, "An angel" and "Mucks in and helps out". Staff told us they now felt "Motivated" and "Valued".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and manager understood their duty to be open and honest. Following our last inspection, the provider informed people's relatives, staff, and visiting professionals about the outcome of the inspection and the action they taking to improve the service.

Working in partnership with others

- The management team had developed working relationships with local health and social care professionals. People were referred to specialist professionals when they needed support and guidance. Local authority care managers told us staff had worked with them to review people's needs and had shared information openly to achieve the best outcomes for people. The manager had shared guidelines about when to administer when required medicines with people's doctors for their agreement.
- The manager was part of the local registered managers network, a group of managers of similar services who share ideas and good practice. They were a member of several other groups and used these to keep up to date with changes in social care best practice.
- The provider was a member of Kent Integrated Care Alliance, a local support enterprise for providers. One staff member had been nominated for an award in their Kent Care Awards 2019.
- The management team had begun working with The Prince's Trust, 'Get into health and social care' programme, which aimed to support young people to begin a career in social care. They planned to offer young people two-week voluntary placements working alongside staff and to give a presentation to a group of young people about working in social care.