

L D C (Dover) Limited

LCD Supported Living

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

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

We inspected LDC Supporting Ltd on 13 August 2014. This was an announced inspection which meant the service

was informed 48 hours before the inspection was due to take place. This is to ensure that the registered manager would be in the office and, if they were usually on the rota to work with people using the service, that they could arrange alternative cover for their visits. The inspection was carried out by one Adult Social Care inspector.

At our last inspection in December 2013 we had not identified any concerns with the service.

The registered manager, management team and office staff were all involved in the inspection. . They worked as

Summary of findings

a team to make sure we had the information we requested. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

LDC Supported Living is registered to provide personal care to people with learning disabilities, living in their own homes. Some people lived in one bedroom flats and others in shared accommodation, such as two/three bedroom houses, where they shared communal areas with other people. Each person had a tenancy agreement and rented their accommodation.

People received support in line with their assessed personal care needs. The support hours varied from a few hours per day/week or 24 hour support. With this support people were able to live in their own homes as independently as possible.

People told us that they were very happy with the service being provided. Staff knew people's individual needs and how to meet them. We saw that there were good relationships between people using the service, the management and staff. People and their families were involved in developing support plans, and we saw people make decisions about their care and support. We observed and people told us that staff encouraged and promoted their independence.

We found staff were up to date with current guidance to support people to make decisions. Any restrictions placed on them was done in their best interest, using appropriate safeguards. We saw that advocacy services had been used to support people with their decisions and referrals were made to health care professionals to

make sure people's decisions would be made in their best interests. People were being supported to maintain relationships with relatives, friends and others within the community. They participated in a range of activities and were being supported to develop new interests and have a meaningful social life.

We found that staff were caring and treated people with dignity and respect. People said that the staff were kind and polite. People who lived in individual accommodation and received various hours of support told us that the staff were reliable and arrived on time for their calls. We found that people who had chosen to share their home with one or two other people received their care and support from a team of consistent staff who knew their routines well.

Staff received an induction, core training and specialist training, so they had the skills and knowledge to meet people's needs. They fully understood their roles and responsibilities as well as the values of the service. People using the service were encouraged to be involved in the recruitment of staff and were supported by the management team to be part of the selection panel for new staff.

The culture within the service was personalised and open. There was a clear management structure in place and staff told us they were all part of the team. They said they felt comfortable talking to the managers about their concerns and ideas for improvements. There were systems in place to monitor the safety and quality of the service being provided. The service was innovative and consistently looked at new ways of working to continuously improve the service.

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 we spoke with knew how to protect and keep people safe. They could identify the signs of abuse and knew the correct procedures to follow if they thought someone was being abused.

The service had effective systems to manage risks to the people so that they could participate in daily life and activities of their choice.

There were sufficient staff on duty to meet the needs of the people using the service. Staff were recruited safely and they had the skills and knowledge to look after people safely.

Good



Is the service effective?

The service was effective. We saw that people using the service, and those people important to them, were involved in their care. People were asked about their preferences, choices and supported to remain as independent as possible.

People received care from staff that were trained to meet their individual needs. Care plans were detailed with clear guidance of how to support people with all aspects of their care, for example daily living, behaviour and health care.

We saw that people were supported to access appropriate health, social and medical support as soon as it was needed, even outside of normal working hours. There was support from a manager available 24 hours a day and systems were in place to respond to emergencies.

Is the service caring?

The service was caring. During our visit staff were kind and compassionate and treated people with dignity and respect.

Staff at all levels clearly knew the people they were supporting and caring for. They were able to tell us about people's life histories, their interests and their preferences. This enabled them to provide support in a way which was appropriate to each person.

During conversations with people, we found staff spoke respectfully and in a friendly way; they adapted their vocabulary appropriately and took time to listen.

Good



Is the service responsive?

The service was responsive to people's needs. People's care and support plans were reviewed and updated regularly.

There were systems in place to support people when they were unable to make complex decisions to ensure decisions were made in people's best interest. We saw that these involved the appropriate people and professionals.

People were being supported to undertake a wide range activities and were being supported to maximise their independence and lead an active life.

There was a complaints procedure in place, which included a pictorial format to make sure people using the service had the opportunity to understand and raise any concerns.

Good



Summary of findings

Is the service well-led?

The service was well led. Throughout our inspection, managers and staff spoke positively about the culture of the service and told us it was well-managed. The registered manager of the service completed a number of checks to ensure they were providing a good quality service.

People and staff had the opportunity to develop the service as there were regular meetings with people and staff to discuss any aspects of the service. The staff had a clear understanding of their roles and what their responsibilities were. They told us that the service was well led and the management team were very supportive.

The management team were available for staff to contact at any time and there was also an opportunity to raise concerns via a 24 hour contact number. Staff were aware of this system and told us the service had an open and supportive culture, meaning they felt comfortable in taking any concerns forward.

Good



LCD Supported Living

Detailed findings

Background to this inspection

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR was information given to us by the provider. This enabled us to ensure we were addressing potential areas of concern and areas of best practice. We sent out surveys to people using the service, staff and community professionals.

Before the visit we examined previous inspection reports and notifications we had received.

A notification is information about important events which the provider is required to tell us about by law.

During our inspection we observed how the staff interacted with people using the service. We spoke with six people using the service, and four staff. The registered manager, management team and all of the staff working in the office participated in the inspection process.

We looked at the recent quality assurance survey, which had been sent out in July 2014 to staff, people using the service, relatives, health care professionals, and relatives. Some comments from the survey have been used throughout this report.

We also reviewed a variety of documents, which included five people's care and support plans, staff training records and rotas, quality surveys, and some of the home's policies and procedures.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

People said they felt safe living in their own home and trusted the staff. One person said: “This is the safest place I have ever had”. They were aware of their individual risk assessments in their support plan and told us how they discussed these issues with the manager when their support plan was reviewed.

All of the staff we spoke with could clearly explain how they would recognise and report abuse. Staff told us, and training records confirmed that staff received regular training to make sure they stayed up to date with the process for reporting safety concerns.

The service had effective procedures for ensuring that any risks about a person’s safety within their home and community were appropriately reported. People were being supported and enabled to remain safe living in their own home as risks were appropriately assessed, managed and reviewed. The assessments reflected each person’s specific risks, including risks associated with daily living, such as facilitating trips, shopping and travelling on public transport.

People showed us their support plans which contained their risk assessments about their daily lives and how to keep as safe as possible. The risk assessments had been completed and support plans were created to ensure that staff had appropriate documentation to refer to, which covered what action was required to keep each individual safe.

People were being positively supported to live at home and manage their behaviours. The support plans detailed guidance for people who exhibited specific behaviours, which may be seen to challenge or cause injury to themselves or others. The behaviours were clearly listed, together with known triggers and strategies were in place to minimise their future occurrence. With this structured guidance staff were able to support people to access the community and their chosen social activities.

Staff spoke positively about supporting people with their behaviour, to establish a balanced approach to risk, so that people were able to make informed choices about their lives. They told us how they consulted with their managers with regard to people’s diverse needs to enable referrals to be made to health care professionals to identify what, if anything, could be done to improve and develop the lives

of people using the service. The risk assessments involved the people and professionals so that strategies were in place to enable people to take risks within a risk managed environment. For example, when two members of staff were needed to support people to access the community and have meals out in cafes.

Accidents and incidents forms contained detailed information about what had happened, and the action that had been taken as a result to reduce the risks in the future. These reports were also shared with people involved in the support of the person affected, for example social workers and other health care professionals. Staff were very clear of the process to report any changes in people’s care and behaviour to protect their safety.

Deprivation of Liberty Safeguards (DoLs) provides a process by which a person can be deprived of their liberty, in a care home or hospital, when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. However in supported living services these safeguards are only available through the court of protection. The service was currently liaising with the local authority to determine whether applications should be made to the court of protection in relation to people using the service.

All staff had received training and demonstrated their understanding of the implications for people in respect of the Mental Capacity act, ‘best interest’ decisions, and described the process when one person was not able to decide about their medical treatment. MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

There were sufficient numbers of suitably skilled staff to support people in their own homes in the community and meet their needs. Before a person joined the service their support levels and hours were discussed and agreed. We saw from staff rotas that there were enough staff to provide the allocated support, including people’s additional one to one allocations. People using the service had varied hours of support in place, ranging from a few hours per day to 24 hour support. Care and support were provided by a consistent team of staff who were clear about their roles and responsibilities and knew people well. People received consistent care as there had been little turnover of staff,

Is the service safe?

with many having worked at the service for a number of years. Matching and compatibility of staff to people who used the service had also been taken into account, which meant staff were effectively deployed across the service.

People told us that the staff were always available when they needed them. One person told us how they had phoned the manager when a staff member was five minutes late. They said that they knew who to call if they needed anything and there was always someone there to listen to them. People told us that the staff arrived on time and stayed the duration of the call.

People were protected because staff were recruited safely. We looked at two staff recruitment records and found that all of the relevant checks had been completed before staff started work. We saw that there were clear disciplinary procedures in place should unsafe practices be identified. People using the service were given the opportunity to interview prospective staff as one of the selection panel and this was facilitated by the registered manager.

Is the service effective?

Our findings

People using the service told us that the staff knew how to care for them well. People showed us their flats and were eager to show us their support plans, and how they had been involved in planning their care.

The service was supporting people with their personal care needs to live in their own homes and be as independent as possible. The hours of support for each individual varied from a few hours per day or week to twenty four hour support. Some people lived alone while others shared small two or three bedded houses, each with their own tenancy agreement.

The provider had well developed systems to ensure people received support from staff with appropriate skills, knowledge and experience. We saw that there was a system in place to monitor the training so that staff received updates in the relevant subjects. New staff received training on key topics such as first aid, infection control and safeguarding. They were tested after training to ensure they knew how to apply their learning when providing support to people. Staff were motivated and felt supported to develop their skills and achieve recognised qualifications. We saw that one member of staff had requested specific training and this was arranged with a review date of when it should be completed.

Staff received regular one to one meetings with their line manager to discuss their work, training and ongoing development needs. Observational and competency checks were also carried out by the managers to monitor the quality of care being provided by staff. Staff told us that the programme of training was excellent and they were supported to attend training relevant to their roles and also specific training to meet the needs of individuals with complex needs. For example staff had received additional training to support people to live independently whilst managing their diabetes, epilepsy or alcohol dependency. Relatives commented: "The staff are trained and well supervised". "I cannot find fault with the care and support for my relative". "You do a good job with my relative, well done".

Staff supported people with their health care appointments, such as going to see the doctor or dentist. Some people were able to go to their doctor independently while others needed staff support. We saw that when

required people had also been supported to see specialists, including psychologists, psychiatrist and community learning disability nurses. Records showed that as a result of one of these referrals a detailed support plan had been implemented for one person with complex needs. The plan covered all aspects of the person's wellbeing, which enabled staff to provide a consistent level of care and support, which reduced the number of behavioural incidents. Additional staff training had also been provided so that staff understood the person's condition to meet their individual needs.

Staff had supported one person to go to hospital by ambulance, which after consultation with the hospital staff, had resulted in surgery. Staff had taken time to explain and support the person to understand the procedure and stayed in hospital with them until they were ready to be discharged and sent home. Healthcare professionals commented: "The care provided appears to be of a high level and personalised taking into account the person's expressed wishes and choices". "The service have demonstrated a commitment to supporting people using the service to make the most of their potential and have offered imaginative potential solutions to areas that people have more difficulties in addressing".

We saw that the service had worked proactively with health care professionals to support one person to move to a bespoke placement. There had been considerable discussions, including best interests meetings, with regard to this person's complex needs and level of care to be provided. This had been completed and the service was preparing to support the person to move to their new home and provide appropriately trained staff, to ensure that their needs would be fully met.

People's care plans were personalised with clear guidance and details for staff to support people in their own homes to live as independent as possible and lead meaningful lives. Care records contained up-to-date plans that were personal to each person and were in a format which enabled people to fully understand what the support plan contained. These plans outlined people's likes, dislikes, preferences, personal care needs and support to remain as independent as possible. There was also detailed guidance in the plans to make sure people's care needs were fully met, in such cases as nutrition, health care needs,

Is the service effective?

behavioural support, daily routines, and social activities. The plans also included details when people were happy, sad or may be in pain, their sleeping patterns and when they may need support from staff.

Nutritional needs had been assessed and one person told us how staff were supporting them with their specific nutritional needs. They told us about their medical condition and how staff supported them with their shopping to make sure they had a balanced diet and remained as healthy as possible. Staff had actively encouraged and supported this person to attend the staff training about their dietary needs so that they were able to understand what they needed to do to keep well. The person told us how much they enjoyed the training and it helped them to choose healthy snacks, such as fruit instead of sweet things.

Each person had a hospital pack as part of their support plan in their home so that information was available for health care professionals should people with complex needs require hospital/emergency treatment. The 'hospital packs' had detailed information covering all aspects of their care, for example their mental capacity, behaviour and medication needs.

Staff were able to demonstrate that they knew the people they supported very well and they were able to give us up to date information about all aspects of people's care and

support. They were proactive and sought advice from health care professionals to support people positively with their behaviour or dietary needs to maintain their care and continually improve the service. They understood the supported living scheme and what support people needed to live as independently as possible.

When we visited people in their own home we saw staff encouraging people to maintain their daily living skills, such as going out, shopping and completing their domestic tasks. They told us that there were systems in place to reflect staff practice, for example when incidents occurred. These were investigated and outcomes were discussed to ensure any lessons learnt were incorporated in the support plans so that people would continue to receive consistent effective care. Staff said: "The people using the service always come first; we make sure they get everything they need". "We really do care about the people using the service; we provide them with a good quality of life".

Staff were supported to develop their practice. They were engaged in workshops and attended conferences to research and continually improve on the service being provided. They kept up to date with current practice via the media, website and magazine articles. They were members of various organisations with regard to investors in diversity and learning networks

Is the service caring?

Our findings

We visited people in their own homes and staff were observed being polite and caring to people using the service. One person told us how they knew all of the staff who supported them and did not hesitate to call the managers if they needed to know anything. They said they always took time to listen to them. People said: “The staff are kind”. “I love the holidays I go on”. “The staff are caring and very kind”.

We saw that staff paused in conversation to make sure people had the time they needed to make decisions about what they wanted to do or whether they wanted to go out to the local community. One person had their own car so that staff were able to take them out as when they wanted to go. People told us and we saw that staff supported them to visit their family or people that were important to them so that they maintained good relationships.

People who were unable to communicate verbally were supported to show us their support plan and with the help of staff were able to indicate what they liked and where they went out on trips. The staff were very discreet and observed from a distance and only contributed to the conversation when they were needed, making sure the person was able to communicate well and be in control of the conversation.

We saw that when people using the service called into the office they knew the staff well and were comfortable speaking to them, chatting in a friendly jovial manner. People laughed and smiled and it was evident that they visited the office on a regular basis and were confident to speak with the staff.

The relationships between staff, people using the service and their families were very interactive. We saw examples where staff had motivated people and supported them to arrange special events in their lives. For example arranging and accompanying them to see their favourite celebrities and attend concerts abroad. They had accompanied

people to these concerts and there were pictures to record the event, including travelling in ‘limos’. People had also been supported to attend premier league football matches and a grand prix event. Such events were included in the newsletter to staff to make sure that everyone could enjoy reading about these special trips.

The service worked in partnership with other agencies to make sure people were being consulted and involved in decisions about their care and support. Advocacy services were available and we saw records that people had been involved and supported to make decisions about their care and where they wanted to live. During the inspection we noted that the service was supporting two people to find new accommodation as they had been given notice by their landlord. We also saw another person had been supported to move into a new property as there was a picture in the staff newsletter of them being handed the keys to their new home.

The management team, office staff and care support staff were well known to people using the service. People talked positively about the managers, office staff and support staff and knew who to contact if they needed support, such as their finances or tenancy agreements.

There were policies and procedures in place to give staff guidance on treating people with privacy and dignity. 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 of care. Some staff were ‘dignity champions’ to ensure that people’s privacy and dignity was maintained at all times. Staff explained to us how they made sure people received help with their personal care in a way which promoted their dignity and privacy. For example, closing doors and waiting for people to ask for support with their personal care. We also saw examples in support plans of how people would like to be left in the privacy of their own homes by remaining in their bedrooms or if they liked to be left alone for some time.

Is the service responsive?

Our findings

People were involved in the assessment and planning of their care before the service started to support them in their home. There were robust assessments in place to inform the care and support planning process, for example before people started the service questionnaires were sent to them, external professionals, the previous care provider, and community services involved in their care. This made sure that the required information was gathered so that people had as much control of their lives as possible and their support plans were personalised to their individual needs. The information was provided in a format that met people's communication needs and their ability to understand, such as signs and pictures.

We looked at five support and care plans. Three people showed us their plan and went through their daily routines, which showed they had been involved in the planning and decisions recorded about their care. They were able to talk about their home and daily life, which matched the information in their support plan.

People were being supported to make decisions, such as their health care needs. Support plans showed how people had consented to their care and we saw that people were encouraged to sign documents, such as for their finances. A health care professional commented: "I have found this service very supportive when working with a person to help them to continue to find creative ways to develop their independence. They have always been prompt and professional in their management of issues as they arise and kept me informed of changes in a person's support circumstances".

Support plans were developed with each person. People told us the support plans were regularly reviewed so that staff had up to date information about people's needs and the support they required. Staff completed "awareness forms" about people using the service to demonstrate that they had the required knowledge to fully meet their needs. These were used to monitor and identify changing care needs and update support plans, for example if people required more support with their behaviour or health care needs. One health care professional commented: "The service has been proactive in managing difficult situations and given the person using the service extra emotional and practical support as and when needed".

In order to support people with their social lives the service had matched staff with people who shared similar leisure interests so that they were able to enjoy more activities of their choice.

People were being supported to be in control of their lives and engage in a range of activities as part of their support. We saw from the support plans detailed activities which met people's individual interests, such as going to football matches, concerts, boat trips or going to the local pub. The staff actively encouraged people to access the community and enjoy their pastimes, such as going to the local seafront or to local clubs. People told us how they had decided where to go on holiday and were supported by staff to do so. Links with the community were encouraged and we saw that some people using the service and staff had taken part in recent charity events, including coffee mornings.

Support plans showed that staff responded to people's support in line with their individual needs, for example there were strategies in place to support people with their activities when their mental wellbeing was unsettled by encouraging them to participate in less demanding activities. These strategies were used in all aspects of people's care so that their individual diversities were respected.

People's personal histories were included in their care plans so that staff knew what was important to them. All family contacts were encouraged and staff supported people to visit their relatives when required. People told us that staff listened to them and acted on what they said. For example one person said they felt socially isolated and had requested to hold a coffee morning to meet new friends. The service supported them to arrange a coffee morning. They were given the choice of either having the event in their own home or in the training room in the office. They invited all of the people using the service and their relatives. Some people were supported by staff to make cakes and bring them along to the venue. This was a success and people said they enjoyed meeting other people and the event has now become a regular occurrence. The registered manager also told us that this event gave people the opportunity to meet new people and staff so that they could socialise and be more involved in the community.

During one home visit we saw that a person was asking staff what they should do, staff responded by asking them

Is the service responsive?

what they would like to do and gave them options in line with their individual support plan. A staff member said: “We provide a very personal service. The people using the service are treated as individuals and have the opportunity to do lots of great activities”.

People told us they received their support from regular staff. There were systems in place to make sure all support calls were covered with staff who knew the people well and understood their needs. Staff skills were matched with people using the service to make sure they had consistent care and support. We also saw there were systems in place to respond to the changing needs of people using the service, for example, providing additional staffing hours when people needed extra support.

The service was committed in supporting people to feedback about the service being provided. They wanted to empower people to comment on things that were important to them and give them an opportunity to feel valued and involved in the service. As a result they had produced a quality assurance questionnaire for each person using the service. They wanted to generate a meaningful response from each individual about what was important to them. They created a tailored questionnaire to each person using the service in a pictorial format, which

was based on their individual choices such as their interests, likes and dislikes. All of the people using the service had completed the questionnaire with very positive results, including happy smiling faces.

We looked at the provider’s policy on complaints and saw it included pictorial representations to aid communication. Records showed complaints were recorded, investigated and resolved appropriately. We saw that the service had received three complaints since the previous inspection. These had been recorded, investigated and the outcomes were resolved to the individual’s satisfaction. One person using the service told us how they would telephone the managers if they had any concerns and told us they would listen and take notice of what they said. A relative comments: “I am so grateful that it is so easy to communicate with all the staff and that my concerns are dealt with”.

Staff spoken with were aware of the policy and procedure to follow if they received a complaint. Staff told us that people were given the opportunity to raise their concerns at their regular meetings and staff knew when people were not happy. There was also guidance in the care 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.

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". Staff spoken with were very focused on person centred planning to make sure people were treated as individuals. They were complimentary about the service, they said they all worked well together, including the managers, and made an excellent team to make sure people received the care they needed.

People using the service knew the registered manager and the management team, who were very involved in the day to day running of the service. The registered manager understood the responsibilities of their role and was fully involved in all aspects of the service. They made sure they had an ongoing presence in the service and was available to people, relatives, staff and health care professionals. During the inspection we saw that people and staff were confident to speak with the manager, demonstrating an open and positive culture within the service.

The service was committed to supporting people to achieve their full potential and quality of life in respect of their independence and ability to remain in their own home. People told us they knew who to contact if the staff were late and did not hesitate to contact the manager. They said they felt listened to and knew they would get an appropriate response. They told us how the managers visited them at home to make sure they were satisfied with the care and support they received.

There was an ethos of 'involvement' within the office and this was apparent when people visited. They all knew the office staff and who to speak with if they needed help, for example support with their finances. The service encouraged people to be involved in the running of the service, such as being part of the recruitment panel for new staff. Some people were also involved in small tasks in the office, for example shredding paper.

There was an established dedicated management team in place that supported staff to ensure the service was run effectively, and people using the service received the individual care they needed. We saw that the registered manager valued feedback from everyone involved in the service and included this information in the development of the service. People told us how they had filled in their

surveys to give their opinions about their care and support. They told us that they received regular visits from the managers to ask if they were satisfied with the service. All of the people we spoke with were complimentary about the management and office staff.

Throughout the inspection we saw that people and staff were treated with dignity and respect and the staff group were determined to provide a good quality of care and support to people using the service. People said: "I am happy with all aspects of my care provided". "I am happy with the support from LDC". Relative comments: "I am very happy with the way this service is run".

Throughout our inspection, staff spoke positively about the service and told us it was well-managed and well-led. Staff we spoke with confirmed that they understood their right to share any concerns about the care at the service. They said that they were aware of the provider's whistleblowing policy and they would confidently use it to report any concerns. Staff also told us that the management team were supportive and available at all times. They said that the registered manager always acted immediately on any concerns they reported, while maintaining their confidentiality.

The service had an effective system in place to ensure the staff were recognised for good practice. Letters of praise were sent to staff acknowledging their hard work and professionalism. We saw in staff had been recognised for their commitment and professionalism in dealing with challenges regarding one person's medical health issues. The staff monthly newsletter listed their names and they were thanked by the service for "going above and beyond the call of duty" in order to provide a truly outstanding level of care".

The provider sought feedback from the staff through staff surveys, staff meetings and individual meetings with staff. There was a monthly newsletter sent to all staff covering people's news such as one person completed a local charity event and updates on services, staff training and development. Staff were encouraged to get in touch with the office with any suggestions for the service. All the staff we spoke with told us they felt supported and enjoyed their work. Staff said: "I love working here." "I feel very supported and valued. There is always someone around to check I am

Is the service well-led?

okay and up to date with everything.” “LDC are the best, they give 100% to the people using the service and staff”. “We always look for ways to improve and we all work together. We are a brilliant team”.

There was a clear management structure at the service. The staff we spoke with were aware of the roles of the management team and they told us that the managers were approachable and had a regular presence in the service. The registered manager told us that they were currently reviewing all of the policies and procedures in line with the new CQC methodology. CQC was mentioned in the staff newsletter so that staff were aware of the new inspection process. Staff were motivated and felt valued and involved in the service. They told us the service had family values and really cared about the people using the service and staff.

The quality of the service was being regularly monitored by the management team, which included completing regular audits of medicines management and care records. They evaluated these audits and created action plans for improvement, if needed. People told us that they were visited on a regular basis by the managers who asked if they were satisfied with the service. Quality surveys were also sent to relatives, health care professionals and staff to give them an opportunity to comment on the service being provided. Positive comments were made and they have been included in this report.

The service had systems in place to continuously improve the service, for example they had implemented more effective management systems and additional support for staff, which resulted in the reduction of sickness and an improvement of over 80% in staff retention. We saw that the service was also piloting the use of computers in the service, which the people using the service and staff could access.

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 situations.

There was a business continuity policy in place, which stated each service would have a plan in place to deal with foreseeable emergencies. We saw records that each person had a personal evacuation plan in place.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.