

Toqeer Aslam

Welcome House - Gillingham Homes

Inspection report

66, 68 & 72 Milton Road
Gillingham
Kent
ME7 5LW

Tel: 01634574644
Website: www.welcomehouse.co.uk

Date of inspection visit:
29 August 2017

Date of publication:
29 September 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection was carried out on 29 August 2017, and was an unannounced inspection.

Welcome House – Gillingham Homes is registered to provide accommodation and personal care for up to nine people with mental health needs who do not require nursing care. The people who used the service lived with mental health disorders and needed support to understand their particular conditions; identify triggers for relapse; and learn coping strategies. At the time of our inspection, four people lived in the home. They were fairly independent therefore required minimal support with their personal care needs.

This was Welcome House – Gillingham Homes first rated inspection following a change in their registration.

There was a registered manager at the service. The registered manager was also the provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Staff knew what their responsibilities were in relation to keeping people safe from the risk of abuse. Staff recognised the signs of abuse and what to look out for. There were systems in place to support staff and people to stay safe.

The home had risk assessments in place. This was to identify and reduce risks that may be involved when meeting people's needs such as inability to verbally communicate, which could lead to behaviour that challenges and details of how the risks could be reduced. This enabled the staff to take immediate action to minimise or prevent harm to people.

There were sufficient staff, with the correct skill mix, on duty to support people with their needs. Staff attended regular training courses. Staff were supported by their manager and felt able to raise any concerns they had or suggestions to improve the service to people.

Effective recruitment processes were in place and followed by the manager. Staff had the opportunity to discuss their performance during one to one meetings and annual appraisal so they were supported to carry out their roles.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service. People had good access to health and social care professionals when required.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). There were procedures in place and guidance was clear in relation to Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements.

Staff encouraged people to undertake activities and supported them to become more independent. Staff spent time engaging people in conversations, and spoke to them politely and respectfully.

People's care plans contained information about their personal preferences and focussed on individual needs. People and those closest to them were involved in regular reviews to ensure the support provided continued to meet their needs.

People were able to make choices about the food and drink they had, and staff gave support when required.

People were involved in assessment and care planning processes. Their support needs, likes and lifestyle preferences had been carefully considered and were reflected within the care and support plans available.

Staff meetings took place on a regular basis. Minutes were taken and any actions required were recorded and acted on. Peoples' feedback was sought and used to improve the care.

People knew how to make a complaint and complaints were managed in accordance with the provider's complaints policy.

The registered manager and provider regularly assessed and monitored the quality of care to ensure standards were met and maintained. The registered manager understood the requirements of their registration with the Commission.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Staff were knowledgeable about safeguarding and whistleblowing procedures.

There were enough trained staff to support people with their needs.

Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines.

Is the service effective?

Good 

The service was effective.

Staff understood the requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Staff had the knowledge and skills to meet people's needs, and these were updated through attendance at training courses.

Staff received supervision and annual appraisal which was planned by their manager to ensure they had the support to meet people's needs.

People could make choices about their food and drink and were provided with support when required.

People had access to health care professionals to ensure they received effective care or treatment.

Is the service caring?

Good 

The service was caring.

There were caring relationships between people and the staff who provided their care and support.

People's privacy was respected and staff gave people space when they wanted some time on their own.

People were treated with dignity and respect by staff, and had the privacy they required.

Is the service responsive?

Good ●

The service was responsive.

People were supported in line with their needs. People's needs were assessed and care plans were produced identifying how support needed to be provided.

People and their relatives were involved in decisions regarding their care and support needs.

The provider had a complaints procedure, which was understood by the registered manager and staff.

Is the service well-led?

Good ●

The service was well led.

The home had an open and approachable management team.

Staff were supported to work in a transparent and supportive culture.

There were effective systems in place to monitor and improve the quality of the service provided.

Welcome House - Gillingham Homes

Detailed findings

Background to this inspection

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

This inspection took place on 29 August 2017 and was unannounced.

The inspection team consisted of one inspector and an expert by experience. The expert by experience had personal experience of using similar services, working with people who have a mental health and caring for family members.

Before the inspection, we looked at notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to plan our inspection.

We spoke with four people who used the service. We spoke with one support worker, the registered manager and the visiting operations manager. We also requested information by email from healthcare professionals involved in the service. These included professionals from the community mental health team, local authority care managers, continuing healthcare professionals, NHS and the GP.

We looked at the provider's records. These included two people's care records, which included mental health care plans, health records, risk assessments and daily care records. We looked at two staff files, a sample of audits, satisfaction surveys, staff rotas, and policies and procedures.

We asked the registered manager to send additional information after the inspection visit, which was the training record. The information we requested was sent to us in a timely manner.

This was Welcome House – Gillingham Homes first rated inspection after registration with the commission in September 2016.

Is the service safe?

Our findings

People consistently told us that they felt safe living at Welcome House – Gillingham Homes. When asked if people felt safe living in the home and with staff, people said, "Yes, I do. I have never been ill treated by staff" and "Yes, I feel safe and very happy here". We observed that people felt safe in the service and were at ease with staff.

Staff had a good understanding of the different types of abuse and how they would report them. Staff told us about the safeguarding training they had received and how they put it into practice. Staff were able to tell us what they would report and how they would do so. A member of staff said, "If I suspect an abuse, I will report it immediately to my line manager and if they are not around, I will inform the office". They were aware of the company's policies and procedures and felt that they would be supported to follow them. Staff also had access to the updated local authority safeguarding policy, protocol and procedure dated April 2016. This policy is in place for all care providers within the Kent and Medway area. It provides guidance to staff and to managers about their responsibilities for reporting abuse. Training files showed safeguarding training had been attended by all staff. There were notices displayed regarding abuse and how to report it, with contact numbers for the local authority safeguarding team and the Care Quality Commission (CQC). Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. Staff member spoken with said, "I can report to CQC or the local authority if needed". The provider also had information about whistleblowing on a notice board for people who used the service, and staff.

People were protected from avoidable harm. Staff had a good understanding of people's individual behaviour patterns. Records provided staff with detailed information about people's needs. Through talking with staff, we found they knew people well, and could inform us of how to deal with difficult situations such as behaviours that may challenge staff regarding service provision to people. As well as having a good understanding of people's behaviours, staff had also identified other risks relating to people's care needs. People were supported in accordance with their risk management plans. For example, one person who needed more support while out in the community had plans in place such as 'one to one' support to help the staff keep them safe when out in the community. The care plans we viewed included relevant risk assessments, such as self-neglect, social isolation and non-compliance with medicine administration. These included preventative actions that needed to be taken to minimise risks as well as clear and detailed measures for staff on how to support people safely. The assessments provided outlines of what people could do on their own and when they required assistance. This helped ensure people were supported to take responsible risks as part of their daily lifestyle without restrictions.

Risk assessments were developed with input from the individual, family and professionals where required, and explained what the risk was and what to do to protect the individual from harm. We saw they had been reviewed regularly and when circumstances had changed.

Staff maintained an up to date record of each person's incidents or referrals, so any trends in health and behaviour could be recognised and addressed. All staff we spoke with told us that they monitored people and checked their care plans regularly, to ensure that the support provided was relevant to the person's

needs. The staff members were able to describe the needs of people at the service in detail, and we found evidence in people's care plans to confirm this. This meant that people could be confident of receiving care and support from staff who knew their needs.

Records showed that incidents and accidents were monitored in order to ensure that preventative measures were put in place if required. Accident records were kept and audited monthly by the registered manager to look for trends. This enabled the staff to take immediate action to minimise or prevent accidents. These audits were shown to us as part of the quality assurance system. This record showed behaviours were clearly audited and any actions were followed up and care plans adjusted accordingly. For example, one person who displayed a behaviour which related to deterioration on health was immediately referred to the GP for intervention, which helped reduce the behaviour.

Medicines were kept safe and secure at all times in people's rooms. A lockable cupboard was used to store medicines in people's rooms. People told us that they knew that they had to take medicine and why they had to take this. They confirmed what time they took their medicines. People who lived in the service self-administer their own medicines. Staff had information about each person's ability to manage their medicines and provided them with the support they required. Staff were trained and assessed as competent to manage people's medicines. The service had a policy in place which covered the administration and recording of medicines, particularly self-administration of medicines.

We checked two people's medicine records and found that each person who used the service had an assessment carried out to determine the support they need with medicine and a medication administration record to record what medicine the person took. These contained information and a photograph of the person and of the medicine they had been prescribed. MAR sheets we looked at had been completed correctly and showed people had taken their medicines at the right time and stated dose. Where someone had a 'PRN' medicine (as at when necessary), we saw that a protocol had been written so that staff knew when this could be taken. PRN medicines are prescribed to be taken only when they are required. We saw that there was guidance in place to tell people what homely remedies they could safely take that would not interact with their medicine. These had been reviewed by the GP. Medicines were audited at every administration. Detailed records were made and kept when people were supplied with medicines for self-administration and when they took their medicines themselves. This indicated that the provider had an effective governance system in place to ensure medicines were managed and handled safely.

There were suitable numbers of staff to care for people safely and meet their needs. People who lived in the service were fairly independent, hence requiring minimal support. The registered manager showed us the staff duty rotas and explained how staff were allocated to each shift. The rotas showed there were sufficient staff on shift at all times and we observed that there were sufficient staff on duty to meet people's needs. For example, one member of staff supported two people to attend planned activities on the day we inspected. The registered manager said that if a member of staff telephones in sick, they will work on the frontline. This showed that arrangements were in place to ensure enough staff were made available at short notice. The registered manager told us that the roster is based on the needs of people. Staffing levels were regularly assessed depending on people's needs and occupancy levels, and adjusted accordingly.

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Appropriate checks were undertaken and enhanced Disclosure and Barring Service (DBS) checks had been completed. The DBS checks ensured that people barred from working with certain groups such as vulnerable adults would be identified. A minimum of three references were sought and staff did not start working alone before all relevant checks had been completed. Staff we spoke with and the staff files that we viewed confirmed

this.

The service had plans in place for a foreseeable emergency. This provided staff with details of the action to take if the delivery of care was affected or people were put at risk. For example, in the event of a fire. We also observed that each person had a personal emergency evacuation plan (PEEP) in place. The service also had an out of hour's policy and arrangements for people which was clearly displayed in care folders. This was for emergencies outside of normal hours, or at weekends or bank holidays. Risks associated with the premises continued to be assessed and relevant equipment and checks on gas and electrical installations were documented and up to date.

Is the service effective?

Our findings

One person said, "We have effective staff team and they are empathic to their needs". People's body language was relaxed. We observed staff members responding to people's specific needs in a timely and responsive manner.

Staff had received induction training, which provided them with essential information about their duties and job roles. The registered manager told us that any new staff would normally shadow experienced staff, and not work on their own until assessed as competent to do so.

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people with learning disabilities. Some staff had completed vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve a vocational qualification, candidates must prove that they have the competence to carry out their job to the required standard. This allowed management to ensure that all staff were working to the expected standards, caring for people effectively, and for staff to understand their roles and deliver care effectively to people at the expected standard. Staff received refresher training in a variety of topics, which included equality and diversity, health and safety, fire safety, safeguarding and food hygiene. One member of staff told us that they had attended trainings to help them meet people's needs. They said, "I have attended at least three different training courses in 2017, which has helped me in supporting people better".

Staff were being supported through individual one to one supervision meetings and appraisals. This was to provide opportunities for staff to discuss their performance, development and training needs, which the registered manager was monitoring. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We were told that an annual appraisal was carried out with all staff. Records confirmed that supervision and annual appraisals had taken place. A member of staff also confirmed training needs were discussed as part of supervision and they could ask for training that would be of benefit to them in their role. They said, "I receive supervision with the manager monthly. I can discuss freely. The manager is a good leader".

There were procedures in place and guidance was clear in relation to the Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. 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. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. Staff had attended Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff evidenced that they had a good understanding of the MCA and DoLS. One staff member explained that every person has some capacity to make choices. They gave examples of how they supported people who did not verbally communicate to make choices. Care staff were able to describe how capacity was tested and how a person's capacity impacted on decisions. They could all describe how and why

capacity was assessed, the statutory principles underpinning the MCA and related this to people that were subject to DoLS. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. People in the home were currently subject to a DoLS. There were good systems in place to monitor and check the DoLS approvals to ensure that conditions were reviewed and met. The registered manager understood when an application should be made and how to submit one and was aware of a Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

People had access to nutritious food that met their needs. They had a choice of at least two different meals at dinner time and could ask for another option if they wished. People were supported to make cold and hot drinks when they wanted them. The kitchen of the home was well stocked and included a variety of fresh fruit and vegetables. Food was prepared in a suitably hygienic environment and we saw that good practice was followed in relation to the safe preparation of food. Food was appropriately stored and staff were aware of good food hygiene practices. A pictorial food guide was on the notice board for people to understand healthy eating. People's weights were regularly monitored to identify any weight gain or loss that may indicate a health concern.

People received medical assistance from healthcare professionals when they needed it. Staff recognised when people were not acting in their usual manner, which could evidence that they were in pain. Staff spent time with people to identify what the problem was and sought medical advice from the GP when required. People had a health action plan in place. This outlined specific health needs and how they should be managed. People received effective, timely and responsive medical treatment when their health needs changed.

Records confirmed that staff encouraged people to have regular health checks and where appropriate staff accompanied people to appointments. Staff told us that each person was supported to see or be seen by their GP, chiropodist, optician, dentist or other health care professionals, including well men clinics. People were regularly seen by their treating team. For example, one person who had diabetes had appropriate protocols in place concerning the administration of emergency medicines if the person had a breakdown. These had been developed with a diabetic nurse who had provided suitable expert guidance. Measures had been taken to reduce the risk of self-harm. Staff had also received specific training about how to manage diabetes and how to support people with their diabetes. This meant that people's health needs in relation to their diabetes were being monitored and managed. Health appointments were documented in people's care plans and there was evidence that the home worked closely with health and social care professionals to maintain and improve people's health and well-being.

Is the service caring?

Our findings

The service had a person centred culture focused on the promotion of people's rights to make choices and live a fulfilled life as independently as possible. People were well cared for and were consistently positive about the staff team. One person said, "I am very happy with the staff. My needs are being met with staff going out of their way for me. It is a first rate service. Staff are always willing to take extra step to help me". Another said, "Both the staff and manager are stars and have lovely personality".

We observed that staff respected people's privacy and did not disturb them if they didn't want to be disturbed. For example, one person who lived in the home was asked if they would like to speak with us, and agreed before we could see them. All bedrooms doors were closed. Staff knocked on doors before they entered. Staff treated people with dignity and respect.

People we spoke with told us that they were able to receive visits from their family members and friends at any reasonable time. They also said family members and friends were always made to feel welcome and there was always a nice atmosphere.

Staff were attentive, showed compassion and interacted well with people. People were able to personalise their bedrooms. One person said, "The house was recently painted and we chose the colours we wanted for the lounge. This made me feel at home and much loved. My little say was appreciated".

Staff demonstrated a good understanding of the meaning of dignity and how this encompassed all of the care for a person. We found the staff team was committed to delivering a service that showed compassion and respect for people. Staff respected confidentiality. People's information was treated confidentially. People's individual care records were stored securely in the registered manager's office, but were available to people and staff. We saw evidence that people were asked before information was shared with people.

Staff knew the people they were supporting well. They had good insight into people's interests and preferences and supported them to pursue these. The registered manager and staff that we spoke with showed genuine concern for people's wellbeing. It was evident from discussion that all staff knew people well, including their personal history, preferences, likes and dislikes and had used this knowledge to form strong therapeutic relationships.

People were supported by staff to undertake tasks and activities aimed at encouraging and promoting their independence. For example, we saw staff encouraging people to prepare their own breakfast and supported them to make lunch. People were also supported to learn how to cook weekly, thereby promoting their independence. Staff only stepped in when people could not manage tasks safely and without their support. People had time built into their weekly activities for laundry, cleaning, personal shopping tasks and travel in the community, aimed at promoting their independence.

People and relatives were involved in regular reviews of their needs and decisions about their care and support. This was clearly demonstrated within people's care records and support planning documents that

were signed by people or their relatives. Care plans were personalised and showed people's preferences had been taken into account. We viewed daily records of support which demonstrated that staff provided support as recommended in people's care plans during the day. The registered manager told us that if people's needs required more support during the night, then this would be provided.

Advocacy information was on the notice board and available for people and their relatives if they needed to be supported with this type of service. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Is the service responsive?

Our findings

People told us that they were engaged in a lot of activities. Comments included, "I go to Chatham twice a week and I love it"; "I love going for walks and bus rides" and "I go to the local pub for a drink when possible".

People were active and participated in a variety of activities and events that met their social and physical needs. People were supported to go on holidays, eat out and outings to the places of their choice. People were also supported to pursue personal interests such as attending art and craft classes, colleges, walks, club or to go swimming. For example, one person said, "We went to Whitstable on a day trip and I loved it". Another said, "I have been encouraged by the lovely staff to take up activities such as walking to gallery and market, which I am now enjoying". The registered manager told us that three people living in the home now worked as voluntary workers in various establishments in Medway area. This had further promoted their independence. This also echoed one of the values of the home which is 'Everyone at Welcome House is given encouragement and support to develop both personal and social relationship'. People went to the local engagement group which provides opportunities for people who have mental health needs to share their views and experiences of mental health issues and services and participate in local service planning and development as stated in people's weekly plan. Staff continued to help people to stay in touch with their family and friends. They maintained an open and welcoming environment and family and friends were encouraged to visit the service. One person said, "The summer was great with a wonderful BBQ organised by the staff. The lovely manager and her team of tireless workers gave us a fine BBQ, which we enjoyed".

Daily records confirmed that activities were promoted regularly based on individual's wishes. People were supported to access leisure activities in the local community. During our visit, two people went out into the community, as they had expressed they wanted to go based on their activities plan. People told us that they were able to go out alone. We observed this during our inspection. One person told us that they had asked for more support due to increased levels of anxiety. They told us that staff had responded immediately and that this had been added to their care plan.

Each person's physical, medical and social needs had been assessed before they moved into the service and communicated to staff. Pre-admission assessment of needs included information about people's life history, likes, dislikes and preferences about how their care was to be provided. Care plans were developed and maintained about every aspect of people's care and were centred on individual needs and requirements. This ensured that the staff were knowledgeable about people's individual needs from the onset.

Care plans were reviewed annually or whenever needed with people. Where changes were identified, people's plans were updated promptly and information about this was shared with all staff. Staff knew people well and what was important to them. This was evidenced by the knowledge and understanding they displayed about people's needs, preferences and wishes. Staff spoken with said they always read the care plan in case people needs have changed.

The provider contacted other services that might be able to support them with meeting people's mental health needs. This included the local authority's mental health team and the local speech and language therapist (SALT) team demonstrating the provider promoted people's health and well-being. Information from health and social care professionals about each person was also included in their care plans. There were records of contacts such as phone calls, reviews and planning meetings. The plans were updated and reviewed as required. Contact varied from every few weeks to months, which meant that each person had a professional's input into their care on a regular basis.

People had regular one to one sessions with their key worker to discuss their care and how the person feels about the home. A keyworker is someone who co-ordinates all aspects of a person's care at the home. These sessions were documented in the person's support plan and agreed by them. Therefore, people were given appropriate information about their support at the home, and were given an opportunity to discuss and make changes to their support plans.

There were systems in place to receive people's feedback about the service. The provider sought people's and others views by using annual questionnaires to gain feedback on the quality of the service from the people who used the service. Family members were supported to raise concerns and to provide feedback on the care received by their loved one and on the service as a whole. The summary of feedback received showed that people were happy with the service provided. For example, one person commented, 'I love living in the service. I have been asked if I want to move out but I don't want to move. I like it here'. The completed questionnaires demonstrated that all people who used the service, families and those who worked with people were satisfied with the care and support provided.

The complaints process was displayed in one of the communal areas so all people were aware of how to complain if they needed to. The information about how to make a complaint had also been given to people when they first started to receive the service and then they discussed this at resident's meetings. The information included contact details for the provider's head office, social services, local government ombudsman and the Care Quality Commission (CQC). Staff told us that they would try to resolve any complaints or comments locally, but were happy to forward any unresolved issues to the registered manager. People told us that they were very comfortable around raising concerns and found the registered manager and staff were always open to suggestions; would actively listen to them and resolved concerns to their satisfaction. The service had not received any complaints since registration.

Is the service well-led?

Our findings

People who used the service and staff we spoke with spoke positively about the management of the service. One person said, "The manager is effective and they understand me and listens to my needs". Another said, "The manager is an honest and trustworthy person".

Our observation showed that people knew who the registered manager was. For example, people freely walked into the registered manager's office to have discussions with them. This demonstrated that people felt confident and comfortable to approach the registered manager in their office. We observed people engaging with the registered manager in a relaxed and comfortable manner.

The management team at Welcome House - Gillingham Homes included the registered manager and operations manager. The registered manager was familiar with their responsibilities and conditions of registration. They had many years of knowledge and experience working within Health and Social care sectors. Support was provided to the registered manager by the operations manager in order to support the service and the staff. The operations manager visited the service monthly or as and when necessary to support the registered manager. For example, the operations manager visited the service to support the registered manager with the inspection.

Staff told us that the management team continued to encourage a culture of openness and transparency. Welcome House – Gillingham Homes values included an open door policy [anyone who wanted to bring something up with them just had to walk through the door and ask], management being supportive of staff and people, respecting each other and open communication. Staff told us that they could approach the registered manager and operations manager at any time. Members of staff said, "The manager is excellent. We have a close working relationship and she is part of the team. The manager and operations manager are approachable". We observed this practice during our inspection.

The registered manager understood the principles of good quality assurance and used these principles to critically review the service. They completed monthly audits of all aspects of the service, such as medication, kitchen, infection control, care records, learning and development for staff. The operations manager also carried out series of audits either monthly, quarterly or as at when required to ensure that the service runs smoothly. They used these audits to review the service. We found the audits routinely identified areas they could improve upon and the registered manager produced action plans, which clearly detailed what needed to be done and when action had been taken. For example, the audit dated 26 February 2017 stated 'The manager to update all care plans and treat this as urgent, it was seen that although care plans were updated the information recorded was inaccurate. Actions were to be completed by 14 August 2017'. We found that these had been completed at the time we inspected. This showed that the registered manager responded appropriately to the findings of the audit to improve the service.

The registered manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the service. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check

how any events had been handled. This demonstrated the registered manager understood their legal obligations.

The service worked well with other agencies and services to make sure people received their care in a cohesive way. Health and social care professionals reported that staff within the service were responsive to people's needs and ensured they made appropriate referrals to outside agencies. The registered manager told us that they worked in a joined up way with external agencies in order to ensure that people's needs were met. For example, the provider attained 'Investors in People', Social Care Commitment with Skills for Care and a member of Kent Integrated Care Alliance.

The service had a comprehensive range of policies and procedures necessary for the running of the service to ensure that staff were provided with appropriate guidance. Staff we spoke with were confident about being able to access these policies and procedures.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.