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Grove Villa Supported Living

Inspection report

28 Mill Road
Deal
Kent
CT14 9AD

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was carried out on 31 May 2018 and was announced. Forty-eight hours' notice of the inspection was given because we needed to be sure that people who wanted to speak to us were available during the inspection.

This service provides care and support to people living in a 'supported living' setting, so that they can live in their own home 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.

People using the service live in a 'house in multiple occupation'. Houses in multiple occupation are properties where at least three people in more than one household share toilet, bathroom or kitchen facilities. There were sleep in arrangements for staff on site.

Not everyone using Grove Villa Supported Living receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. There were seven people using the service at the time of our inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

A registered manager was working at the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was not in day to day charge of the service and had delegated many responsibilities to the acting manager, who planned to apply to be registered by CQC.

At the last inspection in April 2017 and the service was rated Requires Improvement. We found that the provider was in breach of four regulations in relation to staff training, the assessment and management of risks to people, people's involvement in planning their care, records and checks of the service. Following the inspection, the provider sent us an action plan of how they would address the shortfalls. At this inspection we found that the action plan had not consistently improved records about people's support and the effectiveness of checks and audits at the service. We found a new breach of regulation in relation to keeping people safe and informing CQC of incidents at the service.

The provider had not send us information we require at least once a year, about what the service does well

and improvements they plan to make.

People were not discriminated against and received support tailored to their needs and preferences. Assessments of people's needs and any risks had been completed. People told us and records showed that staff knew people well and provided their support in the way they preferred. Guidance had not been provided to staff about how to support people to manage behaviours that challenge. Each person had planned their support with staff, including taking into account their goals and aspirations. People had opportunities for lifelong learning and some people had jobs.

Staff knew the signs of abuse and were confident to raise any concerns they had with the managers. The local authority and CQC had not been informed of one incident of possible abuse.

Checks on the quality of the service had improved since our last inspection. However, these had not identified all the areas for improvement we found during our inspection and further improvements were necessary. Accidents and incidents had been analysed and action had been taken to stop them happening again. Information about people was stored securely.

Services that provide health and social care to people are required to inform the CQC, of important events that happen in the service like a serious injury. This is so we can check that appropriate action had been taken. We had not been notified of three significant events at the service.

People's medicines were managed safely and people received their medicines in the ways they preferred and as their healthcare professional had prescribed. People were able to tell staff when they needed some medicines, however the provider did not have guidance for staff to follow when administering 'as required' medicines.

People had not been asked about their end of life care preferences and had not been supported to make plans for the future. We made a recommendation about this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff assumed people had capacity and respected the decisions they made. When people needed help to make a particular decision staff helped them. Decisions were made in people's best interests with people who knew them well.

Changes in people's health were identified and staff supported people to contact the relevant health care professionals. People were encouraged to eat a balanced diet which met their health needs. People planned what they cooked and prepared it with staff support where necessary.

Staff were kind and caring to people and treated people with dignity and respect. People told us staff gave them privacy. Everyone was supported to be as independent as they wanted to be. People told us they had enough to do during the day and were involved in their local community. They used community facilities such as the local leisure centre.

People knew how to make complaints and were confident to raise concerns. The complaint process was accessible to everyone in a way they understood.

There were enough staff to provide the care and support people needed. Staff were recruited safely and Disclosure and Barring Service (DBS) criminal records checks had been completed. Staff were supported

meet people's needs and had completed the training they needed to fulfil their role. Staff were clear about their roles and responsibilities and worked as a team to meet people's needs.

Staff felt supported by the registered manager, were motivated and enthusiastic about their roles. A manager was always available to provide the support and guidance staff needed.

Services are required to prominently display their CQC performance rating. The registered manager had displayed the rating in the entrance hall of the service. The provider does not have a website.

This is the second consecutive time the service has been rated Requires Improvement. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Staff knew how to identify and report possible abuse. However, one safeguarding concern had not been reported to the local authority safeguarding team or to CQC.

Risks to people had been identified but written guidance was not available to staff on how to manage challenging behaviour.

People were protected from the risks of unsafe medicines management, but guidance was not available to staff about administering 'as required' medicines.

People were supported to keep their home clean and tidy.

There were enough staff who knew people well, to provide the support people needed.

Checks were completed on staff to make sure they were honest, trustworthy and reliable before they worked alone with people.

Is the service effective?

Good ●

The service was effective.

People's needs were assessed with them.

Staff followed the principles of the Mental Capacity Act (2005). People were supported to make their own decisions.

Staff were supported and had the skills they required to provide the care people needed.

People were informed about healthy eating and supported to prepare meals for themselves.

People were supported to have regular health checks and to attend healthcare appointments.

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring to people and supported them if they became anxious or upset.

People were given privacy and were treated with dignity and respect.

People were supported to be independent and have control over their support.

Is the service responsive?

The service was not consistently responsive.

People had not been enabled to plan the care they would prefer at the end of their life.

People had planned their support with staff, including setting goals. They received the support they needed in the way they preferred.

People were supported to be part of their local community and participated in activities they enjoyed. People had opportunities for lifelong learning.

Any concerns people had were resolved to their satisfaction.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

The provider had not sent information about the service to the Care Quality Commission when it was requested.

Records about people's care and support were not always complete.

Checks completed on the quality of the service were not effective and had not identified the shortfalls we found.

Notifications of significant events had not been sent to the Care Quality Commission.

People, their relatives, staff and visiting professionals shared their views and experiences of the service and these were acted on.

Staff shared the provider's vision of the service.

Requires Improvement ●

Staff were motivated and were clear about roles and responsibilities.

Grove Villa Supported Living

Detailed findings

Background to this inspection

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

This inspection took place on 31 May 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that people who wanted to speak to us were available during the inspection. The inspection team consisted of one inspector.

Inspection site visit activity started on 31 May 2018 and ended on the same day. It included meeting and speaking to people who use the service, speaking to a staff member who supported them and reviewing care records. We visited the office location on 31 May 2018 to see the registered manager; and to review management records and policies and procedures.

We looked at three people's care and support records and associated risk assessments and medicine records. We looked at management records including two staff recruitment files, training and support records, policies and procedures and staff meeting minutes. We observed people spending time with staff. We spoke with the registered manager, one support staff, three people who use the service and one person's relative.

Before the inspection we asked the provider to complete the Provider Information Return. This is information we require providers to send us at least once annually 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 made the judgements in this report.

We also looked at notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law. We asked three community professionals for feedback about the service and received a response from one person.

Is the service safe?

Our findings

People told us that staff provided the support they required to live independently and this made them feel safe. One person told us, "All the staff are very good. If I am in trouble I can speak to any of them in private and they help me".

People appeared relaxed in the company of other people and staff. Staff had completed training about different types and signs of abuse. Staff knew what to do if they suspect someone was at risk of harm or discrimination. Staff described the signs they may see if someone was at risk, such as a change in their behaviour. We looked at incident reports, including one when a person had hit another person using the service. The registered manager was not aware of the incident and told us it was the acting manager's role to report incidents to the local authority safeguarding team. The incident had not been reported to the local authority so it could be considered for investigation and support could be given to the people involved and prevent similar instances occurring again. Neither had it been reported to CQC, as is required under the legislation. The acting manager informed the local authority safeguarding team following our inspection. There had not been any other similar incidents.

Some people were not able to manage their own finances and were supported by their families, staff or advocates from the local authority to pay their bills and manage their money. People told us about the support they received to budget, including paying bills and saving for events such as holidays. One person told us, "Staff tell me, 'It's your money, spend it on what you want'. I'm saving to go on a special holiday". Checks were completed to make sure that people's money was safe, including keeping receipts and bank records. People always had access to their money when they needed it.

At our last inspection we found that risk assessments around people's behaviour and daily living activities were not up to date. At this inspection we found that risk assessments were up to date. However, detailed guidance about how to support people with behaviours that challenge, such as positive behaviour support plans, was not available to staff. Nevertheless, staff we spoke with described how they successfully de-escalated situations. Incident reports confirmed the action staff had taken was effective. The registered manager told us at the inspection that they would put positive behaviour support plans in place. We will check that this action is effective at our next inspection.

Other risk assessments contained up to date guidance for staff about how to support people to take risks, while staying as safe as possible. This included going out without support from staff and doing laundry. People were supported to prepare meals. Risks associated with this, such as using the cooker had been identified and staff had worked with people to reduce these. Some people only used the hob with the supervision of staff, other people observed staff using the oven.

Staff were informed of changes in the way risks to people were managed at the beginning of each shift. Changes in the support that people needed were recorded in the handover book so staff could catch up on changes following leave or days off. Plans were in place to keep people safe in an emergency and people practiced these regularly.

Previously we found that guidance had not been provided to staff about how to support people to manage health conditions such as epilepsy. Detailed guidance was now in place and followed by staff to support people to remain as safe and healthy as possible. This included the use of equipment to reduce the risk of people sustaining an injury during a seizure.

Accidents continued to be recorded and were checked by the registered manager to look for any patterns. One person had sustained two similar injuries shortly before our inspection. Staff had contacted the person's GP and consultant to check the person's health and review their medicines. The person was waiting for an appointment with their consultant. In the meantime, staff closely monitored the person to reduce the risk of a similar injury occurring again. Staff had completed first aid training. Behavioural incidents had been reviewed and analysed to look for themes. Triggers had been identified and recorded in people's support plans. Staff anticipated when people may become anxious or worried and provided the reassurance people needed.

Medicines were managed safely and people were as involved as they wanted to be. One person proudly told us they knew which medicines to take and when. They also told us they were reassured that staff checked they did not make a mistake. Effective systems were in place to order, administer and record people's medicines. Regular checks on medicines were completed to make sure they continued to be managed safely.

Some people were prescribed pain relief 'when required'. People were able to tell staff when they needed their pain relief. People we spoke with told us staff gave them the medicines when they requested them. Records of the administration of 'when required' medicines were kept and included why the person had needed the medicine. However, guidance was not available to staff about 'when required' medicines, including the time between doses and the maximum that could be taken over 24 hours. This is an area for improvement.

People continued to store their medicines securely in their bedrooms. Staff monitored the temperature of the room daily and records showed the temperatures were within a safe range. This was important as storing medicines at high or very low temperatures could reduce their effectiveness.

People were supported to clean their bedroom and a rota was in operation for the cleaning of communal areas. Some people showed us their bedrooms which were clean and fresh.

Staffing was planned around people's needs, activities and the number of support hours purchased for them by the local authority. People told us they received support from familiar, consistent staff. During our inspection staff supported people on an individual basis to complete tasks. Cover for sickness or holidays was provided by the staff team. An on-call system was in operation to support staff in the evening and at weekends. The acting manager checked each person received the support their care manager had assessed they needed.

Checks were completed on staff to make sure they were honest, trustworthy and reliable before they were employed. People met candidates before they were employed and shared their views with the registered manager. Plans were in place to involve people in interviews. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. New staff did not begin working at the service until all the checks had been completed. Staff declared any health issues that may need to be supported.

Is the service effective?

Our findings

At our last inspection we found that staff had completed basic training but did not have an understanding of person centred support or positive behaviour support. Since our last inspection staff had completed training in these areas. Records showed that staff were no longer recording people expressing their views as incidents of behaviour that challenged and people's support plans included goals and aspirations. Staff worked with the local authority staff to support people to set and achieve goals. One person told us they had learnt to do their own laundry, and another person had learnt to manage a small weekly budget.

Staff received an induction when they started work at the service, which included working alongside experienced staff to help them get to know people. New staff who did not hold recognised qualifications in social care completed the Care Certificate, an identified set of standards that social care workers adhere to in their daily working life. Staff's medication administrations skills were checked annually to make sure their practice remained safe.

Staff had regular one to one meetings with their supervisor to talk about their practice, any issues they had and their development. At our last inspection we found that staff had not had appraisals to plan their development and review their performance for the year. An appraisal process was in place but had not been completed yet this year.

Before people began using the service they met with the registered manager to discuss their needs and plan their support. An assessment was completed which summarised people's needs and how they liked their support provided. This helped the registered manager make sure staff could provide the care and support the person wanted. People also met and spent time with other people using the service and staff, to make sure they got along with everyone.

People told us they were able to make choices about all areas of their life and gave us examples including where they went on holiday, what they did each day and how they spent their money.

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. Staff had received training in relation to the MCA. We checked whether the service was working within the principles of the MCA.

People were able to make straightforward day to day decisions. Guidance was in place and followed by staff to support people to make choices. For example, by speaking clearly and limiting the number of choices offered at one time. Information was also available about the best time of the day for people to make choices, such as late morning and not when they first woke up. When people were unable to make complex decisions, such as having dental treatment, staff worked with them and people who knew the person well, including their family and care manager, to make a decision in their best interests.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS). Where people are at risk of being deprived of their liberty and live in their own homes applications must be made to the Court of Protection. No one had a DoLS authorisation in place. People were not restricted and we observed people coming and going as they wanted. One person had recently learnt how to go to the local shops without staff support and told us they did this several times a week. Other people went out when they wanted with support from staff. The registered manager understood their responsibilities under DoLS.

Staff worked closely with specialist learning disability community nurses and other healthcare professionals to support people to remain as healthy as possible. People had hospital passports in place to tell staff and health care professionals about their health care needs. Staff spoke with knowledge about people's health care needs. Systems were in operation to identify changes in people's health, such as an increased number of epileptic seizures and staff contacted people's health care professionals for support.

People were supported by staff who knew them well to attend health care appointments, including health checks. Staff helped people to understand what was going to happen and supported them to tell their health care professional how they were feeling. One person told us, "Staff going with me gives me more confidence and they help me to explain things". Staff supported people to follow any recommendations made when they returned home and maintained records of the doctor's advice and any follow up appointments or treatment. People were prompted to have regular health checks, including dental check-ups and eye tests, if they wanted them. People lived active lives and told us they enjoyed weekly trips to the local swimming pool as well as regular walks and gardening.

People ate and drank when they wanted to. People planned weekly menus and shopped for items they needed each week with staff support. One person told us they liked to finish up what they had left from the week before, before cooking new food. They told us staff helped them to look at what was left and plan a menu to include these foods. People were encouraged to choose healthy options, and showed us their fridges which contained fruit, vegetables and salad. Three people who went out on the day of our inspection described to us how they had prepared their packed lunch the night before and their breakfast that morning without staff support.

Is the service caring?

Our findings

Every person we spoke with told us the staff were "good" and they got on well with staff. The community professional we spoke with before our inspection told us, 'I do feel the service is kind and caring towards the people they work with and promotes service users independence'.

At our last inspection we found that staff did not always describe people with respect in their records. The registered manager told us they would take action to address this. At this inspection staff described people to us and in their records, in positive and respectful ways. This included positive descriptions of personality characteristics such as, 'excellent sense of humour' and 'helpful'.

Staff supported people to be as independent as possible. They knew what people were able to do for themselves and the support they needed to do other things. For example, some people bathed without support, while other people needed prompting to rinse themselves in the shower. Information about what people were able to do for themselves and the support they needed was recorded in their support plan, including any prompts or reminders people needed. People we spoke with told us they were "very proud" of their independence and that staff supported them only when they needed it. Some people wanted to go on holiday abroad. They had passports and were looking with staff at holidays within their budget.

People were supported to keep in contact with family members and other people who were important to them. They told us they met their visitors in private either in their bedroom or in communal areas. Some people visited their family and stayed for the day or overnight if they wanted to. Other people enjoyed days out with their family and friends.

People told us they had privacy and their dignity was respected. They told us staff did not enter their bedroom without their permission. Shared bathrooms and toilet doors were fitted with locks, which people used. People told us that they were confident that any personal information they shared with staff was kept "private and confidential". Records in relation to people's support were stored in people's bedrooms or locked away.

Staff had asked people about their cultural and spiritual beliefs and supported people to follow these when they wanted to. One person had recently decided to stop attending their local church but was able to go again whenever they wished.

People were relaxed in the company of staff and other people and the atmosphere in communal areas was calm. Staff knew what caused people to become anxious, such as becoming disorientated when they were out or worrying about their family. They anticipated the support people needed in these situations and described to us how they distracted people to help them remain calm. Staff also described to us in detail how they reassured people when they were worried or upset, including sitting down with them and 'having a chat' about what was worrying them. People confirmed that staff gave them the time and space they wanted to calm down on their own or spent time with them providing the support and reassurance they needed.

Staff supported people to understand why an inspector was visiting them. People who wished to speak with us were supported to tell us about their experiences. People who did not want to speak with us were reassured that they did not have to speak to with us if they chose not to.

From April 2016 all organisations that provide NHS or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. The provider was meeting the Accessible Information Standard and had developed accessible ways of communicating with people, such as photographs and easy read documents, to support people to tell staff about their needs and wishes, be involved in planning their care and make a complaint. One person had not been able to visit the service before they began using it. The registered manager had shown the person photographs of the building, their bedroom and staff to help them make them decide if they wanted to use the service.

People who needed support to share their views were supported by their families or care manager. The registered manager knew how to refer people to advocacy services when they needed support. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf.

Is the service responsive?

Our findings

Staff had not asked people about the care and support preferences they would like when they came to the end of their life. No one using the service was receiving end of life support. However, we would expect staff to have asked people about their preferences including any cultural or spiritual needs, where they preferred to be and who they wanted with them. This information is important to enable staff to provide people's care and treatment in the way they want, when the time comes.

We recommend that the provider considers and follows current guidance on end of life care for people with a learning disability.

At our last inspection we found that people's support plans did not contain guidance for staff about how people preferred to be supported. Support plans had been reviewed since our last inspection and contained information about what was important to the person, including what they liked to do, information about their job if they had one and the support they need to prepare meals. Staff described people and their support needs to us consistently. They knew about the support each person needed and how they preferred this offered. This reflected the guidance in people's support records. Everyone we spoke with told us all the staff provided their support in the way they preferred.

Previously we found that people had not been actively encouraged to plan their own support. At this inspection we found that people had set goals and planned how they would achieve them with staff. For example, one person told us they preferred not to use the oven as "It might burn me", but they did enjoy making desserts and staff supported them to do this. Other people's plans included information about the support they needed to get washed and dressed, prepare meals and go shopping. People had access to their support plans and one person showed us theirs. Information in the plan was accessible to the person. Some people had signed their support plan to confirm they had been involved in developing it and were happy with the content.

Each of the support plans we looked had been reviewed and updated since our last inspection. Support plans were now up to date and had been changed as people's needs and preferences changed.

Routines were flexible to accommodate people's daily choices. People told us they were able to get up and go to bed when they wanted. One person told us they used to go to the local day service but had decided they did not want to go any more. On the day of our inspection the person went out with their relative.

People told us they were supported to take part in activities and were involved in the community. Some people did this with friends and others were supported by staff and enjoyed activities including going shopping, out for meals and the local leisure centre. Other people told us they enjoyed gardening and going out for walks. Staff supported people to have opportunities for lifelong learning. When people identified goals they wanted to achieve, such as learning a new skill, staff referred them to the local authority multidisciplinary team who arranged for someone to provide the training people needed. Other people had jobs which they enjoyed.

People and their relatives told us they were confident to raise any concerns they had with the registered manager and staff and their concerns were listened to and addressed. No complaints had been made about the service. A copy of the complaints process was shared with people when they began using the service and was in an accessible format.

Is the service well-led?

Our findings

The registered manager was also the registered manager of two other services the provider owned on the same site. They spent the majority of their time at one of the other services. The registered manager was not in day to day charge of Grove Villa Supported Living and had delegated this role to an acting manager. The acting manager planned to apply to the Care Quality Commission (CQC) to be registered but had not begun this process at the time of our inspection.

Previously, we found checks and audits completed were not effective and had not identified the shortfalls we found during the inspection. Since our last inspection the provider and registered manager had increased the checks they completed on the service. However, these had not been effective in identifying and addressing any required improvements. For example, the registered manager did not check support plans and risk assessments and did not know that a positive behaviour support plan was not in place for one person. Medicines audits had not recognised that guidance was not in place for staff about how to support people with their 'when required' medicines. Other checks including accident and seizure audits had been completed and action had been taken to address any shortfalls found.

The provider's statement of purpose stated, 'The manager and a member of the Service User Action Group visits Grove Villa homes and carries out a quality assurance check on a monthly basis'. However, we found people were not involved in checking the quality of the service at Grove Villa Supported Living to make sure it met the standards they required.

Training staff completed had not been tracked, so gaps in training or any refreshers needed could not be easily identified. Plans were not in place to continually improve the service. We would expect providers to have a continual improvement plan in operation based on robust quality assurance processes.

At our last inspection we found that peoples' records were not always accurate and complete. During this inspection we found that staff knew people and their needs well and records about people's care and support had improved, including risk assessments. However, written guidance had not been provided to staff about the support people required to manage behaviours that challenged.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is information we require providers to send us, at least once annually, to give some key information about the service, what the service does well and improvements they plan to make. The provider did not return the PIR by the required deadline. We discussed this with the registered manager during our inspection. The PIR was submitted after the inspection.

The registered persons had failed to establish and operate adequate systems to assess, monitor and improve the quality and safety of the service provided. The registered persons had failed to maintain accurate records in relation to people's care and support. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider met weekly with the acting manager to discuss what was planned at the service that week and agree any action required to make sure people received the support they needed. Actions were reviewed the following week to make sure they had been effective.

Services that provide health and social care to people are required to inform the CQC, of important events that happen in the service like a serious injury or deprivation of liberty safeguards authorisation. This is so we can check that appropriate action had been taken. The registered manager not sent two serious injury notifications when they were required and told us they had not considered if a notification was required. The acting manager sent us the notifications after the inspection. The registered manager had sent CQC a notification about an incident that happened at the service. They had used the wrong service name and we were not aware that the incident had occurred at Grove Villa Supported Living. They had also failed to send us a safeguarding notification.

The registered persons had failed to notify the Care Quality Commission without delay of incidents of injuries to a service users and allegation of abuse. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The registered manager sent a survey to people, visiting professionals, friends and relatives each year. The last survey had been sent out at the beginning of 2018. Most of the feedback received had been positive. The registered manager had identified that some people were not aware of how to raise complaints and concerns about the service. They had discussed this with people and provided them with a copy of the complaints policy. One person's relative had responded and their feedback had been positive. No visiting professionals had responded.

Staff had not been invited to complete a survey since our last inspection. Plans were in place to review the process used to gather feedback about the service from staff. Staff we spoke with told us they shared their views at supervision and staff meetings.

There was a culture of openness; staff and managers spoke to each other and to people in a respectful and kind way. We observed people chatting to the managers and staff when they wanted to. Staff and people knew each other well, and chatted in a relaxed way.

The provider's vision of the service was to support people to be as independent as possible. People told us and we observed that this vision was shared by staff and underpinned the service people received. One staff member told us they aimed to "promote people's independence, support them to learn new skills and do as much for themselves as possible".

Staff told us they were motivated and enjoyed working at the service. A manager was always available to give them advice and guidance. One staff member told us, "They are there for me if I need extra support or have a problem". Staff worked together as a team to provide people with the care and support they needed. They understood their roles and knew what was expected of them.

The registered manager had developed in their role and had recently completed a level 5 diploma in the management for care. They were a member of the local registered manager network but had not attended any of the meetings. They planned to attend meetings in the future and create a personal development plan for themselves with a care consultant. The provider was a member of the Kent Integrated Care Alliance (KICA). They used information from KICA to keep up to date with changes in legislation, such as the new general data protection regulation. The acting manager had enrolled onto a level 5 diploma in the management for care course which was due to begin in June 2018.

Services are required to prominently display their CQC performance rating. The provider had displayed the rating in the entrance hall of the service. The provider did not have a website.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The registered persons had failed to notify the Care Quality Commission without delay of incidents of injuries to a service users and allegation of abuse.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered persons had failed to establish and operate systems to assess, monitor and improve the quality and safety of the service provided.</p> <p>The registered persons had failed to maintain accurate records in relation to people's care and support.</p> <p>The registered provider had failed to submit with 28 days of the request a written report setting out how, and the extent to which, in their opinion they assess, monitor and improve the quality and safety of the service and mitigate risks.</p>