

Caretech Community Services (No.2) Limited

Whiston House

Inspection report

Whiston Avenue
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Ashford
Kent
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Date of inspection visit:
27 September 2019

Date of publication:
11 November 2019

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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Whiston House is a 'care home' and is registered to provide accommodation and personal care for a maximum of fifteen people. At the time of the inspection 11 people were living at the service, including one person who was in hospital. The service was divided into two areas. The top part of the service was called 'The Willows' which was more suitable for people who were more physically able; the bottom part of the service was called 'The Oaks' which was suitable for people with mobility issues.

Within both areas of the service people had access to a communal lounge, dining room, kitchen, shared bathrooms, and laundry room. Each person's bedroom had its own ensuite facilities. There was a large garden which people could access when they wished.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 15 people. Eleven people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design. The service was split into two separate smaller units and fitted into the residential area where there were other large domestic homes.

The service had not been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. Most people using the service received planned and co-ordinated person-centred support that was appropriate and inclusive for them. However, a few people needed to be involved in more meaningful activities to prevent the risk of social isolation and to support them to lead more fulfilling and active lives. The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

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

People received care and support that was personalised to their individual needs. Most people participated in a range of activities that met their individual choices and preferences. This were recorded in their daily records and their goals and aspirations had been identified monthly. However, a few people's records showed that they participated in very few meaningful activities. Goals and aspirations had not been identified for them. There was no information on what support and encouragement some people had received to lead a more fulfilling, meaningful and active life.

People indicated and said they felt safe living at Whiston House. Risks to people's health, safety and well-being were assessed, and action was taken to remove or reduce the risks. Some of the risk assessments were not individualised and contained generic information. This had been identified as a shortfall and the

registered manager was taking action. Staff were clear and knowledgeable on how to keep risks to individual people to a minimum.

People were safe and protected from avoidable harm because staff knew how to identify and report any concerns relating to the risk of abuse. People received safe care and support as the staff team had been trained to recognise signs of abuse or risk and understood what to do to support people safely.

People received support with their medicines by staff who had received training and who had been assessed as competent. There were systems in place to respond to any medicine errors and regular checks were completed to ensure that people were receiving the right medicine at the right time.

Staff members followed effective infection prevention and control procedures. The service was clean and fresh. The provider had arrangements in place for the maintenance and upkeep of the building.

The provider took appropriate actions following any incidents and learning was shared with staff to prevent re-occurrence.

The provider followed safe recruitment practices when employing new staff members. Staff received the training they needed to undertake their roles effectively and safely. New staff completed an induction training programme. Staff received regular supervision and felt well supported by the registered manager and deputy manager.

People received help and support from a kind and compassionate staff team with whom they had developed positive relationships. People were supported by staff members who were aware of their individual protected characteristics like age and gender and disability and these were respected.

People's needs were assessed prior to them using the service. People were supported to have choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems supported this practice.

Staff knew people well and quickly identified when people's needs changed. When people were unwell or needed extra support, they were referred to health care professionals and other external agencies. Staff supported people with their nutritional needs to help maintain their health and wellbeing.

People were supported to maintain a healthy diet and had choice regarding the food and drinks they consumed.

People were provided with information in a way they could understand. The provider had systems in place to encourage and respond to any complaints or compliments from people or those close to them.

The provider understood the requirements of their registration with the Care Quality Commission and was meeting the legal requirements. The provider had effective systems to monitor the quality of the service they provided and to drive improvements where needed. The registered manager had good links with the local community which people benefited from.

Staff knew their roles and were able to tell us about the values and the vision of the service. The registered manager and senior management team carried out regular audits to check the quality of the service. The registered manager provided leadership and considered the views of people, their relatives and staff about the quality of care provided. The registered manager and staff used the feedback to make improvements to

the service.

Rating at last inspection:

At the last inspection the service was rated Good. (Published 31 January 2017)

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Whiston House on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was not always responsive.

Details are in our responsive findings below.

Good ●

Is the service responsive?

The service was not fully responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Whiston House

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type:

Whiston House is a 'care home' for people living with autism and learning disabilities. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was supported by a deputy manager.

This inspection was unannounced.

Inspection activity started on 27 September 2019 and ended on 27 September 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included information received from the provider about deprivation of liberty applications and their outcomes and other events which they are required to send to us by law. We used information the provider sent to us in the Provider Information Return. This is information we require providers to send us at least once a year to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

During our inspection visit we spoke with four people. Some people living at the service, due to their complex care needs and disabilities were unable to give us their feedback. We spent time with people to see how staff supported them. We also spoke with three care staff, a senior carer, the deputy and the registered manager.

We reviewed a range of records. This included three people's care records and medicine records, training and supervision records and records relating to the quality monitoring and management of the service.

After the inspection

We spoke with two relatives by telephone.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said and indicated they felt safe with the staff who care and supported them. People were relaxed and happy in the company of staff. Relatives said that were confident and assured that their loved ones were safe and well- cared for at Whiston House.
- Staff had received training and understood what to do to make sure people were protected from harm or abuse.
- Staff were aware how to recognise and report any concerns they may have. They were confident that the registered manager would deal with any concerns they may raise.
- The registered manager knew to report any concerns to the local safeguarding authority and take appropriate action to keep people safe.
- There were systems in place to make sure people's money was managed safely and people were protected from the risk of financial abuse. The registered manager and providers representatives undertook regular audits to make sure peoples finances were managed safely.

Assessing risk, safety monitoring and management: Learning lessons when things go wrong

- Risks to people's health, safety and well-being were identified and measures put in place to remove or reduce the risks.
- Some risk assessments were not personalised and contained generic information. This had been identified at the recent audit undertaken by the providers representative. The registered manager and deputy manager were taking action to rectify the shortfall.
- Staff showed a good understanding of how to manage risks to people' safety. They were able to describe how they supported people with complex needs to prevent harm.
- When people required equipment to keep them safe, this was in place. Steps were taken to make sure the environment people lived in was safe and secure.
- Staff had carried out environmental risk assessments and safety checks throughout the environment. People helped the staff complete these checks.
- There were systems in place to learn lessons and improve the service when things went wrong.
- All accidents and incidents were recorded.
- The registered manager had carried out investigations following any incidents/accident and had discussed the learning with the staff team.
- Accidents and incidents were analysed and reviewed by the provider to identify measures that may be required to reduce the risk of further incidents.

Staffing and recruitment

- Staff said that overall there was enough staff to give people the support and care they needed.

- When there was an identified shortfall in staffing levels the registered manager used agency staff, but this was kept to a minimum and permanent staff usually covered the shortfall.
- A relative said, "They try and keep to the same staff as sometimes a new face can be upsetting for people. The staff team is more stable now."
- Staff were recruited safely. Recruitment checks had been completed, including checks on staff's conduct in previous social care roles and Disclosure and Barring Service (DBS) checks. Any disclosures on DBS checks were risk assessed to ensure potential staff did not pose a risk to people.

Using medicines safely

- People's care plans included details of their prescribed medicines, how these supported people to manage their health conditions and how people preferred to take their medicines.
- People were supported to be as independent as possible when taking their medicines. When people were able to take their medicines themselves, checks were done to make sure they could do this safely.
- When people needed 'as and when' medicines for their specific health conditions there was guidance in place to make sure staff gave these consistently and safely.
- Medicines were stored safely, and records completed to confirm staff had administered medicines.
- Staff received training in the safe management of medicines and this was refreshed every 12 months.
- The management team and provider undertook regular audits on medicines to make sure they had been given correctly. When errors were identified action was taken by the provider to prevent re-occurrence.

Preventing and controlling infection

- The service was clean and free from the risks of spreading infection.
- Staff had completed training in understanding their role in preventing and controlling the risk of infection for people. They supported people to keep their home clean and tidy.
- The provider ensured personal protective equipment, such as gloves and aprons, were available for staff when supporting people with tasks.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as GOOD. At this inspection this key question remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Physical, mental health and social needs had been assessed and care plans included guidance and information to provide direction for staff in line with current good practice guidance.
- Before people came to live at the service pre-admission assessments were completed and covered areas such as personal care, communication, personal history, and risks.
- Assessments reflected people's lifestyle choices and preferences to ensure people were treated equally and protected from the risk of discrimination.
- When appropriate, relatives and advocates had been involved in the assessment process which helped to support a person-centred approach to care planning.

Staff support: induction, training, skills and experience

- Staff had completed training to meet people's needs including best practice skills in supporting people with learning disabilities and challenging behaviour.
- When people had specific needs, the registered manager had been proactive in introducing additional training for staff to better equip them to support people. This included interactive training to support people who had a sight impairment. Staff said this was one of the best training sessions they had been on and it really gave them insight about people who were visually impaired
- New staff had completed an induction which included shadowing experienced staff and completing the providers basic training programme. All new staff completed the Care Certificate, which are a set of standards that define the knowledge, skills and behaviours expected of care staff in their role.
- Staff told us they received regular supervision with the registered manager or deputy manager. Staff told us the registered manager was approachable and supportive.
- Staff also had observational supervisions where their competencies in areas like promoting independence for people was observed. The registered manager had identified that some staff were not encouraging and supporting people to maximise their abilities. They were addressing this through handovers, staff meetings and supervisions. Constructive feedback was given to staff, so their practices could improve.

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

- People's dietary needs and preferences were documented in their care plans.
- When people were at risk of poor nutrition and hydration, plans were in place to monitor their diet closely. Professionals, like dietitians and speech and language therapists (SALT) were involved when people needed specialist input with their diet.

- People were supported to eat a healthy diet and nutritious diet.
- People were supported and encouraged to shop for food, plan their own menus and if they were able, supported to cook their own meals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- When people moved to or from the service they were supported consistently and, in a person-centred way.
- Staff were vigilant about changes in people's health and wellbeing and ensured concerns were referred to health professionals in a timely manner. Staff followed guidance provided by professionals.
- When a person was in hospital a member of staff visited every day to make sure the person was supported and getting everything, they needed.
- Various professionals were involved in assessing, planning and evaluating people's care and treatment.
- The people and staff worked alongside local community and medical services to support people and maintain their health.
- If any concerns were identified then the relevant agency was contacted so that advice and input could be sought as soon as possible.
- Records showed staff raised concerns about people's wellbeing to community services such as the person's GP, psychiatrist or specialist nurses and speech and language therapists.
- Each person had a 'Hospital passport' and a 'Keeping Healthy Plan.' This gave information and guidance about people's specific health needs. This was with other professionals, so they had an understanding of the person's needs.
- Staff explained in depth about the importance of oral health for people. Each person had an oral routine that was personal to them. This was recorded in their care plans

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- When there were restrictions on people they had MCA assessments in place that considered the least restrictive option.
- Staff had a good understanding of the MCA and how it related to people. Staff were able to describe how some conditions meant people may lack capacity at certain times and not others.
- Staff supported people to make decisions about their day to day lives and respected people's choices.
- The registered manager monitored DoLS applications to ensure they were submitted on time.
- Relatives said that they were always involved in decisions about their loved one's care and treatment.

Adapting service, design, decoration to meet people's needs

- The design of the service met people's needs. People had been involved in choosing new décor and furnishings for the service.
- People were encouraged to personalise their bedrooms with their own furniture, pictures and other belongings.
- One relative said, (Relative's name) room is beautiful. They have all their important things around them.

Staff have gone out of their way to special."

- The building and garden were homely and comfortable and large enough for people to have their own space.
- There was communal and private space suitable, so people could decide where they wanted to spend their time.
- At the time of the inspection the kitchens were being upgraded and refurbished. Some people enjoyed and were supported to prepare their own meals and drinks.
- Further plans were in place to improve the interior and exterior areas of the service

Is the service caring?

Our findings

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

At the last inspection this key question was rated as GOOD. At this inspection this key question remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People received kind and compassionate care. People and their relatives were positive about the care provided. One person said, "The staff help me. They are good."
- Relatives said, "(Name of person) is really well cared for. It gives us peace of mind. We feel embraced by the staff." They (the staff) support us as a family. Nothing is too much trouble." The registered manager promoted and encouraged inclusion. The management team and staff focussed on building and maintaining open and honest relationships with people and their families.
- People's needs were identified, including those related to protected equality characteristics such as age, disability, ethnicity and gender.
- Staff received training in equality and diversity and person-centred approaches to help them recognise the importance of treating people as individuals with different and diverse needs.
- People were comfortable with staff and had developed positive, trusting relationships. Staff communicated with people appropriately. Staff spoke with people gently and calmly.

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

- Staff showed us how they supported people to make decisions about their care. When people could not communicate verbally they used picture, objects of reference or electronic devices.
- A relative told us that, their loved one now had the confidence to make decisions about important family matters themselves. They said that staff had supported and encouraged the person to express their wishes which were respected and acted on.
- Relatives and representatives had been involved in developing care plans which helped to ensure the person was at the centre of the care provided.
- Staff were able to describe the communication methods they used to support people to make decisions and choices when they were unable to fully verbalise.
- The registered manager put people in touch with advocacy services in the event they required support to make decisions and choices about their care.

Respecting and promoting people's privacy, dignity and independence

- People's right to confidentiality was respected. Care and support records were kept securely with access only authorised people.
- People were given choice and control in their day to day lives. Staff offered people opportunities to spend

time as they chose and where they wanted. People had developed positive, supportive relationships with each other.

- Staff demonstrated a good awareness of people's lifestyle choices and supported people to maintain relationships that were important to them.
- People were supported to spend time with their family. People went to their family homes for weekends and holidays.
- People's care plans detailed how staff should protect people's dignity whilst providing care and support. For example, promoting dignity during personal care, supporting them to maintain their appearance, and supporting them to socialise and be part of the local community.
- Staff provided care and support with the emphasis on promoting people's independence and daily living skills. This involved all aspects of daily living, such as personal hygiene, shopping and menu planning.
- The registered manager had identified that occasions staff were doing things 'for' people instead of 'with' people. This issue was being addressed to ensure people were supported to be as independent as they could be.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as GOOD. At this inspection this key question has now deteriorated to Requires Improvement.

This meant people's needs may not always be fully met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The majority of people enjoyed a wide range of activities within the service and in the local and wider community.
- On the whole people's goals and aspirations were identified and people were supported to plan and achieve these. However, for a few people these had not been identified.
- Staff said that these people choose to spend most of their time in their rooms and within the service. Staff said that this was their decision not to participate.
- There was no guidance in place on how best to encourage and support these few people to live more fulfilling lives. There was no record to indicate that choices had been offered in a way that people would relate to, or how staff had offered encouragement and support to prevent social isolation and develop relationships.

We recommend the registered provider consult best practice guidance regarding to community participation for people with learning disabilities. This is an area for improvement.

- The registered manager had recently employed an activities co-ordinator and they were due to start work at the service. They would be developing and promoting more activities for people.
- Most people took part in local community events. Staff organised family events like summer barbeques and Christmas celebrations. A relative said, "They invite all the relatives. Everyone has a really good time."
- People were supported to attend events they were interested in like motor cycle racing. People visited places of interest in the local area
- People were involved in growing vegetables in the garden and preparing them for meals.
- People had enjoyed trips to London to visit Buckingham Palace and The Tate Modern. People had also gone to musicals which they had enjoyed, and more outings were being planned.
- A relative told us that their loved one was supported to attend college courses in the past.

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

- People's care and support was personalised and flexible.
- People and their relatives were involved in the development and review of their own care and support plans.

- The plans gave the staff information on how people wanted to be supported in a way that suited them best.
- One relative said, "We are always involved. We go to reviews and the registered manager and deputy keep us up to date. We feel fully involved."
- Care plans were personalised and provided detailed information about people's life histories, what was important to each person, and how they interacted with other people and their environment.
- People's care and support plans were reviewed to account for any personal or health changes. The staff had reviewed the plans at regular intervals and any changes in needs had been recorded.
- Staff understood people's behaviour needs. They had developed care plans which included guidance on how to provide people with the support they needed with any behaviours that challenged others and the service.

Meeting people's communication needs

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

- People could communicate with staff and make their needs known. Staff knew people very well and were able to understand what they needed and wanted.
- When people had sensory impairment, staff had received specialist training. They told us this helped people identify who they were by touch and smell. Staff told us that some people could identify staff members by their jewellery they consistently wore, like certain rings and bracelets
- A relative told us they were in the process of setting up social media links with their loved one, so they could have more interactive and meaningful communications. They also said that staff had supported and helped to their relative improve how they communicate their feelings and experiences.
- Staff described how they supported people who used non-verbal communication, to make visual choices using objects of reference; interpreting the gestures and movements people made in response.
- Relative's and staff told us there was on-going communication with all involved in peoples care, which ensured people's needs continued to be met.

Improving care quality in response to complaints or concerns

- A relative said, "They (the staff) always follow up on the little things."
- There was a range of information in an accessible format to support people to raise concerns and share their feedback. This included pictorial and easy read complaints information.
- Relatives told us if they had any concerns or complaints they were confident that the registered manager or deputy would listen and take the any necessary action.
- Any complaints that had been raised had been investigated and when shortfalls were found action was taken

End of life care and support

- People had been and were being supported at the end of their life to have a comfortable and dignified death.
- Following a best interest meeting with all involved in a person's care, they had come home to the service to spend their last few days in their own bedroom. They were surrounded by staff that they knew and who knew them well and, in an environment, they were familiar with.
- Support was provided by staff, district nurses, the palliative care team and G. P's to make sure people received the care and support that they needed at this time of their lives
- How people wanted to be supported at the end of their lives was being discussed and recorded with them and their families.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The culture within the service was positive and offered person-centred care to people.
- People's care was planned, monitored and reviewed regularly with them. What people wanted was the priority.
- People and their relatives commented very positively about the registered manager, the deputy and the staff team. A relative said, "We feel fully involved in all aspects of (person's name) care. We are part of everything."
- There were open discussions with people, their relatives and staff to make sure people were receiving the care and support that they wanted.
- The aims and objectives of the organisation were discussed with staff when they were employed.
- People indicated, and relatives told us that they could approach the registered manager at any time. A relative said, "The registered manager always responds very quickly. I never have to ask the same question twice." Staff said they felt supported by management and could go to them whenever they needed to.

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

- The registered manager had been in post for almost nine years and had many years of experience working in social care at different levels of responsibility. The registered manager was supported by a deputy manager.
- People received care and support from a team of staff who knew them well. A relative said there had been some changes in staff but there was a consistent core team who had worked there for a long time. They said this had made the introduction of new staff easier for people to adapt to.
- The management team and staff team understood their role, responsibilities and the operation of the service.
- Staff undertook their role and duties independently. They said if they had any concerns or needed support they could go to the management team who would listen and take action.
- Registered persons are required to notify the Care Quality Commission (CQC) about events and incidents such as abuse, serious injuries, deprivation of liberty safeguards authorisations and deaths. The registered manager was aware of their regulatory responsibilities. The registered manager had notified CQC about important events that had occurred.

- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The provider had displayed a copy of their inspection report and ratings in the reception area and it was on the provider's website.

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

- The registered manager understood and acted on their duty of candour responsibilities. They promoted and encouraged candour through openness.
- Good relationships had been developed between the registered manager, staff, people and their family members.
- When anything went wrong it was reported to the appropriate out-side agencies and action was taken to prevent re-occurrence.
- Systems were in place which continuously assessed risks and monitored the quality of the service. These included managing complaints, safeguarding concerns and incidents and accidents.

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

- People were engaged with the service and asked their opinions. The registered manager operated an open-door policy when people, relatives and staff could give their opinions about the service and share their views at any time. Relatives told us that they always got a response from the registered manager when they had query.
- There were regular staff meetings. Meetings provided opportunities for staff to feedback their views and suggestions. Staff told us they were listened to and it was a good place to work.
- Relatives told us they had confidence in the registered manager and the staff. One relative said, "Not only do they support (my relative) but they really help me too. They have supported me. If we have any issues they help us sort them out."
- The provider's quality assurance system included asking people, relatives and staff about their experience of the service. The most recent surveys had been positive.
- People, relatives and staff could give their opinions about the service and share their views at any time.
- Visiting professionals had given positive feedback about the service. Comments were, "All the staff are welcoming and friendly whenever I visit. The care to individual's is very person centred and "A real lively home full of fun."

Continuous learning and improving care and working in partnership with others

- The provider representatives completed a range of audits to evidence their on-going monitoring and auditing of the service. When issues were identified action was taken to prevent re-occurrence and improve the service.
- There was an ethos of continual improvement and keeping up-to-date with best-practice in the service. The registered manager was part of a variety of networks, to support learning and sharing of best practice.
- The registered manager had connections with the wider community and other local organisations. For example, they had links with Kent association for the blind, Mencap and a Befrienders group.
- The registered manager also kept up to date with changes and improvements through meetings within the organisation and external resources such as 'Skills for Care 'and 'Nice Guidelines.'
- Staff worked with and sought advice from a range of health professionals and other community agencies to ensure that people's needs were considered and understood so that they could access the support they needed.