

LDC Care Company Ltd

The Glen

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

The inspection took place on 4 July 2018 and was unannounced.

The Glen is a 'care home.' 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 care service had 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. At the time of inspection there were six people living at the service.

The registered manager was not present on the day of the inspection. 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 2008 and associated Regulations about how the service is run. The registered manager for The Glen oversaw several services and a service manager was responsible for the day to day running of the individual service. The locality manager for The Glen was present during the inspection.

At the last inspection, we rated The Glen as 'Good.' Since that inspection, some elements of The Glen have remained good, while other areas have become outstanding. The provider had made some changes and improvements to the environment to help support communication and to help people feel more relaxed. Staff had developed and built on the good support previously provided, they had worked with healthcare professionals to increase people's quality of life.

The Glen accommodates up to nine people. People living at The Glen had some complex health needs. Staff had to use creative ways to support people to live the lives they chose. Staff were determined to provide people with the best possible opportunities in life. Staff linked people to specialist health professionals who updated them on the latest research and supported people with the latest treatments.

People were given support to live a more active and meaningful life. It was clear that staff were very caring and committed to supporting people to live fulfilled lives. Staff shared the provider's vision, that 'everyone is unique, every day is special.' Staff tried to make every day special by trying to ensure people had a good day every day. People smiled and laughed with staff and staff responded to people and colleagues with kindness and respect. Staff felt supported, included and valued by the whole management team, one stated "I would never do anything else."

Staff worked innovatively with people, their families, friends and health professionals to overcome challenges, big or small. The staff team had an excellent working relationship with a range of professionals. These professionals told us how staff always valued their suggestions and created action plans to implement them. Relatives echoed this, praising the "amazing" relationship they had with staff had with

people and praised the support staff provided to their loved ones.

Staff supported people to increase their skills, including cooking, cleaning and budgeting to enable them to live more independently. People had developed skills and grown in confidence and some had moved on to live more independently. The provider had adapted the premises to accommodate and adjust to people's changing needs. Noise was a particular issue for some people so the provider had adapted the premises to reduce the amount of noise. This had led to one person becoming less upset and anxious.

Since the last inspection, the manager had worked with speech and language therapists to introduce assistive technologies. These technologies enabled people to explain their wishes and preferences more clearly. A tablet computer had been used to help people to choose what meals and activities they would like to take part in, by using pictures and using sounds and voice activation. One person had recently used this method to indicate their interest in horses, staff explored this and as a result the person now had horse riding lessons.

People's needs were constantly assessed and support was constantly adjusted to meet people's changing needs. Staff had an extremely good understanding of people's needs and responded to any changes to people's physical and emotional health. Staff could tell us how people communicated when happy, sad or in pain and understood how people communicated.

Each person was involved in developing a support plan detailing their dreams and aspirations and the support they needed to achieve. People and their loved ones were involved in planning the support they might need should they become unwell or at the end of their life. Risk was well managed without restricting people from activities they enjoyed.

The provider had researched continuous improvement opportunities to improve how they recorded, monitored analysed and responded to every aspect of people's day to day lives. For example, a computer system enabled staff to build a virtual picture of each person, detailing and analysing health conditions and any incidents. This provided staff with a more detailed insight of people when providing care and when formulating plans with health professionals.

People had a say about who was appointed to support them and induction training focused on people's specific needs. Staff attended a range of training including interactive training which tried to replicate how it feels to live with autism. Staff told us that this helped them to understand and support people. The managers made sure that there continued to be enough staff around when people needed them. Staff continued to be recruited safely.

The leadership of the service was strong and the managers had a 'can do' attitude supporting people to achieve despite their complex needs. Staff regularly attended a variety of forums on best practice. Key information on best practice was then disseminated to the rest of the team. The Glen were featured in a recognised national best practice guide for adult social care provider's seeking a 'good' or 'outstanding' rating.

Each person's unique needs relating to eating and drinking were supported in a unique and innovative way. Staff worked with dieticians and speech and language therapists to formulate plans, which supported people to control their diabetes, and to lose or gain weight. People were supported to take part in a range of physical activities, such as swimming and walking.

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 support this practice. People were supported to have as much control over their medicines as they were able. People's information was kept securely in the office and staff respected people's privacy, dignity and confidentiality.

Staff knew what action to take if they witnessed or suspected abuse. Information about abuse was communicated to people in a way that was meaningful to them, using pictures, straightforward language and signs. Managers actively encouraged staff and relatives to share concerns and complaints.

The managers were constantly looking at ways to improve and made improvements in response to questionnaires sent to staff, relatives and health and social care professionals. The manager had analysed the responses and made changes including; organising tailored training for staff and some redecoration of the premises. The registered manager used effective systems to continually monitor the quality of the service and had ongoing plans for improving the service people received.

The registered manager and registered provider (LDC) attended and chaired a variety of different forums for health and social care professionals in East Kent. The forums enabled LDC to build up relationships with professionals and organisations locally. LDC also attended a host of public events and recruitment fayres to improve people's knowledge of and attract people to a career in health and social care.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Outstanding ☆

The service was outstanding in the way they cared for people.

The relationship between people, staff, relatives and health professionals was excellent. Staff embraced a caring ethos, where every voice was valued and everyone was treated with kindness, equality and respect.

Staff knew people well and used a variety of methods to enable people to be involved and have a say, no matter how complex their needs.

Staff empowered people to build the skills and confidence to live as independently as possible.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Outstanding ☆

The service was outstandingly well-led.

The registered manager and provider had developed and sustained a caring and positive culture where everyone involved was encouraged to contribute to the continuous improvement.

Robust auditing procedures were in place to assess the quality of care being provided. The provider had a clear strategy for developing and improving the service, which was embraced by staff.

Staff encouraged people to achieve their goals. Staff set themselves high standards and strove for excellence in person-

centred care.

The provider was involved in national and local schemes to improve the support that people with learning disabilities received. They shared of best practice through contact and partnerships with local organisations and forums.

The Glen

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.

The inspection was carried out by two inspectors on 4 July 2018 and was unannounced.

Before visiting the service, we looked at previous inspection reports and information sent to the Care Quality Commission (CQC) through notifications. Notifications are information we receive when a significant event happens, like a death or a serious injury.

We also looked at information sent to us by the manager through the Provider Information Return (PIR). The PIR contains 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 observed interactions between people and staff and case tracked three people with varying needs. Case tracking is looking at a variety of different sources of information, such as care and support plans, activity plans and risk assessments. We also looked at staff rotas, training records, audits, medicine charts and recruitment files. Some records were held centrally at the provider's head office, so these were sent to us after the inspection.

We spoke to eight members of staff and two relatives on the days following the inspection. Views were also sought from a care manager from social services and a visiting health professional; these views are included in this report.

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People at The Glen continued to be safe. The atmosphere was calm and people looked relaxed and comfortable in the presence of staff. A relative told us "We are so pleased with The Glen, all my family know that [loved one] is safe and happy and very spoiled, that's all that matters."

Staff worked closely with the safeguarding team at social services when required and knew what to do if they witnessed or suspected abuse. Warning signs and guidance for identifying concerns was displayed in the office for staff to refer to. People were supported to learn about how to keep themselves safe and about personal safety when out and in different situations. People had advocates and family members to ensure that their finances were managed in their best interests.

Staff had adopted an open approach to raising and learning from incidents and 'near misses.' Staff were actively encouraged to raise concerns and shared ideas on how to manage situations differently, confidently and had no fear of reprisals. Staff told us that they felt duty bound to speak up for people and to improve the quality of the service if required. Incidents and accidents were investigated thoroughly and responded to appropriately. Environmental risks to people were identified and checks were carried out to ensure that people were kept safe.

Risks to people continued to be assessed and mitigated. Staff could tell us about the risks to people, how they presented when they were anxious and what action to take. People were supported to take risks and not to be restricted, for example, a person was now more mobile after having support to use equipment that was previously thought to be too risky. Staff had worked with health care professionals and the person to help them use the equipment safely.

Staff continued to be recruited safely. Recruitment was managed by the provider at their head office to ensure that all the right checks and documents were collected from new members of staff. People met prospective new staff and they indicated to staff whether they would like to work with them. Since the last inspection the outcomes of interviews had been based more on people's responses. People had communicated their response in their own unique way such as tapping twice, or making hand movements.

The registered manager made sure that there were enough members of staff with the right set of skills to provide consistent and safe support to people. If there was staff sickness, the provider made sure people received care from replacement staff they knew to minimise any upset.

Medicines continued to be managed safely. Medicines were stored securely and a series of checks ensured that errors were quickly identified and resolved. When staff noticed a prescription error recently, they contacted the pharmacy and used the incident to reiterate the importance of checking in medicines correctly. People continued to be supported to have as much control as they were able of their medicines.

The environment was clean and smelt fresh. Staff wore protective clothing when necessary and continued to have regular infection control training. A detailed cleaning checklist and audit was used to ensure that the risk of infection was reduced for people.

Is the service effective?

Our findings

People's needs continued to be assessed before they moved in. Assessments were thorough so the managers could be sure that staff had the skills required to meet people's needs. People were asked about protected characteristics such as religion and sexuality and about their life history so far and about what they wanted to achieve in the future.

Staff visited people who might want to move in and had worked with families and professionals to help make moves into the service as smooth as possible. Some adaptations had been made to the building to help meet people's needs before they moved in. Staff continued to support people to manage their complex health needs. A relative told us "[Loved one] sees the top consultant neurologist, the epilepsy nurse organised it, but we would not have an epilepsy nurse if it was not for The Glen."

A relative commented "[Staff] listen and consider what I say," a health professional also stated "This provider is excellent on following suggestions and advice given, in particularly with making ongoing referrals to health professions. [They] go above and beyond."

Staff had supported a person to gain weight and to increase their mobility so they were now able to go out with friends and enjoy activities rather than be confined to bed. Staff had found positive ways to encourage people to take care of themselves and stay well. People and staff had worked together to devise a local walking route which they walked together. People enjoyed the walks stopping at a local café en route to enjoy a drink and snack.

Everyone took part in planning and preparing meals. Some people used assistive technology including computer apps and pictures to help them choose meals, people nodded, smiled or pointed at pictures of meals they wanted to try. Staff monitored people's reaction to meals, if they indicated their unhappiness, by pulling negative facial expressions or making negative sounds, people could choose an alternative meal.

People chose from a range of healthy meals, which included produce harvested from people's own vegetable patch. Staff used creative ways to present food to encourage people to eat and to try new things. One person liked sweet foods so staff made jellies with fruit. These foods and healthy snacks were always available for people. People were encouraged to take part in 'fun cooking' recently, staff found that putting food colouring in tapioca pudding with pears was a fun way of felling different textures. We saw people taking part in preparing meals and drinks which they looked like they were enjoying.

Staff continued to have regular training which enabled them to offer good support. Staff had regular one to one supervision meetings and discussed wellbeing, ideas and personal development. Staff commented "I feel very much supported, right up to higher management." Most of the staff team were long standing staff, providing people with consistent care. A member of staff said, "I do love the Glen, I have been here [several] years and I am still as enthusiastic."

The design and decoration continued to be centred around people and their needs. Some people were

living with epilepsy and their seizures could be triggered by noise. Staff identified ways they could reduce noise including sound proofing the laundry which had made a difference to some people. A relative said that "[Person's] environment is amazing!"

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. We saw that best interest meetings had taken place and staff had worked hard to reduce the impact of difficult decisions on people and their families.

If a person was unable to make a decision about medical treatment or any other big decisions then members of people's families, health professionals and social services representatives were involved to make sure decisions were made in the person's best interests. Independent Mental Capacity Advocates, (IMCA - an individual who supports a person so that their views are heard and their rights are upheld) had been involved in supporting people to make decisions.

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 authorisation procedures for this in care homes is 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 were being met. The service manager had obtained Deprivation of Liberty Safeguards (DoLS) authorisations for three people and had applied for others. (These authorisations were applied for when it was necessary to restrict people for their own safety.) The staff team had a good understanding of DoLS. Any restrictions were only made in people's best interests, were kept to a minimum and kept under review.

Is the service caring?

Our findings

Staff continued to treat people and each other with kindness and respect. Staff spoke with kindness and enthusiasm about how they worked together to support people to lead fulfilled lives.

Staff had worked hard to support a person to attend a family celebration. Previously, the person would have found this difficult. Additional staff helped prepare and support the person to plan for and to attend the event which was a success. Staff had supported the person to buy a new outfit and shoes and even took a spare pair of shoes in case the new shoes rubbed. The person's relative told us how grateful they were that their loved one was supported to attend.

Staff knew how much people's families and friends meant to them and supported people creatively to keep in touch with personal visits or by using technology. Staff recently found out that a person's family were moving abroad. Staff provided the person with a tablet computer, as well as setting the family up with Skype accounts so that the person could maintain visual contact through video calling. Staff supported the person to send fortnightly newsletters so their family were keep up-to-date with how they were getting on. Staff researched the cost of flights for future trips to see the person's family.

Staff had built on people's friendships by thinking about how they could make new friends. Some people wanted to move to live on their own or in a smaller service. Staff had worked hard to help people build relationships with new staff and other residents so they felt more comfortable when they moved and had a friendly face they knew. Staff had helped people to write plans about moving with photographs and pictures. Staff remained in contact with people who had moved on. The service manager had arranged for some staff to spend a week at a new service to make sure the person was happy and had settled in.

Staff had worked with a person to build their confidence when meeting new people. The person looked relaxed when meeting inspectors when previously they would have been anxious. Staff recognised when people needed extra emotional support or time to themselves. A relative told us about an occasion when a person was particularly down and lost their appetite. They said that "Staff gave [the person] so much attention, they tried lots of different ways to tempt them to eat and to lift their spirits". The relative said that staff 'utterly spoilt' the person, and now they were 'very happy.'

Staff recently supported people to host a party for a new neighbour who had found it difficult to make friends. Staff ensured that people felt comfortable by holding meet and greets with the person to build up familiarity before the party. Staff made picture cards to help the person communicate with others. The person was now a frequent visitor and was friends with people living at The Glen. Staff had organised an open day when neighbours and friends were invited to try to break down barriers towards people living with learning disabilities. People had been fully involved and had enjoyed the experience.

We observed staff responding to people discreetly and with kindness. Staff knew people very well and picked up subtle changes in people's demeanour. A person was sitting on the floor having finished an activity, staff asked them if they wanted to do something else, and the person turned their back to staff. Staff

said something that meant something to the person and they laughed, as did everyone else. We asked staff about this and they told us they used certain phrases to distract the person from becoming anxious or upset and this was a success.

People were supported to have a say about their support and to express their views. The provider had developed this and had used innovative ways to do this. One member of staff suggested that scrap books should be made for each person. These included pictures of people taking part in a range of different activities, as well as pictures of their friends and families. They also contained items important to people to help people choose and have control over how they spent their time for example, one book had artificial grass that the person could touch to say they wanted to go into the garden. Staff trialled different phone and computer applications, alongside other established forms of communication, including picture boards, movement, sound or Makaton. Makaton is a language programme using signs and symbols to help people communicate. Staff were skilled at using Makaton and used it to communicate with people during the inspection.

People were supported by their families, friends or advocates to ensure their voice was heard and that they were involved in making decisions about their support. Information was creatively produced with pictures and photographs to make it more meaningful to people. Staff had the time they needed to sit and listen to people so they were not rushed and had the time they needed to communicate their views.

Staff were committed to supporting people to be as independent as they could be and as much as they wanted to be. Staff had supported a person to gain weight and learn to walk again after a period of ill health when they were bed bound, the person was now enjoying going out again with friend's. people had been supported to develop their skills so they could move to a place of their own and others hoped to do the same. Staff had made a book for a person who was moving on. The book included pictures from a leaving party, along with a personalised cake and heart-warming captions from members of staff. One message said "You may be leaving, but you'll forever be in our hearts. Thank you for always brightening our day."

Staff had an unconditional positive regard for everyone. They celebrated success and achievement. 'Champion certificates' were displayed. 'Champion Certificates' were given to people and staff for achieving their goals. People were nominated by each other, staff, friends, family and visiting health professionals. People looked very proud when they showed us the certificates.

Staff knew to keep personal information about people safe and secure and respected people's privacy. People had privacy in their own rooms and in various parts of the service.

Is the service responsive?

Our findings

People lived full and happy lives at The Glen, one relative said "The staff are so caring, they adapt to people's needs," they then jested "I used to just turn up, but I've stopped doing that because [loved one] was always out for the day!"

The service provided to people was constantly adapted to meet their specific and changing needs. Thorough daily records were used in conjunction with information from keyworker meetings, as well as reviews with relatives and health professionals, to shape the care and support provided to each person. People's support plans were up to date working documents which reflected and adapted to people's health, life histories, social, cultural and sexual beliefs, as well as recording goals for the future. People were involved in developing and reviewing their plans.

Staff were enthusiastic about empowering people to live the life of their choosing, free from unnecessary restraint and restriction. Staff worked alongside people, their families and health professionals to achieve this, by planning the treatment, support and activities that would enhance each person's quality of life.

Due to the high staff levels and flexibility of staffing, staff could adapt to people's wishes with ease. A relative said "If [person] wants to go out, they will take [them]," "Other residents seem very well catered for too, they are always out!"

People met with their keyworkers regularly to talk about what they enjoyed, what they did not enjoy and what they wanted to do the following week. This was adhered to unless the person changed their mind or if they were unwell. A staff 'champion' attended resident's meetings so that they could later feedback ideas and suggestions to colleagues.

Staff worked with people and their families to plan activities and holidays. Staff communicated with people well using alternative forms of communication including Makaton (a sign language). Staff used assisted technologies with sound and voice activation, as well as picture prompts to enhance people's ability to communicate exactly what they wanted.

People were supported to discuss their sexuality, religion and cultural beliefs. When people had keyworker meetings and care plan reviews, staff revisited areas such as; sexuality and spiritual beliefs to ensure that if people's wishes and requirements had changed, that these were recorded and supported.

A relative told us, "We have a very good relationship with them down at The Glen," "They [video call] me a lot, and would [video call] me if they were worried or concerned at all." Staff were responsive to people's emotional needs, they understood the importance of people's families, and together with care management and external professionals staff supported a person to visit their mother three times a week. We observed staff responding to a person who showed they wanted to be alone.

A member of staff praised the "family orientated" nature of the service saying, "There is very good communication, with relatives and colleagues, we are different ages, from different cultures and

backgrounds, and we all get on well." It was clear that the relationship between people, staff, relatives and visiting health professionals, was that of a team; all were treated with dignity and respect and there was a sense of shared responsibility and equality. We observed a person laugh and tease members of staff, the room was consumed by laughter. Two other people grinned as they were leaving the service to go to varying activities.

People and relatives were aware of how to make a complaint and said they would have no problem raising any issues. The complaints procedure was produced in a way that was meaningful to people and clearly displayed. Complaints had been recorded and addressed in line with the policy with a detailed response. Relatives we spoke with told us they had not needed to complain and that any minor issues were dealt with informally and with a good response. One relative stated "I haven't had any concerns, but if I did I would speak to the shift leader or manager, I would feel comfortable going to head office with concerns too." Another relative said "Everything I have asked, everything I have said, has been sorted."

Records of compliments were also kept, comments included; "I am happy that my (relative) has settled in to your home and is looked after by such brilliant staff," other compliments thanked staff, commenting, "[Person] always looks happy and relaxed, thank you for looking after (them)" and "Thank you for taking such good care of [loved one]."

After attending a local forum, the service manager realised that end of life care plans could be more thorough. The service manager had formulated a questionnaire which was sent out to families for them to discuss with their loved ones. Care plans about people's end of life care wishes were in place, the service manager planned to add further information from relatives and loved ones.

Is the service well-led?

Our findings

The strong management of the service had been built on and was now outstanding. Staff continued to be passionate about empowering people to live full and happy lives, where obstacles were overcome together and people were supported to achieve. People were achieving their goals and this was celebrated. Staff reflected the provider's vision that 'everyone is unique, every day is special.'

The registered manager was not now based at the service on a full-time basis, they were taking more of an oversight role. The service was run on a day to day full time basis by a service manager who was applying to take over as the registered manager. The service manager was a positive role model, who took an active part in people's day to day support, leading by example and working alongside staff. They were fully supported by the registered manager. The managers carried out checks and audits and observations of records, staff training, staff practice and support. The manager and other senior managers carried out quarterly and yearly audits and produced reports that had actions to complete to improve the service.

Everyone including people, staff, relatives and professionals were very positive and complimentary about the management of the service. The managers were open to new ideas and were keen to develop the service and improve outcomes for people. A relative recently suggested that the provider should look into some training for supporting people living with autism as it had proven effective for their relative. The provider researched this and implemented the training for the staff team. A relative said "I have watched [a member of staff] grow, she is doing so well, the training is very impressive."

Staff described the manager as "very caring." We observed that people smiled and giggled as the manager laughed and joked with them. People were clearly comfortable in the presence of the manager. Relatives praised the management saying, "The manager is doing a great job, they listen and consider what I say, everything I have asked, everything I have said has been sorted."

The manager promoted a caring, supportive and inclusive culture where staff were actively encouraged to share their ideas and concerns. Staff were proud of what they did and the difference they made and sought out learning opportunities to improve their support. Staff recently requested the return of the 'Autism Bus' to further increase their skills. This interactive learning experience aims to improve staff's understanding of how people living with autism might see the world around them. The manager was arranging this.

Staff told us that they felt valued and involved by managers, one commented "They show appreciation for what we are doing." Supervision meetings for staff had increased in regularity and staff said that they were given opportunity and support to discuss their wellbeing and personal development. Staff were cared for, respected and valued by the provider and by each other. The managers worked alongside staff observing them and gave feedback to improve practice.

Staff used creative ways to track people's achievements as well as their support needs. Staff gathered data relating to people's health needs. A case manager told us that staff had tracked a person's symptoms and "If the staff had not spoken up we would not have been aware of the condition."

A healthcare professional said; "We have a really open and honest dialogue with [registered manager] and the team, they have implemented any suggestions that we have put forward." They continued to say "[Staff] came up with plans to implement suggested coping strategies to deal with challenging behaviours." Due to the implementation of the strategies a person's anxiety had decreased leading to fewer incidents and more 'good days' and an improved quality of life.

Staff continued to work as a team. The care planning system had been improved and was a bespoke on-line system which was tailored to each person. For example, for people living with epilepsy, the system recorded all aspects of their seizures including environmental factors. The information was then pulled off the system in the form of a report with graphs to show any changes over time. These were be shared with healthcare professionals and had led to changes in support for some people which had led to increased quality of life.

Staff used their understanding of people's unique ways of communication to seek people's views including sign language, pictures and one to one meetings. Based on what people had said changes had been made including new holiday destinations and to the menu. Questionnaires were sent to staff, relatives and health professionals which asked for feedback. These were analysed and action taken to improve the service. A recent professionals survey highlighted that the 'appearance, cleanliness and décor of communal areas' were 'adequate.' In response communal areas had been redecorated while people were on holiday. Staff had requested further training in mental health and positive behaviour support in one of the surveys. The provider then arranged this training.

The managers were committed to improving and met with different organisations to develop their knowledge of best practice. They recently met with Positive Behavioural Support UK, who commented "It is unusual to find such an open organisation that is willing to share and to be so helpful. I am confident that this is going to have a positive effect on the services developed and delivered! Most importantly, I hope this will lead to some super outcomes for people." The provider had supported local adult social care services that had been rated as 'requires improvement,' to improve the quality of care that they provided.

The provider chaired the East Kent Registered Managers Network. This forum enabled local managers to network with the aim of improving their services. The forum shared best practice and had facilitated a series of guest speakers including; NICE (The National Institute for Health and Care Excellence) and PBS (Positive Behavioural Support) UK, which had led to changes to improve services. The provider was featured in the 2018 Skills for Care 'Guide to Good and Outstanding.' The guide is designed for adult social care providers across the UK to help them to improve. Staff and the management had been nominated for various care awards recognising their achievements and innovation.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The manager understood their legal obligations. They had correctly let us know of any significant incidents.

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 kept informed of our judgments. We found the provider had displayed their rating in the property and on their website.