

LDC Care Company Ltd

Chitty Barn

Inspection report

Chittys Barn
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Dover
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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?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

Chitty Barn 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 service is registered for three people with complex learning disabilities and who, at times, may present behaviours which can challenge. The service is a bungalow in the centre of Dover. The front door of the home leads directly into the living room. There are three bedrooms, a kitchen, bathroom and separate laundry room. Outdoor space is limited as there is no back garden and a paved forecourt at the front of the service. At the time of the inspection two people were living at the service.

At the last inspection, the service was rated Good. At this inspection we found in some areas the service remained Good whilst in others the service was Outstanding.

Chitty Barn 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 and citizen.

People living at Chitty Barn had complex needs, which included restrictive routines which impacted on their daily lives which could at times last for many hours. With the help of health care professionals, individual behaviour training sessions and consistent staffing this behaviour had been reduced and people were now able to access the community, and visit their local GP.

At times people could become anxious which led to their behaviour becoming challenging. Without the correct support this could have a negative effect on themselves and others. The service was working with health care professionals to support people in the least restrictive ways as possible.

Staff were passionate about how to uphold people's rights and supporting them to have control over their lives. They demonstrated awareness about people having the same opportunities as themselves to lead fulfilling lives of their choice.

The provider had a positive approach to support people to reach their full potential, whilst reducing risks and keeping them safe. Staff had a good understanding of how to protect people from harm whilst upholding their rights to make choices and take risks to enhance their lives and seek new adventures. 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 said they felt safe living at Chitty Barn. Staff had completed training on how to keep people safe and understood their responsibility to report any incidents to the management. Robust systems were in place to

make sure people's finances were protected.

Checks on the premises were in place, including cleaning schedules, to reduce the risk of infection and keep the premises clean. Repairs to the premises were recorded and acted on promptly to make sure the premises were safe. The design of the premises was based around a family home and adaptations had been made to some of the furniture to reduce the risk of people harming themselves and others if they displayed behaviour that could be challenging.

Accidents and incidents were recorded and sent electronically to the management team for further assessment. This enabled them to look for patterns and trends, take any further appropriate action and learn from incidents when things went wrong.

People received their medicines from trained competent staff. Medicine records were clear, checked and in good order to ensure people received their medicines safely. People's medicine was reviewed regularly to make sure they were receiving the right medicines they needed to keep well.

When people came to live at the service a thorough care needs assessments process was in place to ensure their needs would be met and they would be happy living with the other people at the service. However, no one had come to live at the service since the previous inspection.

People received their care and support from trained, skilled staff who had received ongoing training and development. There was enough staff on duty at the time of the inspection. Staffing levels ensured that people received their one to one support which was based on people's needs and activities. Staff had been recruited safely and introduced to people before they came to work at the service.

People were encouraged to eat their meals when they wanted to around their daily routines. They were involved in the menu planning and received guidance of how to maintain a healthy weight whilst still enjoying treats and different foods. People were treated with dignity and respect and their independence promoted at all times.

Staff worked with health care professionals to support people with their health care needs. When people were unwell they were encouraged to visit their GP or attend specialist services so they could get the support they needed.

People told us the staff were kind and caring. Staff were passionate about upholding people's equality and diversity and ensured they were treated with respect. They knew people's rights and how to make sure people were not discriminated against. They did not see people's complex needs as a barrier but looked for ways of supporting them to live their lives positively and in line with their choices and preferences.

Staff recognised when people needed additional support to make important decisions and one person was accessing advocacy services to help them make an important decision about their care.

People's care plans were personalised with clear guidelines of how to support them with their emotional and physical needs in line with their choices and preferences. The plans were reviewed and updated so that all staff and health care professionals were able to track people's progress and make necessary changes to continuously improve their care.

People were encouraged to take part in activities of their choice and staff continually looked for ways for people to flourish such as work experience in places where they had an interest. Staff actively supported

people to look for opportunities and reduce the risks of discrimination, such as being involved in the local football club, accessing work experience and enjoying a social life.

Staff had received support through one to one meetings and their training and development needs were discussed at an annual appraisal. Senior managers had also held additional supervisions sessions after the equality and diversity training to ensure staff embedded this practice.

People were being supported to form relationships and understand personal boundaries. Staff looked for ways of encouraging people to develop and reach their full potential and recognised when people needed to gain further independence and consider moving into supported living services. .

Staff worked together to ensure the continuous improvement of the service. They told us that the people were at the heart of the service and they strived to improve their daily lives. Staff responded to people promptly and positively, ensuring they felt valued and empowered to make decisions of what they wanted to do.

The service was extremely well led with the ethos of being open and transparent. Staff openly discussed how they could do better and how they were supported and mentored by the service manager to improve their practice. They told us about how managers talked with and involved health care professionals for feedback about staff practice and how they could support and understand people better. The staff worked as a team and morale was high with an emphasis on team work and mutual respect.

Checks and audits of the quality of the service were made by staff and senior management team and the environment was checked daily and weekly to ensure the premises were safe.

The organisation had a senior team of experienced and qualified professionals who worked with other organisations to keep up with current practice and new ways of working. They were innovative and always looking to promote new ideas and services for people to access and worked with the local authority to promote people's individuality and lifestyles.

Staff told us that everyone in the service was valued, people the staff and relatives. The staff were proud to work for the organisation which had the right values to enrich people's lives. They said it was a good place to work as the ethos of the service was family orientated and that included the staff, they told us that everyone was treated the same. They were proud to say that even the head of the organisation knows every person they provide a service to.

The provider kept up to date with current practice and were always looking for ideas from everyone involved in the service. Staff told us they were listened to and management acted on what they said. Staff were committed to the visions and values of the service and had a good understanding of the best practice guidelines and promoted people's equality, diversity and human rights.

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. We had been notified of significant events at the service.

Services are required to prominently display their CQC performance rating. The provider had displayed the rating at the service and on their website.

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 safe

People were protected from the risks of abuse and discrimination.

Risks to people living at Chitty Barn had detailed plans in place to minimise risks in the least restrictive ways.

Checks were in place to ensure the premises was clean and safe.

Accidents and incidents were recorded and analysed so that lessons would be learnt when things went wrong.

Staffing levels ensured that people received the care and support they needed. Staff were recruited safely.

People received their medicines safely.

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Is the service effective?

Good ●

The service remains effective.

People received effective care from trained staff.

People's care was developed in line with current guidance and good practice.

Staff supported people to maintain good health and access health care services.

People were supported to eat healthily and be involved in the menu planning.

Staff supported people to make decisions in their best interests.

Is the service caring?

Good 

The service remains good.

The culture of the service was one of personalised care treating people with mutual respect, empathy and kindness.

People had positive relationships with staff and were involved in all aspects of their care.

Staff actively encouraged people to be independent and develop and learn new skills in all areas of their life.

People were supported to develop relationships with friends and family and given the opportunity to try new experiences.

Is the service responsive?

Outstanding 

The service was extremely responsive.

People's care was person centred with an emphasis of involvement and understanding.

People's care was consistently and regularly reviewed to ensure their wishes and preferences were taken into account.

All aspects of people's care was personalised, enabling them to lead their lives in the way they wished to.

People were actively encouraged to enjoy activities of their choice and experience new opportunities.

People did not have any complaints and were confident to tell staff if they had any concerns

Is the service well-led?

Outstanding 

The service was extremely well-led.

The leadership and management of the service was outstanding, with an emphasis on mutual respect for everyone involved in the service.

The philosophy of the service was to encourage people to progress in their abilities and to lead more independent lives.

Everyone involved in the service was encouraged to voice their

opinions and contribute to the continuous improvement of the service.

Robust auditing procedures were in place to assess the quality of care being provided.

Health care professionals commented the service was an excellent provider.

Chitty Barn

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 19 December 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we looked at information the provider sent us in 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 looked at previous inspection reports and notifications we had received. Notifications are information we receive from the service when significant events happen, like a serious injury.

During the inspection we spent time with people who live at the service. The registered manager was not available at the service. We spoke with the service manager, the shift leaders and staff. After the inspection we received feedback from two health and social care professionals. We looked at two people's care plans and the associated risk assessments and guidance. We looked at a range of other records including three staff recruitment files, the staff induction records, training and supervision schedules, staff rotas, medicines records and quality assurance surveys and audits.

Is the service safe?

Our findings

People told us they felt safe living at Chitty Barn. Staff supported one person to remain calm during the inspection as they felt uncomfortable that the inspection was taking place. Staff reassured this person and spoke with them on several occasions explaining why the inspector was there, until the person became calm and felt safe.

Staff had completed training on how to keep people safe and understood their responsibility to report any incidents to the management team or to the local authority safeguarding team. Potential safeguarding incidents had been reported to the relevant agencies when they occurred and appropriate action had been taken. Staff were aware of the whistle blowing policy and were confident action would be taken if they reported unsafe care practice by staff. They had a good understanding of how to ensure people were protected from harm and discrimination. Robust systems were in place to make sure people's finances were protected. People were able to access their monies at any time and records were clear and checked regularly.

Robust systems were in place to make sure people's finances were protected. These were checked and audited to make sure the records were accurate. People were able to access their monies at any time and supported to buy things within their personal budget.

Risks to people living at Chitty Barn had been assessed and detailed plans were in place to minimise risks in the least restrictive ways. Staff had identified the risks around the relationships of people living at the service and had taken steps to reduce the anxieties and keep people safe. Throughout the inspection staff were mindful of people's behaviour and what signs would be exhibited if people were becoming anxious, such as slamming doors or shouting. The staff were attentive and ensured people were engaged so that these risks would be minimised.

Staff were trained to manage risk and support people with their behaviour and used the strategies in place to minimise risks. Some people were living with health conditions such as epilepsy. There were detailed risk assessments in place to guide staff about what they needed to do should the person experience a seizure and when to call the emergency services. Staff were also trained to administer emergency medicines.

Checks on the premises were in place, including cleaning schedules, to reduce the risk of infection and keep the premises clean. Systems were in place to regularly check the service was safe and free from hazards. The kitchen was clean and tidy and all staff were aware of food safety guidance. Staff recorded any maintenance issues using electronic tablets. They told us that this system had been very effective as the information was automatically sent to the maintenance person. The system enabled managers to track the repairs to make sure they were completed. Staff told us that one person's flooring was being replaced as there had been an unpleasant smell which was being rectified. When contractors were on site appropriate risk assessments were carried out to ensure that people were safe.

Staff had received fire training and were aware of emergency evacuation procedures. People told us that

the staff checked the fire alarms weekly and they were aware of how to get out of the premises in the event of an emergency. Emergency scenarios had been discussed at staff meetings, including what action to take in the event of a fire so that everyone was aware of what to do in the case of emergency. Water temperatures were checked to reduce the risk of scalding and other equipment had been checked to ensure it was safe to use.

All accidents and incidents no matter how minor were recorded and sent electronically to the management team for further assessment to look for patterns and trends and take any further appropriate action. Staff told us they discussed behavioural incidents with the management team to talk about how they could have done things better or what might have triggered any behaviour. This information was used to update risk assessments and care plans to ensure staff had current guidance of how to support people in times of behaviour that may challenge.

There was enough staff on duty to meet people's needs. People received a high level of one to one support and staffing levels were based on their needs, with additional cover if required. People said, "XXX [member of staff name] is the best". Another person told us that staff were always there, including during the night if they needed support. The staff rota showed there were regular staff on duty and people received consistent care. Staff told us how they worked as a team to cover the service so that people knew the staff, which would reduce their anxieties. Staff told us the management team were always on call should staff need advice outside office hours.

Staff were recruited safely with all the necessary checks in place, including references from previous employees. Staff files contained a picture of the staff member and proof of identity. Disclosure and Barring Service (DBS) criminal records checks were completed before staff began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services. People were encouraged to be part of the recruitment process if they were able.

People told us they received their medicines when they needed them. Staff were trained and had been observed as competent to administer medicines by the senior staff. People were encouraged to be involved and have some control with their medicines. Some of their medicines were stored in their rooms whilst others were stored appropriately in a medicine cabinet. With support from staff, some people were able to apply their topical creams themselves. Body maps were used to make sure staff and people had guidance of where creams should be administered.

Medicine records were in good order and there was clear guidance for staff to administer prescribed medicines. 'As and when required' medicines such as pain relief or medicine to help people become less anxious was clearly recorded, with protocols in place as to when these medicines should be used. Staff told us that these medicines were only given as a last resort.

Records showed that staff had initiated a review of one person's medicine as their behaviour had changed. This review resulted in a reduction in medicines which resulted in their behaviour becoming more positive. This enabled them to increase their family contact and improve their relationships with their relatives.

Is the service effective?

Our findings

People received effective care that met their needs. Staff had a good knowledge of people's care and support needs and had received appropriate training to support people with their care.

No one new had come to live at Chitty Barn for some considerable time, but when they chose to do so there were systems in place to ensure that the service could meet their needs and they would be compatible with the people already living there. Staff knew how important it was to make sure people were treated with equality and had a say about the service and who they lived with. This process was thorough and consisted of gathering information from the person, their previous placement, relatives and local authority. Staff told us that before a new person moved into the service a full care and support needs assessment was completed which took into account current guidance such as the principles of providing person centred care and care planning.

Staff were encouraged to complete training and increase their knowledge and skills. As well as the mandatory training such as first aid, medicines, safeguarding, fire, and health and safety they had completed training in Positive Behavioural Support (PBS). PBS is recognised in the UK as the best way of supporting people who display, or are at risk of displaying, behaviour which challenges. Staff were observed supporting people with confidence when they presented behaviour that challenged. They redirected them to do other tasks until they were calm; asking them what was wrong and looking for reasons as to why they were upset. The service had recognised that some people may develop dementia and training had been provided. One person was living with epilepsy and staff had received training in the condition and how to administer emergency medicine if required.

Staff received regular one to one meetings with their manager and an annual appraisal to discuss their training and development needs. After recent equality and diversity training the service manager held individual themed supervision with all staff to ensure they were able to apply their training to benefit people living at Chitty Barn. Training was a mixture of e-learning and face to face training. Senior staff also observed staff regularly to ensure they had the skills and competencies to carry out their roles.

New staff completed an induction in line with current practice (the Care Certificate, to help new care workers develop key skills, knowledge, values and behaviours) and shadowed experienced staff to ensure they got to know the people and felt confident to support them. The service manager told us how they supported staff with their personal development and openly discussed with staff how to improve their practice and be more confident in their role. Processes were in place for staff to focus on their improvements with targets to meet at the end of four weeks. This had worked well and encouraged and motivated staff to improve their practice. One member of staff described how important it was for all staff to follow the agreed behaviour guidelines in the care plans so that people had consistent care to promote their positive behaviour.

People were involved in planning their meals and talked about the food they enjoyed. Their nutritional needs had been assessed and recorded on their care plans. People told us they liked the food and they met regularly to discuss the menu. They said they had choices in line with their likes and dislikes. Staff ensured

their weight was monitored and one person told us how they were watching their weight and was being supported by staff and their relative to attend a local club for support. Staff encouraged and supported people to eat healthily and try new foods to improve their dietary needs. Throughout the inspection people were supported with their choice of drinks and snacks. There was guidance in care plans if people were hungry, which may affect their behaviour and what signs to look for if they needed to have a snack.

Staff told us how the use of technology had helped them to provide effective care. They told us that since the organisation had introduced a new computer system the support for people had improved. This was because 'live' information was being recorded which gave managers instant access to the care being provided which enabled them to liaise and communicate people's current needs to health care professionals if further support was required.

Staff worked with health care professionals to ensure people received the medical support they needed. Each person had a health action plan and all health care appointments with outcomes were recorded and monitored to ensure people remained as healthy as possible. This included reviews of their health care, any health appointments and outcomes to show that people were receiving the care they needed.

People regularly saw the dentist, optician or podiatrist. One person was being supported by the learning disability nurse with two weekly visits to monitor and support their behaviour. This was having a positive effect on the person and this enabled changes to be made to the person's plan if strategies could be improved upon. Staff told us that they had a good relationship with health care professionals and worked closely with them to manage people's behaviour and develop their skills.

The design of the premises was based around a family home. There were restrictions to the kitchen but these had been assessed and agreed to ensure people remained safe. Adaptations had been made to some of the furniture to reduce the risk of people harming themselves and others if they displayed behaviour that could be challenging.

People were supported to make decisions about their care. 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 make 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 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 in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. Two people had authorised DoLS in place and were receiving the support in line with the principals of the act. People were supported to make decisions about their health. Staff were observed talking with a person discussing an appointment with their GP and what time they needed to leave to get there on time. The person understood the timescales and agreed to leave at that time.

Staff were aware of the authorisations and had received training in the Mental Capacity Act. People had pictorial information if they needed support to make decisions about their daily routines which they had agreed with health care professionals and staff. Staff were aware of the need for best interest meetings and how people were supported to make decisions about their care. Advocacy support was being provided for one person as they needed to make a more complex decision about where they wanted to live. (Independent Mental Capacity Advocates are individuals who support people so that their views are heard

and their rights are upheld).

Is the service caring?

Our findings

People told us they liked the staff, they said, "The staff are alright here". A health and social care professional told us, "Staff have been observed to treat clients with respect and dignity".

Staff said the staffing levels were consistent which enabled them to develop good working relationships with the people. They said they were a dedicated team who tried to ensure that people received care from consistent trained staff that knew them very well.

Staff were passionate about the care and support people were receiving. They talked about people with empathy and understood the importance of equality and the human rights act. They said, "We really care about making sure people's rights are upheld". "This is the best job I have ever had; I really feel we are helping other people".

People told us that the staff were kind and caring. Staff knew people well and talked about how they were supported in a way that was person centred to their individual needs. Everyone was treated with respect and strong relationships had developed between staff and people. The atmosphere of the service was inclusive with staff and people chatting to each other in a comfortable and positive way. People chatted about what they wanted to do that day and where they wanted to go.

People were supported to budget their finances and manage their money. One person was being supported to buy cartridges for their printer and make sure they had enough ink to last them for the month. Staff praised the person on how well they had done and how they had managed their printing to last for the whole month. People were able to access their money as and when they wished. Staff ensured people had enough money when they were going out and understood and they needed it for. Staff discussed they would need money for their lunch out or bus fare. People were happy with this and went off out into the community.

Staff chatted with people about their days and asked them if they had slept well. One person discussed how they were going to a club later with their relative to help support them to eat healthily. They were very pleased to be meeting their relative and were looking forward to going out. This had not always been possible in the past but since the staff arranged for a medicine review this person's quality of life had improved and they were able to do things they had not managed before.

People were looking forward to Christmas and one person was going out with staff to deliver Christmas presents. This person told us how they kept in touch with their relative using a hand held electronic pad, and using email and by telephone. They told us this worked well and they kept in touch by email on a regular basis.

People were able to communicate their needs to staff and there was clear and detailed information in their care plans to guide staff how to support them in line with their preferences and choices. Staff held individual meetings with people to ensure they were involved in the planning their care, such as what activities they

wanted to do, what meals or changes to their care they wanted to discuss. People told us they liked the staff and they helped them with their daily routines. They told us about how staff knew about their favourite football team and the music they liked. Others talked about going out to the local town.

Staff were observant and recognised when people needed support and were becoming anxious. They gently and sensitively guided and reassured one person who was anxious about the inspection. Staff explained and talked to the person until they became calm and invited them to spend time in their room. Staff kept a respectful distance to ensure the person was safe but they were available if the person needed them.

Staff supported people to choose their clothes and then encouraged them to get dressed themselves. Staff were attentive to ensure people had the right coat to keep them warm before leaving the premises. They made suggestions to people on how to keep warm and what coat to wear. People smiled and said they were fine and chose to wear what they had on. Staff respected their decision

Staff ensured that if people's mobility was restricted people received the help and support they needed in a way to promote their independence. Staff supported them to do what they could and only stepped in when needed. Support plans covered risk assessments for everyday living so that people were aware of certain situations like having their hair cut. Plans contained clear guidelines of what support and reassurance was needed so that people were able to enjoy the experience.

People were encouraged to develop new skills and their activities were reviewed to ensure they had new goals and aspirations. Some of their goals had already been achieved for example, riding their new bike or seeing their relatives more often. People and staff chatted about the football 'dream team', favourite goals and matches. They talked about going to music festivals and other events in the New Year.

People were treated with equality, dignity and respect. Staff respectfully explained the support they were offering so that people understood they were there to help. Staff knocked on people's doors and asked permission before entering their rooms. People were supported in such a way to encourage their autonomy and independence, such as deciding if they wanted to go out or preferred to take part in another activity of their choice. Staff talked about local retailers who had arranged for additional support for people living with autism to shop in their premises and enjoy the experience.

One person was being supported to use advocacy services to make a major decision about their care and where they wanted to live. The staff were supporting them with a plan in an easy read format to help them decide their future care. An advocate is someone who supports a person to make sure their views are heard and their rights upheld.

People's care plans and records were either recorded on the electronic tables or stored in the small office securely. This ensured that people's personal information was kept confidentially.

Is the service responsive?

Our findings

At our last inspection the service was rated Good in responsive, it is now Outstanding because the organisation had introduced new ways of working and these had improved staff practice and outcomes for people living at the service.

All of the people living at Chitty Barn had complex needs, which included restrictive routines which impacted on their daily lives which could at times last for many hours. People were supported by a dedicated trained team who had the skills and competencies to ensure people received the right individual support. They were positive and continued to look for strategies to increase people's ability to further improve their lives, such as slowly reducing the time they spent on their individual routines by concentrating on their agreed goals and inspirations.

People had agreed with health care professionals and staff to look at different ways and strategies to manage their behaviour. They were actively supported to be involved and have more control of their daily routines. With the help of health care professionals, individual behaviour training sessions and consistent staffing people's behaviour had been reduced and they were now able to access the community, and visit their local GP. This had not been previously thought possible by staff as some people did not have the confidence to overcome their fears of not completing their daily ritual routines. Staff spoke with passion of how this was achieved and how they were going to continue to work in partnership with people to further improve their quality of life.

People received support from staff who knew them well. Their care was person centred and tailored to their individual needs. Staff worked really hard to give people the opportunity to reach their potential and enjoy their lives. They understood people's complex needs and looked for ways to improve their lives. They regularly met with people each week, and asked if their interests had changed or they wanted to change their activities. They encouraged people to have the confidence to try new things such as going to different places/towns or accessing work experience.

The service recognised and responded to people's needs when they needed to leave the service to become more independent with their lives. A health care professional commented: "The service has always been proactive in ensuring staff are aware of clients' needs". People knew that they had the opportunity of becoming more independent and moving into their own home in the future. They told us how previous friends had left Chitty Barn and they continued to visit them in their new home. They were actively involved in this process and detailed support plans were in place for some people to achieve the move. Staff were in the process of introducing a 'scrap book' to record all stages of the move including looking at prospective premises and where individuals would like to live. Health care professionals, family and advocates were supporting people when needed. There were regular meetings to discuss the future and ensure that people were fully involved in the decisions and process.

Staff gave us examples of what triggered people's behaviour and how the service had listened to their concerns. They identified that people were reacting to staff spending a lot of time recording their care and

updating records. This had a detrimental effect on some people's behaviour and emotional wellbeing. The service looked at ways of how to reduce this behaviour and what strategies they needed to adopt to reduce these anxieties and improve people's lives. They introduced a new 'paperless' system of personalised care plan recording. Staff were able to influence the way the computer programme was written as they had supported people at the service and knew them well. This gave them the insight of how the people might react to certain situations and how to plan their care in a way that suited them best. Staff used an electronic tablet which reduced the time they spent recording the care being provided.

This electronic tablet system was so successful that people's anxieties had reduced and their behaviour had improved. The strategies in place had a positive influence on people which enabled them to have the time to go for bike rides, visit the community and take part in other activities of their choice. Staff described how this was a work in progress and could not emphasise just how much this new system had such a positive effect on people's daily life.

Staff talked about how the new recording system was also beneficial to senior staff and managers. The system was able to keep managers up to date with incidents/concerns which were promptly discussed with health care professionals if further guidance was required. This ensured people's care was reviewed promptly and measures were put in place to review strategies to improve their care.

Each person had a detailed pictorial/easy read care plan based on their tailored needs, including their emotional, behaviour, health care needs, goals and aspirations. There was step by step guidance for staff to follow with people's daily activities such as personal care, how they preferred to wash their hair, and what support they may need if they became anxious or upset. People told us they were going out into the community later which indicated that the strategies in place were working, giving people more freedom and independence. The plans also included details of their life and family with photographs and pictures. One person showed us their plan and talked about how they had been able to see more of their relative as they now met on a regular basis.

People had agreed their behavioural plans and staff ensured that they understood each stage of the plan and why and how they were achieving their goals. The service worked closely with health care professionals and the care and support plans were reviewed and updated on a regular basis. Records showed that staff had followed the guidelines from health care professionals to introduce strategies to reduce one person's excessive use of toiletries. This strategy had worked and was being monitored on an ongoing basis. Staff understood the importance of providing consistent strategies to support people with their behaviour. They were able to access additional training from the positive behaviour team when people had individual complex needs. When incidents of behaviour that challenged occurred all staff were made aware of the outcomes and strategies put in place to reduce the risk of re-occurrence.

Staff described how they supported people to try new activities and to increase their confidence. They told us how they listened and talked with people about what they enjoyed doing and explored casual comments when they showed an interest in adverts on television or to try something new. Staff responded positively when things did not go so well and they would try other ways to support people to enjoy themselves. For example one person did not settle when they went on holiday with staff and people who lived at the service. Staff responded to the person's wishes and made arrangements for them to return home and enjoy their preferred activities in the local community. Future plans were to reduce the time away and look at day trips of interest so that the person would experience fun within agreed timescales.

People had regular meetings with staff to discuss their care. Records showed that these meetings covered all aspects of people's care including activities and their wellbeing. Actions were agreed and plans were then

put in place to achieve the outcomes. One person had a new activity planner as they had discussed what they would like to achieve such as making cakes, photography and playing tennis.

Staff were actively seeking work experience for one person who had an interest in football. They were in discussion with local clubs for the person to help out each week and be involved in the game. The person was keen to do this and was hoping that this would happen in the near future.

People talked about visiting the head office of the provider. They told us they went to the office on a regular basis. They knew the staff, including all of the managers' well and looked forward to this event on a weekly basis. Other people spoke about football and had a vast knowledge of their favourite team. Staff talked to them about the team and what was happening in the league, the person clearly enjoyed this banter and was a dedicated fan.

Staff talked about certain people who were passionate about their favourite football team and how they supported them when they were upset if their team did not do so well. People were encouraged to enjoy the football with the emphasis on how well they were doing and positively reminding them about the joy of being a football fan.

Personal friendships were encouraged and people were able to go to the organisation's social club, to plan charity coffee mornings and visit friends. Staff encouraged people to maintain friendships. When a person moved from the service into supported living, one person missed their company and told staff. Staff made arrangements for them to visit the person regularly and maintain their friendship. Staff had recognised some people were struggling with personal boundaries and building relationships. Relevant health care professionals had been contacted with a view to setting up a meeting to support people with their emotional wellbeing and to provide staff with further support and guidance.

People were encouraged and supported to carry out daily chores and tidy the service. Staff gently encouraged people to get their breakfast, clear away and be involved in the day to day running of the service.

People were being supported to make decisions about their lives and preferences and although staff had discussed people's spiritual needs as part of their care plan, the service was not providing end of life care at the time of the inspection. Staff told us that further discussions of how people would like to be supported at the end of their life would take place in the near future and their wishes would be recorded in care plan.

The provider had a complaints policy and procedure but no complaints had been recorded since the last inspection. People were asked if they were satisfied with the service at the regular meetings with staff. People were able to tell staff if they were not happy and did not hesitate to say if something was not working well or they were unhappy. Staff actively spoke with people if they became agitated and calmly and quietly spoke with them until they calmed. People told us they did not have any complaints. How to complain was in an easy read format should people wish to use this.

Is the service well-led?

Our findings

At our last inspection the service was rated Good in well led, it is now Outstanding because the leadership of the organisation had recognised the importance of using technology to improve the lives of people living at Chitty Barn. People continued to receive person centred care and in addition their lives had improved as the service had changed their whole way of recording information. This was implemented as the staff recognised that the way they manually recorded information was having a significant effect on people's way of life. They had introduced a new computer system that had enabled them to more easily monitor, analyse and respond to people's changing care needs through using dynamic reporting aiming for a 'paperless' service. This reduced the person's anxieties and had a positive effect on their wellbeing.

The service manager gave examples of how the data gathered had enhanced the care planning for people living at Chitty Barn. They told us how the patterns and trends of care were recorded to be analysed for the continuous improvement of the service. They described how this system had enabled them to closely monitor people's behaviour, their health care needs, and what if any intervention was needed to maintain good health or contact health care professionals. The data from the daily report fed into these areas and ensured the quality of the care being provided was scrutinised and actioned. Staff were accountable and there was a clear audit trail of the person's detailed care provided each shift. All electronic records were securitised by the management team and backed up daily to ensure they were secure and confidentially stored.

Everyone knew the registered manager, service manager and the management team. They were a dedicated experienced team who strived to deliver high quality care. A health care professional commented "I would recommend the service, they are an excellent provider".

The managers were good role models and led by example. The leadership of the service showed an emphasis of value and equality. There was an inclusive culture for people and staff and the management team ensured that equality and mutual respect was maintained throughout the service. After recent equality and diversity training the service manager held individual themed one to one meetings with all staff to ensure they were able to apply their training to benefit people living at Chitty Barn. Staff spoke passionately of how people should be treated like they would like to be treated themselves, whilst upholding people's individual rights and choices. They were aware of not being judgemental and guiding and supporting people to manage their behaviour whilst upholding their diversity and different ways to live their lives.

The service had a registered manager in post. 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 was supported by a service manager who was in day to day charge of the service and supported the inspector at the time of the inspection.

Staff told us that the service manager was a 'brilliant mentor' and was always available for help and support.

They felt that they were valued and listened to as staff and were confident to approach the service manager with any issues or for further guidance. Another staff member commented, "The service manager is fantastic, always there for people and staff". The service manager was aware of reflective practice and continuous improvement, such as analysing what went well or what could have been done better when incidents of behaviours occurred and how other ways of working could benefit the person. These situations were discussed at regular staff meetings in order for all staff to contribute with ideas and improve practice. Minutes of the meetings showed that action was taken when people raised their wishes.

Each month a newsletter was sent to everyone involved in the service. This featured news about the organisation with an emphasis on people and staff achievements. The newsletter was also used to welcome new staff and congratulate them when they achieved awards or completed their training.

The provider has a 'Champion Certificate Scheme' which recognised positive work completed by staff including staff who have gone "beyond" the call of duty as part of their job role, such as supporting people to achieve their goals and building people's confidence to go to new places. These were listed on the "Wall of Champions" in the head office with a copy given to the staff member and further recognition via the monthly newsletter.

The service manager praised and thanked the staff when they did a good job and positively supported them if improvements were needed. When a health care professional raised concerns about staff communication, the service manager acted promptly. This situation was discussed with the staff member, with positive outcomes of further training and understanding. The staff member spoke about how this situation had improved their confidence and their practice had improved.

Staff morale was high and they had a high focus on working as a team to ensure people received good quality care. They described the organisation and the provider as being 'hands on' and even though the company had grown they were still aware of everyone who was involved in the service, which included the people and staff. They talked about when the provider got married and every person was invited to the wedding. Even though it was a few years ago staff reiterated how people were included as part of the organisation and this continued to be the ethos of the service. One staff member said, "This organisation has ethics of person centred care, not only for the people but the staff as well".

People, relatives and everyone involved in the service were approached for feedback about the care and support being provided. The last survey completed by people and relatives indicated that people had rated the service as good and excellent. People said, "I am happy living at Chitty Barn". People have individual meetings with staff every week to discuss their care, such as their daily routines, behaviours, activities, and if they are happy with the service/staff. Minutes showed that action was taken when people raised issues such as trying new activities like going to the social club. A 'house' meeting was also carried out twice a month with the individuals being supported to arrange the agenda with a topic they liked to discuss. The meetings were chaired by the individual on a rotation basis whilst being supported by staff. Relatives involved in their loved ones care speak with staff on a regular basis and have the opportunity to raise concerns or give feedback about the service.

The management team led by example and had oversight and scrutiny of the service. There were clear visions and values, such as running the service in way that they would be happy to live in themselves. Their philosophy was to encourage people to progress in their abilities and to lead more independent lives.

The registered manager had been awarded the 'Registered Manager of the Year Award 2017 by the KICA (Kent Integrated Care Alliance - whose aim is to help shape the future of homecare in Kent.) This award recognises registered managers for their outstanding contribution of striving to provide person centred care

and quality of service delivery during the region-wide annual Kent Care Awards. People had been included in the celebrations and one person told us how they went to Birmingham to see their manager win the award and celebrate with the staff. They showed us pictures of the event and said how much they enjoyed the evening and stayed overnight in the hotel. This achievement was also featured in the monthly newsletter so that everyone involved in the service would be aware of this event. Four other members of staff who worked within the organisation received the winning accolade in recognition of their hard work, dedication and commitment to bringing good care to Kent.

The registered manager was dedicated to improve people's lives and passionate about sharing good practice. They had an active role in supporting and working in partnership with other services to keep up with current legislation, guidance and practice. They were also the Chair of the East Kent (Dover) Registered Manager's Network. The aim of the network was to provide information, increase confidence, and allow managers and staff to share skills and access peer support for managers and staff from across Kent, and not just the provider's organisation. Another member of the administration staff had also won the Kent Ancillary Award for their contribution to the service.

Robust auditing procedures were in place to assess the quality of care being provided. Checks were made on all aspects of the service including medicines, finances, care plans, the premises such as fire, health and safety, water and infection control. Any issues raised were actioned and plans put in place to ensure that the required actions had been completed. The registered manager ensured that there was a programme of continuous improvement by forging links with organisations to keep up to date with current practice. They had active roles in the Challenging Behaviour Network and the Safeguarding Networks. They were also members of the Department of Health Social Care Commitment. This is an initiative made up of seven statements, with associated 'I will' tasks that address the minimum standards required when working in care to raise workforce quality in adult social care.

Links with the community were encouraged and people visited local events such as coffee mornings to raise funds for charity. They had also been involved in, with the support of staff, speaking at job fairs to encourage staff recruitment.

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. This enables us to check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way and had done so.

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. We found the provider had displayed their rating in the and on their website.