L'Arche

L'Arche Kent Cana

Inspection report

11 Chapel Hill
Eythorne
Dover
Kent
CT15 4AY
Tel: 01304 831739
Website: www.larchekent.org.uk

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 3 September 2015.

L'Arche Kent Cana is home for five people with learning disabilities. It is part of a community run by L'Arche Kent, a charitable organisation. The home is a detached property in the rural village of Eythorne, near Dover. Each person had their own bedroom decorated in the way they chose. There were two lounges and a dining room that people could spent time in together. The people and some of the staff, called assistants, lived in the home together. There were two vehicles for people to use to get out and about in the local area and to access a variety of activities. At the time of the inspection there were five people living at the home.

There was a registered manager working at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The registered manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Mental capacity assessments had been carried out to determine people's level of capacity to make decisions in their day to day lives and for more complex decisions when needed. DoLS authorisations were in place, or applications had been made, for people who needed constant supervision because of their disabilities. There were no unnecessary restrictions to people's lifestyles.

People's needs were assessed and their preferences taken into account when they moved into the home. People were given time to get to know people and to settle into the home. Each person had a key worker who was the person who would take a particular interest in making sure they had what they needed. Care and support plans were designed around people's individual interests and needs. These were written in a way people could understand and included pictures and photos.

People told us they felt safe living at the service. There were effective systems in place to make sure people were supported to keep safe but without being restricted. Risk assessments were designed to support people in developing their skills and experience. The risk assessments were clear and detailed so that staff had the guidance necessary to protect people as far as possible from accidents or harm whilst still encouraging independence.

People had the support they need to remain well and healthy. Medicines were managed safely and people were supported to be as involved as possible with their medicines. Everyone was involved in planning and preparing the meals, snacks and drinks.

People had good relationships with their support staff who knew them well and used their shared interests to help people live interesting lives. There were plenty of staff available to meet people's needs and people led active and busy lifestyles and engaged in the local community. Checks were carried out on prospective staff to make sure they were suitable to work with people. Developing and supporting lasting friendships was of high importance in the service. People met up with their friends and relatives. People who were important to them including friends they had got to know in the village attended meetings to help them make decisions about their care if they wished.

People were treated with kindness and compassion and there was a strong emphasis on person centred care. People were involved in all aspects of planning their care and support so that they received a service in the way they wanted and met their needs. The service was flexible and responded positively to changes in people's needs. Staff were trained and felt well supported.

The whole environment supported communication which enabled people to plan activities and events to enrich their lifestyle. People were able to express their opinions and views and they were encouraged and supported to have their voices heard within their local and wider community. They played an active role in the running of the service, in the L'Arche community and in their local community.

People and their loved ones were fully involved, in a meaningful way, in developing and shaping the service. There were effective quality monitoring systems in place to make sure the service was provided in the way people wanted. There was a culture of openness and inclusion with everyone taking a role in the running of the service. There were strong links with the local and wider community and people had friends in the village and knew their neighbours.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Good

People were protected from abuse. There was a warm culture of openness and support.

Risk assessments were designed so that people could try out different experiences in the least restrictive way possible whilst protecting them from avoidable harm.

Staffing levels were flexible and determined by people's needs. Safety checks and a thorough recruitment procedure ensured people were only supported by staff that had been considered suitable and safe to work with them.

People were supported to take their medicines safely.

Is the service effective?
The service was effective.

Good

People received good care and support that was based on their needs and wishes. Staff received the training they needed to have the skills and knowledge to support people and understand their needs. People were encouraged and supported to have their voices heard, both within the service and the local and wider community.

People were supported to have an active and healthy lifestyle. Mealtimes were social occasions and people were supported to eat a healthy varied diet of home cooked food and drink.

Staff were supported by each other and the management system in the organisation.

People were given the support they needed to make day to day decisions and important decisions about their lifestyle, health and wellbeing.

Is the service caring?
The service was caring.

Good

The registered manager and staff were committed to a strong person centred culture. People had positive relationships with staff that were based on respect and shared interests.

People had support from friends and family to help them make decisions and have a good quality lifestyle.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

Is the service responsive?
The service was responsive.

Good

People received the care and support they needed to meet their individual needs. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to. The service was flexible and responded quickly to people's changing needs or wishes.

Summary of findings

People were supported to make choices about their day to day lives. People were able to undertake daily activities that they had chosen and wanted to participate in. People had opportunities to be part of the local community.

There was an open and transparent culture. People could raise concerns and complaints and trusted that the staff would listen to them and they would work together to resolve them.

Is the service well-led?

Good

The service was well led.

The registered manager and staff were committed to providing person centred care and this was consistently maintained.

People's views and interests were taken into account in the running of the service. All feedback was considered and acted on but there was no summary of the results to show continuous improvement of the service and this was an area that could be developed. The service worked effectively to create strong links in the local community.

L'Arche had a reflective culture that continually evaluated the service being provided and discussing the outcomes with people. Their priorities were people's welfare.

The organisation and the registered manager promoted an open and inclusive culture that encouraged continual feedback. They took people's views into account.

L'Arche Kent Cana

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 3 September 2015 and was carried out by two inspectors. We let the service know that we were coming the day before. Some people needed time to prepare for unfamiliar people being in the house, and we wanted to give them the opportunity to speak with us and participate in the inspection.

We gathered and reviewed information about the service before the inspection. The registered manager had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with other information we held about the service. We looked at previous reports and checked for any notifications we had received from the provider. This is information about important events that the provider is required to send us by law.

During our inspection we spoke and spent time with all five people and seven staff. We looked at the care and support records for five people. We looked at and discussed management and staffing records. We looked around the communal areas of the home and some people showed us their bedrooms. We observed how staff spoke with and engaged with people and spent time to get a feel for what it was like in the home.

We last inspected L'Arche Kent Cana in September 2013 when no concerns were identified.

Good

Is the service safe?

Our findings

People said that they felt safe in the service. People said they liked to go out but felt safer with support from other people when out. People talked about their understanding of abuse and described some past experiences. One person said, "I go out with staff. I like them with me." People talked about learning from accidents and being careful in the kitchen. One person said, "I hurt my arm on the kettle. I am careful now. Staff help." People were aware of the risk assessments and care plans that contained guidance for staff to minimise risks to help prevent accidents. People were aware of what to do if there was a fire. One person said, "The alarm goes off and we have to go outside. We practice doing this so we are ready if a fire happens."

Staff showed a good understanding of different types of abuse and what they would do if they suspected abuse. Staff were able to recognise if people were unhappy or upset and respond appropriately. Staff had received training on keeping people safe, and were confident that any concerns they raised would be taken seriously and fully investigated to protect people. There were clear systems and procedures to support concerns if abuse was suspected. Staff were aware of the whistle blowing policy and knew how to blow the whistle on poor practice to agencies outside the organisation.

People were protected from discrimination. Staff and people lived together and had got to know each other well. There was an open culture and people were treated equally and with respect.

There was a clear procedure and records were kept to protect people's finances where staff were helping people manage their money.

Potential risks to people were identified and assessed. The assessments considered the severity and likelihood of the risk. Control measures were then considered to reduce, or where possible, eliminate the risk. Risk assessments focused on enabling the person to take risks rather than restricting them. Staff supported people to take risks so they had as much control and freedom as possible. People tried new experiences like different forms of sport and were able to carry out everyday tasks like cooking and using the kettle to make a hot drink. Risk assessments were reviewed, so they were up to date, but there was no record of if and when the risk last occurred. This would help to know if the risk was still an issue or not.

Staff reported accidents and incidents to the registered manager who was responsible for ensuring appropriate action had been taken to reduce the risk of incidents happening again. All accidents and incidents were reported. The reports were sent to the L'Arche organisation's directors and governing committee to check for patterns and trends to address and learn from any mistakes.

Health and safety audits of the environment and equipment were carried out regularly to make sure people were safe in the home. Some of these routine checks were carried out by people supported by staff and all checks were overseen by the registered manager. There was a system for repairs to be carried out promptly.

There were policies and procedures in place for emergencies, such as, gas / water leaks. Fire exits in the building were clearly marked. Regular fire drills were carried out and documented. Staff told us that they knew what to do in the case of an emergency. People had a personal emergency evacuation plan (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person had to ensure that they can be safely evacuated from the service in an emergency.

There were enough trained staff on duty to meet people's needs. Staffing was planned around people's hobbies, activities and appointments so the staffing levels went up and down depending on what people were doing. The registered manager made sure that there was always the right number of staff on duty to meet people's assessed needs and she kept the staff levels under review. One to one staff support was provided when people needed it. Three people went out for the day with two staff during the inspection and one person was at work leaving one person at home with one member of staff. Three further staff arrived later in the afternoon so there were plenty of staff around to respond to people's needs promptly.

The registered manager and senior staff shared an on call system so were available out of hours to give advice and support. There was a team of bank staff who worked across the provider's services who could step in at short notice to

Good

Is the service safe?

cover staff sickness or to provide extra support with activities and provide one to one support. Occasionally the same agency staff were used to ensure consistent staffing levels, the registered manager said she hoped to reduce the need for agency staff now that the service was fully staffed.

Some people needed time to get used to new staff but it was clear people had an obvious affection for staff. There were very natural and respectful exchanges and conversations with people by staff, and staff anticipated peoples' needs and wishes well. For example, staff noticed that one person was becoming anxious so they took turns with another staff member to talk to the person and encouraged them to lay the table for lunch. As they did this, the person appeared less anxious.

Recruitment procedures were thorough to make sure that staff were suitable to work with people. Written references were obtained and checks were carried out to make sure staff were of good character. People were involved in recruiting staff so they could have a say about who might support them. Prospective staff were invited for a meal so that people could meet them and give their opinion. A new member of staff said they had been invited for lunch before they were offered a job. They said it was good to meet people and get to know them.

Medicines were managed safely. People said or indicated that they were happy with the way their medicines were managed. All medicines were stored safely in lockable cabinets. Some people chose to store their medicines in cabinets in their bedrooms. Medicines were ordered and checked when they were delivered. Clear records were kept of all medicine that had been administered. The records were clear and up to date and had no gaps showing all medicine had been administered and signed for. Any unwanted medicines were disposed of safely.

Staff were trained in how to manage medicines safely and were observed a number of times administering medicines before being signed off as competent. People were supported to take as much control over their medicines as possible. Some people liked to take their tablets without help and this was supported. There was information in people's support plans about their medicines, what they were for and side effects to look out for. If people wanted to take 'over the counter' medicines this was supported and Staff made arrangements for people to take their medicines with them when they went out for the day or went to stay with friends.

People had access to homely remedies when needed and staff checked this would not affect the action of the person's prescribed medicine. (A homely remedy is another name for non-prescription medicines available over the counter in community pharmacies, used in a care home for the short term management of minor, self-limiting conditions, e.g. toothache, mild diarrhoea, cold symptoms, cough, headache and occasional pain.) When people had a health issue this was responded to appropriately with support to attend medical appointments and treatments. Homely remedies were organised and written in people's plans and there were clear guidelines for staff in how to respond when people needed assistance with any health treatment.

Good

Is the service effective?

Our findings

People talked about their health care. Each person had a 'Hospital Passport'. These were documents with useful information about how each person liked to be supported, their communication needs and relevant medical information to make a stay in hospital smoother and to help the hospital staff. A person explained, "I take this (hospital passport) when I go into hospital. I have been before and this went with me. It tells the doctors and nurses about me. I keep it with me (when in hospital)."

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. There was an on-going programme of training which included face to face training, on line training and distance learning. A manager based at head office tracked and arranged training for staff. Staff completed work books or answered questions and took tests that required a 100% pass mark. Some training was provided in house including fire awareness so that everyone could take part in a drill. People also took part in this so they knew about fire safety and how to evacuate the home.

New staff completed an induction during a three month probation period. The induction included completing a work book covering the standards recommended by Skills for Care, a government agency who provide induction and other training to social care staff. The registered manager was introducing the new care certificate for all staff as recommended by Skills for Care. Staff attended face to face training during their induction period and worked closely with other staff until they were signed off as competent.

People were involved in inducting new staff. People, and other staff members, were asked for their views about new staff's performance and their contribution at the end of the three month probation period. In one case seven staff and all five people had given their written comments about a staff member, which gave the staff member feedback and suggestions for improved practice.

Training was provided about people's specific needs, including Makaton a sign language, and staff had a good understanding of people's varying needs and conditions. Staff had regular supervision meetings with a line manager to talk about any training needs and to gain mentoring and coaching. The registered manager planned to increase the frequency of supervision meetings to ensure staff had the right support. Staff had an annual appraisal to look at their performance and to talk about career development for the next year.

Staff understood the requirements and principles of the Mental Capacity Act 2005 (MCA). Staff had been trained about the MCA and put what they had learned into practice. Staff asked people for their consent before they offered support. People's capacity to consent to care and support had been assessed. If people lacked capacity staff followed the principles of the MCA and made sure that any decision was only made in the person's best interests. Some people had to make important decisions, for example, about invasive medical treatment. When this happened information about the choices was presented in ways that people could understand. People's representatives and health professionals got together to decide if the treatment was necessary and in the person's best interest.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Some people were constantly supervised by staff to keep them safe. Because of this, the registered manager had applied to local authorities to grant DoLS authorisations. The applications had been considered, checked and granted for some people ensuring that the constant supervision was lawful.

Everyone was involved in planning the menus, buying the food and preparing meals, snacks and drinks. Everyone took part in setting the table and clearing away and washing up. Meal times were a social occasion when everyone came together around the large dining room table.

Staff knew about people's favourite foods and drinks and about any special diets, which were supported. The meals looked appetising and fresh ingredients were used. Healthy eating and exercise was encouraged. If staff were concerned about people's appetites or changes in eating habits, they sought advice from the relevant health professionals.

Good

Is the service effective?

People were encouraged to take regular exercise to help the feeling of well-being. People enjoyed regular walks around the village with staff and told us about activities they enjoyed including swimming and Zumba dance classes. People were active and said they enjoyed getting out and about and getting fresh air. When people became distressed or anxious staff reassured them and guided them back to calmness and wellbeing so that they were able to continue their activities.

People's health needs were recorded in detail in their individual health action plans. The plans had photographs and pictures with large coloured print to make them more meaningful to people. There were photographs of doctor's surgeries and hospitals to help people become familiar with and feel more comfortable about these places. People were supported to attend routine appointments including dentists and opticians. Staff acted quickly if people became unwell and worked closely with healthcare professionals to support people's health needs.

Good

Is the service caring?

Our findings

The whole service provided in the home was organised around people's needs and wishes. Staff offered choices so that care and support was then given in response and in the way people wanted it. People said they liked the staff and had a special bond with some of them. They were complimentary of the staff. One person said, "…good staff… Like her a lot," (indicating a member of staff in the room) "she's my friend." There was a lot of laughter in the home. People were supported to develop and maintain friendships. One person said, "I have phone calls with my friend."

The philosophy of the service was based on respect, equality and love for each other. Staff spoke with people, and each other, with kindness and patience. The atmosphere was calm and relaxed and staff responded appropriately when a person appeared to become anxious. Staff spoke with the person calmly and reassured them. They spoke with staff and appeared less anxious.

Staff spent time with people making sure they had what they needed. People were occupied with meaningful activities and were relaxed in the company of staff. There was an atmosphere of equal value and caring for each other's wellbeing and there were no barriers between staff and people. If people wanted something to eat or drink they were helped to make it in the kitchen. Mealtimes were social occasions set at a calm pace with planning and discussion of events and activities around the table when people had finished eating.

Staff knew people well, so were able to quickly detect if they were in pain or discomfort, and responded to people's needs calmly and sympathetically. There were clear notes in the care and health plans regarding people's health and wellbeing.

People were valued and their strengths recognised. There was a culture of mutual support and appreciation for the gifts people were able to bring to each other. People's individuality and diversity was nurtured and people were treated with equal respect and warmth. People's religious, ethnic and cultural needs were taken into account. People were involved in the local and wider community and were supported to attend churches of different denominations.

Staff communicated with people in a way they could understand and were patient, giving people time to respond. Different communication methods were used and were continually evaluated for their effectiveness. Objects were used as a reference; for example, when a person was getting ready to go out their shoes and coat were an object of reference to let them know it was time for their outing. Photos of meals were in the menu folder to help people decide their meal choices when planning the menu. There were activity boards in people's bedrooms with individual planned activities and a pocket board in the hallway that people could leave messages and gifts in. The staff were open to try new methods that may help people to express their feelings more easily. People were able to get their needs and wishes responded to by the staff because they knew each other so well, and because the staff gave people enough time for them to express themselves in their own way.

Advocacy services and independent mental capacity advocates (IMCA) were available to people if they wanted them to be involved. An advocate is someone who supports a person to make sure their views are heard and their rights upheld. They will sometimes support people to speak for themselves and sometimes speak on their behalf. People had circles of support from family members and friends in the L'Arche community and in their local community who would advocate for them. People could choose who they wanted to be involved to help them if they needed to make important decisions and general day to day decisions.

People were well supported with their personal care and appearance. People enjoyed having their hair and nails done and wearing nice clothes. People were supported to have an appearance and clothing style that suited them and was appropriate for the activity and weather.

People's private space was respected. There was a day to day practice of knocking on people's doors or asking permission before entering rooms. People were able to choose who they wanted to support them and they had the option of having someone of the same gender supporting them if they preferred this. People had chosen the way their bedroom was organised, the colour scheme and décor. Decisions about the layout and décor in the home were agreed at meetings between everybody. The home was personalised with people's belongings and their art works.

Staff were aware of the need for confidentiality and personal information was kept securely. Meetings where people's needs were discussed were carried out in private.

Good

Is the service caring?

People could go and get their folders containing their care plans and health records when they wanted to and were aware that these were their private records. The design of the care plans included pictures, photos and straightforward language. The information contained in the care and support plans was agreed with each person, so that they were meaningful and relevant to people's interests, needs and preferences.

Good

Is the service responsive?

Our findings

People talked about their recent trip to a music and arts festival. One person said, "There was lots of dancing", "I like dancing". Another person said, "I like music. It was good." People said they liked to do lots of different things. Activities varied and included local trips and trips abroad. People talked about holidays abroad. One person talked about their trip to France. People helped with the day to day chores in the house and meal preparation. One person said, "I help with the cutting." Another person said, "I like baking cakes." People had jobs and talked about their work. A person said, "I like selling the plants in the town you see all sorts of interesting people. It's really good fun and I like getting paid for it."

There was a clear care planning system that people were involved in. An assessment was completed when people moved into the home and reviewed regularly as people got to know each other. People were supported to contribute to their assessment and their plan of care through meetings and observations. People's individual communication needs were supported so that they could meaningfully contribute to the planning and delivery of their care. Symbols, objects, photos and time spent with each person enabled them to say what they wanted. The care plans, health care plans and activities plans were all kept in folders so that the information was accessible for people and staff to refer to. One person showed us their care plan folder and was familiar with the contents. Care plans included pictures and photos to make them meaningful to people. They contained all the information needed to make sure each person was supported in the way they preferred.

Each person had a key worker. This was a member of the care team who took responsibility for a person's care to maintain continuity and for the person to have a named member of staff they could refer to. Key workers were matched to people over a period of time so that people could get to know each other and personalities and interests would be compatible. Keyworkers had individual meetings with people to review their care and support and from this they wrote a keyworker review report at least every three months.

A full review meeting was held every year and more often if needed. People had 'circles of support'. These were friends, relatives and people that were important to them who would suggest ideas for new experiences and help make decisions in the person's best interests. People's circle of support, anyone that was important to them and health professionals would participate in their review meeting.

Contact details of people who were important, and in their circle of support, were written in each person's care plan. People were encouraged to keep in touch with all their friends and family. There were no restrictions on when people's friends and families could visit and people were also supported to make telephone and Skype calls.

Mealtimes were occasions when people talked about what was happening locally and if there were any events or places of interest that people might be interested in. Every Sunday people and staff decided together what was going to happen for the week. Each person had their own timetable of activities and events and these were updated following the meeting. The style of timetable was designed to suit them and also included photos of the staff that were supporting them each day. There was a board in the kitchen with photos of which staff were working and a pocket board in the hallway that people could put things in for other people and use as a message board. Meetings were held with everyone around the table every morning to discuss the plans for the day. Planned activities and appointments were checked and read out from the diary as part of the meeting. People were able to choose and be prepared for the activities and appointments that they were participating in. People had their own daily diaries that recorded what they had done and what their plans were.

People lived active, varied lifestyles following their own interests. They had opportunities to participate meaningfully in the community and develop their skills at work on the various projects run by the L'Arche community. People were supported individually or in small groups to attend clubs, places of interest and events. When people were in the home they were occupied with their hobbies and helped do the cooking and cleaning.

Complaints and comments about the service were encouraged as they helped to make improvements to the service. There were leaflets in the hallway asking visitors to give any feedback about the service including any comments, compliments or complaints. The leaflets gave the contact details of who complaints should be addressed to, including the Care Quality Commission. The complaints procedure was displayed and had photographs of people

Good

Is the service responsive?

within L'Arche who would investigate and respond to complaints. Weekly house meetings gave people the opportunity to raise any issues or concerns. Any issues raised were taken seriously, recorded and acted on to make sure people were happy with the service.

The whole environment supported communication. There were large boards with large print, pictures and symbols in the kitchen, dining room and hallway which gave people information about a variety of subjects including how to make complaints and give feedback. The registered manager checked any complaints on a regular basis to make sure they had been fully investigated although there had been no complaints in the last year.

Staff knew people well and noticed if and when people were anxious or upset about something. Staff noticed that one person appeared anxious, staff sat and spoke with the person and asked them if they wanted some music on. The person appeared calmer after this.

Good

Is the service well-led?

Our findings

The service provided by the organisation and in the home was led by the people using it. Meetings were held to talk about the development of the service provided at all levels of the organisation. People were involved in the meetings and some people attended the regional and national meetings as delegates on behalf of their home. One person said, "I attend the meetings and say what we think" and, "I like attending the meetings."

People and their loved ones were fully involved, in a meaningful way, in developing and shaping the service. There was a culture of openness and inclusion with everyone taking a role in the running of the service. People chaired the weekly house meetings and took the minutes, others carried out some of the health and safety checks and everyone took part in the cooking and cleaning. The manager made sure people had a say about the staff throughout the recruitment and probation process when people were asked for their views and opinions about staff.

There were strong links with the local and wider community and people had friends in the village and knew their neighbours. People had built relationships with people at local churches and shops and were supported to keep in touch with their friends and family and to make new friends. People were part of the 'L'Arche community' and attended events all over the country and further afield, meeting up with friends, including at a recent music festival. A calendar was displayed for the month, with pictures of up and coming community events.

There was a culture of openness and honesty; staff spoke to each other and to people in a respectful and kind way. Staff knew about the vision and values of the organisation which was based on equality 'to work together for a world where all belong'.

Staff understood their roles and knew what was expected of them. Staff were supported by the registered manager who was skilled and experienced in providing person centred care. The registered manager knew people well and had worked with people with learning disabilities for several years. The registered manager supported a team leader who was in charge of the day to day running of the service; both gave staff regular feedback about their performance. Staff told us they felt well supported and felt comfortable asking the team leader or registered manager for help and advice when they needed it.

The registered manager understood relevant legislation and the importance of keeping their skills and knowledge up to date. The service had links with the other organisations and forums to share and promote best practice.

People, their relatives and staff were asked for their feedback about the service on a regular basis. A variety of methods was used to gain people's views including sending out surveys, having meetings and requesting feedback about specific topics. Feedback had been read and considered and the registered manager acted to address any issues that were raised. All the feedback we saw was positive. For example, a relative had completed a quality survey; they wrote "(My relative) is having a great time here. The DoLS assessor came to the same conclusion." Another stated "I am very happy with the placement." Although all feedback was considered and acted on, there was no summary or publication to people, staff and stakeholders of the results, to show continuous improvement. This is a potential area for development.

Checks and audits were carried out regularly of the environment, records, staff training and support. People were involved in these checks so took some control over how the service was run. The registered manager and another senior manager carried out quarterly and yearly audits and produced reports that had actions allocated to staff to complete to improve the service.

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 register manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.