

Craegmoor Homes Limited

Craegmoor Supporting You in the South East

Inspection report

122 Coast Drive
Greatstone
New Romney
Kent
TN28 8NR

Tel: 01797361541
Website: www.craegmoor.co.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 ●

Summary of findings

Overall summary

This announced inspection took place on 06 and 07 February 2018 and 12 and 13 February 2018.

This service provides personal care and support to adults living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection only looked at people's personal care. This supported living service meets the needs of people with learning disabilities, autism or people with more complex health needs such as epilepsy. At the time of this inspection there were 24 people receiving personal care. The service is run from an office in New Romney.

A registered manager was not employed at the service. However, the provider's regional manager had applied to register as the manager and was available to support the inspection process. 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.

Craegmoor Supporting You in the South East Services was placed in special measures in December 2016. [Services that are in special measures are kept under review and inspected again within six months.] We expect services to make significant improvements within this timeframe. The last inspection report for Craegmoor Supporting You in the South East was published on 05 September 2017, with an 'Inadequate' rating following a comprehensive inspection, which took place on 28, 29 and 30 June 2017 and 03 July 2017. At that inspection, although we found improvements, we found six breaches of the legal requirements set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breaches were in relation to Regulation 9, Person centred care; Regulation 12, Safe care and treatment; Regulation 13, Safeguarding service users; Regulation 16, Receiving and acting on complaints; Regulation 17, Good governance; Regulation 18, Staffing. Due to these breaches we used our regulatory powers by imposing conditions on the provider's registration and this service remained in special measures.

During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

The provider had restructured the management of this supported living service from a centralised model to a localised model. This had facilitated improved operational and quality management oversight by the deployment of an experienced regional manager to take day-to-day charge of this service. The regional manager had been supported to make significant improvements in the last six months by an experienced senior quality improvement manager. These changes had assisted the provider to meet the Regulations set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The regional manager and the provider had demonstrated a desire to improve the quality of the service for people with a learning disability by listening to feedback, asking people their views and improving how the service was delivered. People, their relatives and staff felt that the service was now well led. They told us that the management understood people's needs, were approachable and listened to their views. The service commissioners told us that the service had improved. The provider and regional manager continued to develop business plans to further improve the quality of the service.

The regional manager had involved people in planning their care by re-assessing their needs based on a person centred approach. Care management reviews had taken place and in some cases, people were now receiving higher levels of staff support. For others, the regional manager was working with other agencies to find placements better suited to people's needs and choices.

New systems were now in use to monitor people's one-to-one hours and shared hours. Systems were audited on a weekly basis to check for effectiveness and quality.

More robust processes were now in place to manage medicines safely. There were policies and procedures in place for the safe administration of medicines. Staff followed these policies and had been trained to administer medicines safely. Staffs continued competence in this area was checked at least annually.

An open and honest culture had been developed within staff teams. People could involve relatives or others who were important to them when they chose the care they wanted. The care plans had been developed to assist staff to meet people's needs, told people's life story, recorded who the important relatives and friends were in people's lives and explained what lifestyle choices people had made. Care planning told staff what people could do independently, what skills people wanted to develop and what staff needed to help people to do.

The regional manager had delivered training about the principals of supported living to all staff. This training was based on nationally recognised practice. This had given staff a better understanding of how they assessed and treated people as individuals so that they understood how they planned and delivered people's care to maintain their safety, health and wellbeing and personal choices. Risks were assessed within the service, both to individual people and for the wider risk from the environment people lived in. Actions to minimise risks were recorded. Staff understood the steps they should take to minimise risks when they were identified.

People's care was being reviewed in line with the requirements of the Mental Capacity Act 2005 (MCA 2005). The regional manager understood their responsibility to comply with the MCA 2005, to assess people's capacity and work in people's best interest. Staff received training about this.

The provider's health and safety policies and management plans were implemented by staff to protect people from harm. The provider trained staff so that they understood their responsibilities to protect people from harm. Staff were encouraged and supported to raise any concerns they may have. Incidents and accidents were recorded and checked or investigated by the regional manager to see what steps could be taken to prevent these happening again. Staff followed the provider's policy for recording and responding to safeguarding incidents. When required these had been reported to the local authority for further investigation and notifications had been sent to the commission.

People were often asked if they were happy with the care they received. The provider offered an inclusive service. They had policies about Equality, Diversity and Human Rights. People, their relatives and health care professionals had the opportunity to share their views about the service either face-to-face, by telephone, or

by using formal feedback forms. Complaints made by people or their relatives were taken seriously and thoroughly investigated.

Recruitment policies were in place. Safe recruitment practices had been followed before staff started working at the service. The provider recruited staff with relevant experience and the right attitude to work with people who had learning disabilities.

New staff and existing staff were given an induction and on-going training which included information specific to the people's needs in the service. Staff were deployed in a planned way, with the correct training, skills and experience to meet people's needs.

Staff received supervision and attended meetings that assisted them in maintaining their skills and knowledge of social care. Staff consistently fed back to us that the culture and attitude to the quality of care in the services had been changing for the better. Staff had a better understanding of the balance between positive risk taking and safety. People were supported to maintain their health by healthy lifestyle planning and advice. Dietary support had been provided through healthy eating plans put in place by dietitians. Staff supported people to maintain a balanced diet and monitor their nutritional health. People had access to GPs and their health and wellbeing was supported by prompt referrals and access to medical care if they became unwell. Good quality records were kept to assist people to monitor and maintain their health.

The quality outcomes promoted in the providers policies and procedures were monitored by the management in the service. Audits undertaken were based on cause and effect learning analysis, to improve quality. All staff understood their roles in meeting the expected quality levels and staff were empowered to challenge poor practice.

Management systems were in use to minimise the risks from the spread of infection, staff received training about controlling infection and accessed personal protective equipment like disposable gloves and apron's.

Working in community settings staff often had to work on their own, but they were provided with good support and an 'Outside Office Hours' number to call during evenings and at weekends if they had concerns about people. The service could continue to run in the event of emergencies arising so that people's care would continue. For example, when there was heavy snow or if there was a power failure at the main office.

The provider met their legal obligations by displaying their last inspection rating in their offices and on their website. The provider had been meeting the five additional conditions of their registration we placed on the service in October 2017.

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 was safe.

People experienced a service that made them feel safe.

Individualised and general risks were assessed to minimise potential harm.

Staff knew what they should do to identify and raise safeguarding concerns. Management understood how to report safeguarding concerns and notified the appropriate agencies.

The provider used safe recruitment procedures and general and individual risks were assessed. Medicines were managed and administered safely.

Incidents and accidents were recorded and monitored to reduce risk.

Is the service effective?

Good 

The service was effective.

People's needs were assessed.

People accessed routine and urgent medical attention or referrals to health care specialists when needed.

People were cared for by staff who knew their needs well.

Staff encouraged people to eat and drink to maintain their health and wellbeing.

Staff met with their managers to discuss their work performance and each member of staff had attained the skills they required to carry out their role.

The Mental Capacity Act 2005 was understood by the management and staff received training about this.

Is the service caring?

Good 

The service was caring.

Staff used a range of communication methods to help people engage with their care.

People had forged good relationships with staff so that they were comfortable and felt well treated.

People were treated as individuals and able to make choices about their care.

People had been involved in planning their care and their views were taken into account.

People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

Staff provided care to people as individuals. People were provided with the care they needed, based on a care plan about them.

People could take part in activities and socialise according to their lifestyle choices.

Information about people was updated often and with their involvement so that staff only provided care that was up to date.

People were encouraged to raise any issues they were unhappy about.

Is the service well-led?

Good ●

The service was well led.

The provider operated systems and policies that focused on the quality of service delivery.

There were new localised management structures in place to monitor and review the risks and quality improvement that may present themselves as the service was delivered.

Staff understood they were accountable for the quality of the care they delivered.

Craegmoor Supporting You in the South East

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 was a comprehensive inspection. We re-inspect services that have been rated as 'Inadequate' within 6 months of the last reports publication date.

The inspection took place on 06 and 07 February 2018 and 12 and 13 February 2018 and was announced. The inspection was carried out by one inspector and an expert by experience. The expert-by-experience had a background in social care and learning disability services. We gave the service 48 hours' notice of the inspection site visit because we needed the regional manager and some staff to be available to interview at the office. We also needed to gather some pre inspection information to confirm which people or their relatives had consented to speaking to the expert by experience or the inspector during the inspection.

We reviewed the information we held about the service. Before the inspection, we looked at previous inspection reports, the provider's improvement action plan and notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to plan our inspection.

We visited all five of the supported living services. Fourteen people and three relatives told us about their experience of the service. We spoke with ten staff including the regional manager, senior quality improvement manager, the deputy manager, two managers called locality coordinators, one shift leader, and four care workers. We received written feedback from one relative. We contacted three health and social care professionals for feedback about the service and received feedback from a commissioner at Kent County Council and a care manager.

We looked at records held by the provider and care records held in the office at in people's homes. This included nine people's care plans and the recruitment records of five staff employed at the service and the staff training programme. We viewed a range of policies including; medicines management; complaints and compliments; meetings minutes; health and safety assessments and quality audits. We looked at what actions the provider had taken to improve the quality of the service.

Is the service safe?

Our findings

At our last inspection on 28, 29 and 30 June 2017 and 03 July 2017, we identified breaches of Regulation 12, Regulation 13 and Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to adequately assess and mitigate risks to people and staff. Medicines had not been managed robustly. The provider had failed to ensure incidents of abuse were reported and investigated and had failed to deploy sufficient numbers of staff to fully meet people's needs.

At this inspection, we found that sufficient improvement had been made. The provider and regional manager had taken a number of steps to improve the management of risks, medicines, incidents and staff deployment.

One person told us, "There is enough staff at the moment, there was not in the past." Another person said, "I'm safe, yes." All of the people we spoke with told us that they felt safe. We spoke with a person who, at our last inspection told us they were being bullied. At this inspection they told us they were now being listened to and the issues they had raised before were being resolved by the regional manager."

A relative told us about a situation where the staff had supported their daughter to be less anxious. This had made her feel safer and she was now doing more for herself. The relative said, "Staff have a better awareness of safeguarding. Our daughter is not self-harming now." And, "She is much safer than she was at before." Another relative said, "I did have major concerns, particularly for the past three years. He is now safe, yes it's probably gone slightly the other way." They told us that staff were with him more to keep him safe, for example with road safety.

Staff consistently told us there had been improvements in staffing levels, medicines management and the management of safety. One said, "We know exactly what we need to do with safeguarding. New systems of daily logs now more detailed, one-to-one hours now being evidenced, the page is big. People's emotional state is now really good. We do weekly care plan checks, any health appointments are written in triplicate."

There had been a complete review of risks to people's individual health and wellbeing and this was recorded in people's care plans and understood by staff. Individual care plans showed that risks had been audited and reviewed. Where risks were identified, people's care plans described the actions care staff should take to minimise the risks. For example, one person was at risks of choking. Staff caring for the person had Dysphagia training and the action to minimise risk was recorded. [Dysphagia is the medical term for swallowing difficulties.] Risks recording had been improved. Staff told us that the new daily records were in use and assisted them to record and monitor risks. Where people had health issues such as epilepsy or diabetes these had been risks assessed and management plans were in place to reduce the risk of harm.

For people at risks of displaying behaviours that may challenge services, for example by harming themselves or others, there was access to positive behavioural support (PBS) staff who were employed by the provider. (PBS) or positive behavioural support is a nationally recognised model of care and is seen as the best way of

supporting people who display, or are at risk of displaying behaviour which may cause harm to themselves or others. The PBS staff had been used in services when people presented negative responses to experiences, or were at risks of harming themselves or others. Using the PBS approach meant that staff adjusted their approach to an activity or behaviour to try and turn negative responses into positive outcomes.

If the actions taken to minimise identified risks restricted people's rights, their consent was sought or best interest was followed to protect their rights within the guidelines set out in the Mental Capacity Act 2005. For example, to maintain safety people may need constant staff supervision when in the community for their safety. We found that people were protected by staff following people's assessed needs.

There were policies about dealing with incidents and accidents. Newly introduced daily note records and hand over sheets were fully completed. These were now double checked and signed off by locality coordinators. This meant that any incidents or information that may cause concern would not be missed. For example, signs of bullying or conflicts between people. All staff had received additional training about the reporting and recording of incidents. The provider's policy set out how incidents and accidents should be recorded, investigated and responded to; this reduced the risk of future incidents. There was now an incident report audit tracker, which effectively monitored how all incidents were investigated and reported, both internally and externally. The recorded incidents we saw had been appropriately managed. These records showed that the incidents had been fully investigated and actions taken to minimise risk. For example, some people's care needs had been reviewed and they now had additional one-to-one staff support to maintain their safety.

People were protected from the risks of potential abuse. Staff told us they understood how abuse could occur and how they should report abuse. The provider had a safeguarding policy that informed staff about their responsibilities to safeguard people and what constituted abuse. Staff received training in safeguarding, knew what signs to look out for and now felt confident the management team would listen to and act on any concerns they raised. They clarified this by telling us about scenarios of abuse they may encounter and how they would respond. For example, if staff noticed bruising or changes in people's behaviours. Staff we spoke with were confident they could challenge any poor practice within the service and report it appropriately. Staff had read and understood the provider's whistleblowing policy. A confidential staff help line was available to staff who wanted to share concerns. This minimised the risk of potential abuse being missed.

The provider had a range of policies setting out their approach to dignity, equality, diversity and human rights (EDHR). These were accessible to staff and EDHR choices were included in people's initial assessments. Staff received training about the culture of the organisation in promoting dignity and human rights. The provider had updated the bullying operating procedure. Records showed that all staff had attended training about this in September 2017. Staff knowledge of EDHR was discussed at recorded supervisions meetings with management. Staff we spoke with demonstrated to us how they delivered care respectfully and how they would respond to EDHR issues.

The regional manager understood how to protect people by reporting concerns they had to the local authority and protecting people from harm. We saw documented evidence of joint working with local authority care managers to protect people from harm. This included the provision of external advocacy services. [Advocacy services provide an independent voice for individual people and advocate on their behalf.] People's care plans included easy read information about keeping safe. Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff

and to managers about their responsibilities for reporting abuse.

The provider assessed risks to the environments people lived in to protect them and staff from potential hazards. Records showed that safe systems of work had been implemented via regular health and safety checks of the people's homes. In the supported living service, staff checked the fire alarm systems and assessed people's abilities to respond to evacuation drills.

Essential supplies such as the water, gas and electricity were the responsibility of the premises landlord, but staff and relatives told us that the premises were kept well maintained and that people had access to a list of maintenance companies they could call if things went wrong. People were involved in choosing how their homes were decorated. The regional manager liaised with the housing providers to make sure works they were accountable for were completed.

The medicines systems had been reviewed so that people received their medicines safely to protect their health and wellbeing. Medicines were administered safely by care staff who had specialist training in this area. The regional manager had delegated lead roles to the locality coordinators who oversaw the correct management of medicines. Medicines were ordered, stored and managed to protect people. 'As and when' required medicines (PRN) were administered in line with the providers PRN policies. This ensured the medicines were available to administer safely to people as prescribed and required.

Staff followed the provider's medicines policy. Staff described to us in detail how they followed the provider's medicines policy. People were able to refuse or consent to allow staff to administer medicines for them within the Mental Capacity Act 2005. The regional manager checked that staff followed the medicines policy and that they remained competent by checking staff knowledge and practice when they administered medicines. Competency checks were recorded and a list of staff authorised to administer medicines was kept. Medicine audits were carried out. Physical quantities of stock and quantities that should have been remaining were checked at each change of staff. Staff had a good understanding of safe labelling. For example, they told in detail how they checked and recorded that the amounts matched the actual amounts left and that liquid medicines had a 'date of opening' recorded on the label and that they would, 'follow the instructions for use by dates.' Staff administering medicines were provided with training so that they understood the broader principals of medicine's safety and record keeping.

People were protected by staff who understood their responsibility to record the administration of medicines. The system of MAR records allowed for the checking and recording of medicines, which showed that the medicine had been administered and signed for by the staff. The MAR sheets were being completed correctly by staff, there were no gaps on the MAR records. We saw records of referrals to GPs and of staff seeking advice from other external professionals when required. Records showed that medicines were reviewed with people's GP's.

Detailed daily records were kept by staff. Records included personal care given, well-being, concerns to note and food and fluids taken. Audits of medicines and specific risk to people from the care being delivered were in depth and reviewed with frequency to maintain safety.

The regional manager planned staffing based on people's assessed needs. There had been a change to the way staff recorded the one-to-one hours people received and the shared hours. These records could be cross referenced to people's care plans and care management needs assessments. There was a staff deployment rota, but for consistency, the staff normally worked with the same groups of people. The rota showed and staff we spoke with confirmed that enough staff were deployed to enable people's individual needs to be met and for care to be delivered safely. Most people benefited from one-to-one staffing input

and additional staff were made available so that people could remain safe when accessing their local community. A relative confirmed that staffing levels met their loved ones needs. This minimised the risks of harm.

The regional manager had improved the systems in place for robust staff recruitment. For example, staff had to account for gaps in their employment histories. The employment application forms made this clear. Staff files confirmed references were taken up before employment started. The provider's policy about safe recruitment was up to date. People were protected by these safe recruitment practices, minimising the risk of receiving care from unsuitable staff. The regional manager followed a policy, which addressed all of the things they needed to consider when recruiting a new employee. Applicants for jobs had completed applications and been interviewed for roles within the service. New staff could not be offered positions unless they had proof of identity, written references, and confirmation of previous training and qualifications relevant to the role. All new staff had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding.

The management remained available via an on call system and were often on site in response to calls made to them by staff who needed help or advice.

People were protected from potential cross infection. Staff received infection control training. Staff told us they always had access to personal protective equipment [PPE] when appropriate, such as disposable gloves and aprons.

Is the service effective?

Our findings

At our last inspection on 28, 29 and 30 June 2017 and 03 July 2017, we identified breaches of Regulation 9, and Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People had not been well supported to manage their health needs and staff had not received appropriate training in order to meet the needs of people they provided care and support to.

At this inspection, we found that sufficient improvement had been made. The provider and regional manager had taken a number of steps to improve the management of staff inductions and training and the management of people's health needs.

One person said, "We can learn to cook. I'm doing it and they're [staff] there if I need it." Another person said, "I'd like more help with my speech, I go to speech therapy once a week that's helping me." They also told us that staff help them with their speech. All of the people we spoke with confirmed they go to see their GP, dentist and optician.

A relative said, "Staff have been sympathetic and staff understand our daughter's needs, we have the assurance of being able to talk to staff with more understanding [of her]."

A commissioner from Kent County Council (KCC) said, "Staff training and understanding of the supported living model has improved significantly with clear management oversight now being provided to ensure this is maintained. This area has improved a great deal and the quality in care practice is now being sustained where it wasn't previously."

A person's social worker commented on a recent care review, saying, "I did note the significant evidence of improvements in his physical health, risk assessments & support plans as well as within your service as an organisation."

People's health needs were monitored by staff. The regional manager had introduced a double-layered health monitoring system which included auditing of recorded outcomes from any health professional contacts or health care appointments. For example, if people visited their GP the locality coordinator checked the outcome and actions taken. This was then double checked by the regional manager to minimise the risks of anything being missed. Staff told us this was working well in practice. Records indicated that this system was protecting people's health and wellbeing. This had been accompanied by additional training for staff. All staff had received epilepsy training and Diabetes training and most staff had completed mental health awareness training. This gave staff an underpinning focused knowledge of areas of need and meant that staff understood people's health needs well.

All of the people with a learning disability currently using the service were placed by a local authority. Before being placed, people's needs had been assessed by health care and social work professionals. These assessments provided an analysis of the care people needed and how people's care should develop. It included their lifestyle choices, freedoms and independence. The regional manager carried out their own

initial assessment for each person to make sure they could meet people's needs. The provider's assessment checked the care and support needs of each person so the regional manager could make sure staff had the skills to care for the person appropriately. At the assessment stage people were encouraged to discuss their sexuality or lifestyle preferences as well as their rights, consent and capacity. The provider also assessed people's dependency levels to capture how much staff care was required and how independent people could remain. The provider's processes involved people and their family members in the assessment process when this was appropriate. Capturing information about people was an evolving process.

The initial assessments led to the development of a person centred care plan. Individual care plans were detailed, setting out guidance to staff on how to support people in the way they wanted. Staff were required to record the care they had provided to people by recording how they had met people's needs in their care plan records. People's health and wellbeing was consistently monitored and reviewed in partnership with external health services. The regional manager contacted other services that might be able to support them with meeting people's health needs. This included the local GP, the community nursing teams, occupational therapist and learning disability teams. People accessed a range of health and wellbeing services. For example, podiatry and dental care. Where people's health was at risk from not drinking enough a plan was in place to monitor and respond to the risk. For example, people had been assessed by a speech and language therapist (SALT) or other professional who advised the staff about managing health issues like weight management and diabetes. When needed, staff recorded what people drank or ate in their care plan. People's nutritional risk and allergy needs were shared with staff delivering care so that they were consistent when meal planning with people.

All staff had now received training about Reach standards in supported living. [Reach standards underpin the values of care and support people should expect who live in Supported Living.] Training was provided to staff to improve their skills and understanding of people's needs and how to deliver care. The staff told us they had received a range of training to carry out their roles. Staff said, "This year I have had diabetes training three times. Now insulin trained, theory face to face, a community nurse came and did competency checks, I have also had epilepsy and defibrillator training. I have had a lot of face to face training. Before it was mostly on line. It's easier to learn face to face." Records showed staff had undertaken training in all areas considered essential for meeting the needs of people in a care environment effectively. This included statutory mandatory training, infection prevention and control, first aid and moving and handling people. Staff responded in line with care plan guidance for the management of people's needs. Staff said, "We are now better at writing up appointments. The new staggered shift patterns help communication as there is always somebody on shift who was on the last shift so that there is consistency and a hand over sheet which staff see." Training records confirmed that staff had attended training courses or were booked onto training after these had been identified as part of staff training and development.

New staff confirmed they had completed an induction which included reading the service's policies and shadowing an experienced staff member to gain more understanding and knowledge about their role. Induction processes were recorded for each member of staff. Staff worked through the Care Certificate standards which was recorded in their staff files. The Care Certificate includes assessments of course work and observations to check staff met the necessary standards to work safely unsupervised.

We found that staff had the skills required to care and support the people who received the service. People were supported with their agreed and recorded daily routines by staff. The regional manager checked how staff were performing through a programme of recorded supervisions (a one to one meeting) and an annual appraisal of staff's work performance. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. Staff confirmed to us that they had opportunities to meet with their manager to discuss their work and performance through supervision meetings. Staff supervisions were

planned in advance and recorded. We reviewed team meeting and supervision notes. These indicated managers were supporting a learning culture through discussion about important issues affecting staff work. For example, safeguarding and infection control. Staff confirmed to us that they had opportunities to meet with their manager to discuss their work and performance through supervision meetings and team meetings.

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

The service was working in accordance with the Mental Capacity Act 2005 (MCA) and associated principles. Staff had received training in MCA 2005 and understood their responsibilities under the act. Where people lacked capacity to make more complex decisions, for example, deciding where they should live, their relatives or representatives and/or relevant healthcare professionals were involved to make sure decisions were made in their best interests. People's consent and ability to make specific decisions had been assessed and recorded in their records. For example, people had signed their consent to the care and support provided. People were making day to day decisions and these were respected by staff.

Is the service caring?

Our findings

Since our inspection on 28, 29 and 30 June 2017 and 03 July 2017, there had been a marked improvement in how people felt staff cared for them. Staff also told us the atmosphere and culture of care had changed in the last six months. People described their care positively. Staff we spoke with had the right attitude to care and were committed to delivering compassionate care. People told us that staff were kind, friendly and respectful.

One person saw their family twice a week and wrote to them. They said, "I like the staff, they are my best friend. I like my room, I've just had it decorated." We observed staff praising and encouraging people for things they achieved. We observed how staff encouraged a person to wear their coat outside as it was very cold. Staff consistently reminded the person then helped them get their coat and to put it on before they went outside.

Another person said, "Staff, they're nice. They're good, they do [help] me, yes." Another person said, "If we're upset we just talk to staff. The staff are supportive." Another person said, "I like it here, it's my home."

A relative said, "When we visit the staff are very welcoming now, they were not before. They offer tea or ask if our daughter wants to make a tea for Mum."

A commissioner from Kent County Council (KCC) said, "I have seen a marked improvement in the practice and manner of staff in relation to professional boundaries and practice when working with both tenants and external professionals."

The care people received was person centred and met their most up to date needs. People's likes and dislikes had been recorded in their care plans. Staff encouraged people to be as independent as possible.

Staff we spoke with saw their roles as enablers for people. All staff had been trained to recognise and report signs of bullying or harassment. Staff told us about how they assisted and encouraged independence rather than just doing things for people. One member of staff said, "My colleagues are now more positive, staff have new mind set, staff do more and are encouraging service users to do more." They gave an example of how they had encouraged a person to do their own cooking, when they had not done this before.

Staff we spoke with were friendly and happy to provide care. Staff were tested on their attitude to care when they applied to work at the service. We observed that people were supported by caring staff that were sensitive in manner and approach to their needs. Staff described how they delivered friendly compassionate care. They told us how they made sure that people were comfortable and relaxed in their presence. Each person had a named key worker. This was a member of the staff team who worked with individual people, built up trust with the person and met with people to discuss their dreams and aspirations.

The staff we spoke with were aware of what was important to people and were knowledgeable about their preferences, hobbies and interests. They had been able to gain information on these from the 'Person

centred care plans', which had been developed through talking with people and their relatives. This information enabled staff to provide care in a way that was appropriate to the person.

Information about people was kept securely in the office and the access was restricted to senior staff. The regional manager ensured that confidential paperwork was regularly collected from people's homes and stored securely at the registered office. Staff understood their responsibility to maintain people's confidentiality.

Is the service responsive?

Our findings

At our last inspection on 28, 29 and 30 June 2017 and 03 July 2017, we identified breaches of Regulation 9 and Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People had not been supported to pursue activities and complaints had not been responded to or acted on appropriately.

At this inspection, we found that sufficient improvement had been made. People's care plans were becoming personalised and reflected people's lifestyle choices and their life skills development goals. Complaints were now managed within the providers policy.

One person said, "I am planning to go to New Romney to do some shopping. "Sometimes on Sundays I go to church." Another person said, "I'm not interested in the television any more, I prefer colouring and reading."

Another person said, "I've got an electric scooter if I want to go out. I go out with staff, or on my own and I come back when I want." They went on to tell us they like buying things for their home and popping to visit their sister. Others told us how they were learning new skills like using the bus or safe or road safety awareness.

A relative said, "Our daughter is getting more support to do things with staff guidance. You can tell that she is happy with the staff, she has now expressed a wish to go out to the hairdresser rather than having it done in house."

Staff said, "There's been a massive change in the guys we support, such a better level of care, families are now more involved. The level of independence has improved." And, "Things have changed enormously in last five months, now get consistent message from management. This helps us set off in the right direction."

People received personalised support which met their specific needs. Each person had an up to date care plan which set out for staff how their needs should be met. Care plans were personalised and contained information about people's likes, dislikes and their preferences for how care and support was provided. For example, people had easy to follow one page profiles, information about what they enjoy, what's important to them and the best way for staff to support their needs. Staff signed to say they have read care plans.

Where changes were identified, people's plans were updated promptly and information about this was shared with all staff. Care plans covered all aspects of people's daily living and care and support needs. The areas covered included medicines management, personal care, nutritional needs, communication, social needs, emotional feelings, cultural needs and dignity and independence. People's health, cultural and sexuality needs were identified in the support required by each person. We saw several examples of changes in people's care routines to make improvements to people's outcomes. For example, additional activities support was provided to help people develop their reading skills and motor skills. [Motor learning is a change, resulting from practice. It often involves improving the accuracy of movements both simple and complex. Motor learning is a relatively permanent skill as the capability to respond appropriately is acquired

and retained.]

The provider used appropriate personalised care planning formats for people with a learning disability. People used lots of photographic and pictorial information in their care plans to assist staff and their understanding. For example, keeping safe from abuse or places they liked to visit. This gave people some interest and ownership of the information about them.

Staff knew people well and what was important to them. This was evidenced by the knowledge and understanding they displayed about people's needs, preferences and wishes. The staff were able to tell us how they provided people with care that was flexible and met their needs. For example, they told us how they assisted people with physical care needs, emotional needs and their nutritional needs. They said they also supported people to be able to take part in activities in the community. The staff showed in discussion with us they understood people's conditions and how they impacted on their life. For example, epilepsy or diabetes other may not understand.

People had a routine for one-to-one or two-to-one staff support in the community. This included participating in leisure activities, going to the pub for lunch and personal shopping. Staff were allocated to people's activities based on their skills and experience. This meant staff could understand and meet this person's individual needs. Staff helped people to stay in touch with their family and friends. Activities were recorded. When people's needs changed, the regional manager made the case for additional staff hours. For example, one service's weekly staff hours had recently increased from 111 hours to 131 hours. This had enabled staff to effectively meet the person's current needs.

Person centred reviews took place with health action plans and communication passports in place. Health action plans are recommended for people with learning disabilities by the department of health to promote people's health and their access to health services. Communication passports are easy to follow person-centred booklets for those who cannot easily speak for themselves when they need to use other services. For example, if they were admitted to a hospital.

The provider had a complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern. The complaints procedure was sent to people at home. The policy included information about other organisations that could be approached if someone wished to raise a concern with an external arbitrator, such as the local government ombudsman.

Historic complaints had now been investigated and resolved. For example, the complaints about bullying had been jointly investigated and resolved with local authority care management support. A relative commented, "It is very much appreciated that [Regional manager] is more than happy for us to contact them anytime if we have any concerns, which is very reassuring." There had been five complaints received since our last inspection. These complaints had been dealt with and resolved in line with the provider's policy.

Is the service well-led?

Our findings

At our last inspection on 28, 29 and 30 June 2017 and 03 July 2017, we identified breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 18 of the Health and Social Care Act 2008 (Registration Activities) Regulations 2014. The systems in place for assessing and monitoring quality and safety were not always effective and the provider had failed to notify the Commission of safeguarding and other incidents.

At this inspection, we found that sufficient improvement had been made. We found that the provider had implemented good quality assurance systems and used these principles to critically review the service.

The provider had put a new management structure in place to support service improvements. A regional manager had been recruited in August 2017 with experience of managing community based learning disability and supported living services. Although they were based in the local office, since their employment the regional manager had spent time each week in each service, getting to know people and staff. They had taken the time to meet people's relatives to gain their views. They had carried out root and branch reviews of all aspects of the service, from the management of risks, staff training, service culture, aims and objectives and re-built positive relationships. Succession planning was in progress with the recruitment of an experienced and skilled deputy manager who was being mentored by the regional manager into the future leadership role for the service.

One person said of the regional manager, "She's nice". Another person said, "The manager always asks our views on stuff."

A relative said, "I cannot speak highly enough of the new regional manager, she takes what you say seriously, and has brought the service on in leaps and bounds. She is regularly in touch, communicates well and my son has told me he is now very happy and safe." Another relative said, "I want the momentum to keep going, there has been a marked improvement since October." [2017] And, "Things have definitely improved. There are things happening to improve things and his health and well-being are better."

A member of staff said, "The regional manager has been great at empowering me to want to develop into a leadership role and to provide consistent long term stability for the service users." They gave examples of how staff were now taking responsibility for keeping care plans updated.

A commissioner from Kent County Council (KCC) said, "Over the past few months things have dramatically improved since the appointment the regional manager and the service is now very responsive to KCC's professional recommendations, reviews and advice."

We looked at the arrangements in place for quality assurance and governance in all areas. Quality assurance and governance processes are systems which help providers to assess the safety and quality of their services. Since our last inspection on 28, 29 and 30 June 2017 and 03 July 2017, an audit of historical care records had been carried out. This was to check for any incidents, potential complaints or any potential

instances of bullying or harassment that may not have been correctly reported and responded to. As a result of this audit and the implementation of a standard operating procedure, 38 potential safeguarding issues had been identified and either discussed with care managers and/or safeguarding and when required notified to the Commission. Staff told us the standard operating procedure was easier to follow, included what actions should be taken to mitigate risk. For example, debriefs and additional monitoring of people to mitigate risk. This meant that systems to protect people from harm were now robust.

The regional manager and the quality manager often visited each service and carried out a series of audits either monthly, quarterly or as and when required to ensure that the service runs smoothly. The audits included all aspects of the service, such as medicines, personnel, learning and development for staff. The results of audits were fed into a system which was overseen by the provider. This meant that the quality and performance of the service was now monitored at corporate level. We found the audits routinely identified areas they could improve upon and the regional manager produced action plans, which detailed what needed to be done and when action had been taken. We saw the regional manager checked people's care plans, risk assessments and daily logs to ensure they were up to date and completed to a good standard. Keeping people's care reviewed meant that their current needs were always met.

Since the last inspection, where staff had not responded to the guidance and training they had been offered, the regional manager had been supported by the provider to challenge some staff about poor practice and culture. This had been managed through the supervision process or in more serious cases by the providers disciplinary policy.

The provider proactively sought people's views and took action to improve their experiences. The provider's quality assurance system included asking people, relatives, staff and healthcare professionals about their experience of the service. The bi annual questionnaires asked people what they thought of their care, the staff, the premises, the management and their daily living experience.

Staff told us that they had seen positive changes to the service in the last few months and felt that the management respected their views. One member of staff said, "I am happier, I know managers are there to support me, I feel supported they are good at their jobs". All of the staff we spoke with told us they enjoyed working at Craegmoor Supporting You in the South East and felt it was now being well led. Staff also said that they all had a good working relationship with each other, but if they observed a member of staff doing something that they were not entirely happy with, they would have no hesitation in bringing it to their manager's attention. One member of staff told us how well their manager had responded to an issue they raised about a colleagues poor performance. They said, "The regional manager investigated and took action, this gives me confidence in reporting concerns."

Staff told us that the management team continued to encourage a culture of openness and transparency. Staff told us that the regional manager had an 'open door' policy, which meant that staff could speak to them if they wished to do so and worked as part of the team. Support was provided to the regional manager by the provider and senior management team in order to support the service and the staff.

The provider had clear values which was promoted by the management team to all staff. The management team met with staff in monthly meetings. Regular agenda items were service culture and appropriate responses to bullying, safeguarding and incidents. Staff we spoke with consistently demonstrated the provider's values to help people regain their confidence and continue to live as independently or with as little support as possible. Staff told us they felt part of the team and were able to contribute to meetings and share ideas for the benefit of the people using the service.

They discussed the operational effectiveness of the service and any issues or concerns arising with the service they were providing to people. The regional manager provided leadership in overseeing the service and provided good support and guidance where needed.

The provider worked closely with social workers, referral officers, occupational therapists and other health professionals. The right support and equipment were secured promptly and helped people continue to live independently, safely or be referred to the most appropriate services for further advice and assistance.

We reviewed some of the registered provider's policies and procedures and saw these were updated on a regular basis to ensure they reflected current legislation. The policies and procedures were available for staff to read and staff were expected to read these as part of their training programme. Staff confirmed to us that they read the providers policies. The regional manager was aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008.

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 judgements. We found the provider had shared their last rating which was displayed in their office and displayed on their website.