The Outlook Foundation

Outlook House

Inspection report

74 Redhill Drive
Brighton
East Sussex
BN1 5FL
Tel: 01273 555252
Website: www.outlookhouse.co.uk

Date of inspection visit: 29 May and 3 June 2015
Date of publication: 17/07/2015

Ratings

Overall rating for this service	**Good**
Is the service safe?	**Requires improvement**
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 29 May and 3 June 2015 and was unannounced.

Outlook House provides accommodation and personal care for up to 12 people between the age of 18-25 years of age with learning disabilities or autism and may also have a sensory impairment. People were supported to develop their life skills and increase their independence. Accommodation is in a large period house. People have single occupancy rooms with en suite facilities either on the ground or first floors. The service is near to local shops and facilities and public transport. The service also has its own transport to get people to and from any activities that are arranged. A learning centre on site provides an educational and training facility to promote people's independence, and which people from the organisation's other two services can also use. Six people were living in the service at the time of our inspection, with three people in the service during our inspection.

The service had a registered manager, who was present throughout the inspection, who has been in their current post for a number of years and knew the service well. A registered manager is a person who has registered with

Summary of findings

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.

People were cared for by staff who had not all been recruited through safe procedures. Recruitment checks such as a criminal records check and two written references had not always been received prior to new staff working in the service.

The premises were safe and well maintained. The environment was clean and spacious which allowed people to move around freely without risk of harm. However, the checks of the hot water temperature being delivered to protect people had not been maintained. Systems to protect people against Legionella had not yet been implemented.

People's individual care and support needs were assessed before they moved into the service. Care and support provided was personalised and based on the identified needs of each individual. People were supported to develop their life skills and increase their independence. People where possible were being supported to move onto supported living accommodation for people with a learning disability. This is where people receive support to enable them to take control of their life. People's care and support plans and risk assessments were detailed and reviewed regularly. People told us they had felt involved and listened to.

Where people were unable to make decisions for themselves the staff were aware this had to be considered under the Mental Capacity Act 2005, and the appropriate action to arrange meetings to make a decision within their best interests.

People were treated with respect and dignity by the staff. They were spoken with and supported in a sensitive, respectful and professional manner.

People told us they felt safe. They knew who they could talk with if they had any concerns. They felt it was somewhere where they could raise concerns and they would be listened to. There were systems in place to assess and manage risks and to provide safe and effective care.

People said the food was good and plentiful. Staff told us that an individual's dietary requirements formed part of their pre-admission assessment and people were regularly consulted about their food preferences.

People had access to health care professionals. They had been supported to have an annual healthcare check. All appointments with, or visits by, health care professionals were recorded in individual care plans. There were procedures in place to ensure the safe administration of medicines. People were supported to take their medicines and increase their independence within a risk management framework.

There were sufficient numbers of suitable staff to keep people safe and meet their care and support needs. The number of staff on duty had enabled people to be supported to attend educational courses, participate in voluntary work and in social activities in the community. Staff told us they were supported to develop their skills and knowledge by receiving training which helped them to carry out their roles and responsibilities effectively. Training records were kept up-to-date, plans were in place to promote good practice and develop the knowledge and skills of staff.

Staff told us that communication throughout the service was good and included comprehensive handovers at the beginning of each shift and regular staff meetings. They confirmed that they felt valued and supported by the managers, who they described as very approachable.

People and their representatives were asked to complete a satisfaction questionnaire, and people had the opportunity to attend weekly residents meetings. We could see the actions which had been completed following the comments received. The registered manager told us that senior staff carried out a range of internal audits, and records confirmed this. The registered manager also told us that they operated an 'open door policy' so people living in the service, staff and visitors could discuss any issues they may have.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the back of this report.

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?

Requires improvement

The service was not consistently safe. People were cared for by staff who had not always been recruited through safe procedures. Checks in relation to the delivery of the hot water had not been maintained and were not yet in place to protect people from Legionella.

People had individual assessments of potential risks to their health and welfare, which had been regularly reviewed.

There were sufficient staff numbers to meet people's personal care needs.

Medicines were stored appropriately and there were systems in place to manage medicine safely.

Is the service effective?

Good

The service was effective. Staff were aware of the Mental Capacity Act 2005 and how to involve appropriate people in the decision making process if someone lacked capacity to make a decision.

Staff had a good understanding of peoples care and support needs. People were supported by staff that had the necessary skills and knowledge to help them develop their life skills and independence.

People's nutritional needs were assessed and recorded.

People had been supported to have an annual health check with their GP, and to make their own healthcare appointments when needed.

Is the service caring?

Good

The service was caring. Staff involved and treated people with compassion, kindness, dignity and respect.

People were treated as individuals. People were asked regularly about their individual preferences and checks were carried out to make sure they were receiving the care and support they needed.

People told us care staff provided care that ensured their privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive. People had been assessed and their care and support needs identified. These had then been regularly reviewed and changing needs were responded to. The views of people, their relatives were sought and informed changes and improvements to service provision.

People had been consulted with as to what activities they would like to be run in the service.

Summary of findings

A complaints procedure was in place. People were comfortable talking with the staff, and told us they knew who to speak to if they had any concerns.

Is the service well-led?

Good

The service was well led. The leadership and management promoted a caring and inclusive culture.

There was a clear vision and values for the service, which staff promoted.

Effective systems were in place to audit and quality assure the care provided.

Outlook House

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 checked 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 29 May and 3 June 2015 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection, we reviewed information we held about the service. This included previous inspection reports, and any notifications, (A notification is information about important events which the service is required to send us by law) and complaints we have received. Before the inspection the provider 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. This enabled us to ensure we were addressing any potential areas of concern. From this information, following our visit, we telephoned two social care professionals to ask them about their experiences of the service provided.

We used a number of different methods to help us understand the views and experiences of people, as they were not able to tell us all about their experiences due to their learning disability. We observed people's care and support in communal areas throughout our inspection to help us understand the experiences people had. We spent time with three people and spoke with two people who were resident during our inspection. We spoke with the managing director, senior director of personnel and training, senior director of health safety and welfare, the registered manager, two care workers, and the cook. After the inspection we also spoke with two relatives.

We looked around the service in general including the communal areas, two people showed us their bedroom, and we looked at the kitchen and laundry area. As part of our inspection we looked in detail at the care provided for two people, and we reviewed their care and support plans. We looked at menus and records of meals provided, medication administration records, the compliments and complaints log, incident and accidents records, records for the maintenance and testing of the building and equipment, policies and procedures, meeting minutes, staff training records and five staff recruitment records. We also looked at the service's own improvement plan and quality assurance audits.

The service was last inspected on 29 October 2013 when no concerns were identified.

Requires improvement

Is the service safe?

Our findings

People told us they felt happy and were safe in Outlook House. One person told us, "I like it here. It's safe here." Another person told us, "I definitely feel safe here." People all appeared relaxed with each other, happy and responsive with staff and very comfortable in their surroundings. Feedback from the relatives and the social care professionals was that people were safe in the service. However, we found areas of practice which required improvement.

People were cared for by staff who had not been recruited through a safe recruitment procedure. Where staff had applied to work at Outlook House they had completed an application form and attended an interview. Each member of staff had undergone a criminal records check and had two written reference requested. However, not all of these checks had been received prior to the new member of staff commencing work in the service. This meant that not all the information required had been available for a decision to be made as to the suitability of a person to work with adults. We discussed this with senior staff in the organisation who acknowledged this was an area in need of improvement.

Safe recruitment practices were not always followed. This was a breach of Regulation 19(2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The premises were safe and well maintained. The environment was clean and spacious which allowed people to move around freely without risk of harm. Staff told us about the regular checks and audits which had been completed in relation to fire, health and safety and infection control. We found that checks of the temperature that the hot water was being delivered to ensure people's safety had not been maintained. We discussed this with senior staff who acknowledged this and told us this would be addressed. Guidance was also seen to have been sought in relation to legionella checks which were not yet in place. The grounds were well maintained with clear pathways and hand rails for easy access. Equipment had been regularly checked and serviced. Contingency plans were in place to respond to any emergencies, flood or fire. Staff told us they had completed health and safety training. There was an emergency on call rota of senior staff available for help and support.

The provider had a number of policies and procedures to ensure care staff had clear guidance about how to respect people's rights and keep them safe from harm. This included clear systems on protecting people from abuse. Senior staff told us they were aware of and followed the local multi-agency policies and procedures for the protection of adults. These policies and procedures had been recently reviewed to ensure current guidance and advice had been considered. Senior staff were in the process of sharing this revised information with staff and people living in the service. Care staff told us they were aware of these policies and procedures and knew where they could read the safeguarding procedures. Members of staff demonstrated a good understanding about what constituted abuse and how they would raise concerns of any risks to people and poor practice in the service. They told us they had received safeguarding training and were clear about their role and responsibilities and how to identify, prevent and report abuse. One staff member told us the policy and procedure had been recently reviewed in light of new guidance, and said they had seen a copy of the revised procedures and said," We have all commented on this."

There was a whistle blowing policy in place. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The care staff we spoke with had a clear understanding of their responsibility around reporting poor practice, for example where abuse was suspected. They also knew about the whistle blowing process and that they could contact senior managers or outside agencies if they had any concerns.

People participated in their preferred activities. For example people were supported if they wished to use public transport to get to the local college. To support people to be independent risk assessments were undertaken to assess any risks for individual activities people were involved in to the person and to the staff supporting them, to protect people from harm. Each person's care plan had an assessment of the environmental risks and any risks due to the health and support needs of the person, and these where possible had been discussed with them. The assessments detailed what the activity was and the associated risk and guidance for staff to take. For example, supporting people in crossing the road independently. There was a regular review of the risk assessments. Staff had completed training in managing

Requires improvement

Is the service safe?

people's behaviours that challenged others. Staff members were able to tell us what was in place to support people and could talk about individual situations where they supported people, and what they should do to diffuse a situation.

On the day of our inspection there were sufficient staff on duty to meet people's needs. Staff told us how staffing was managed to make sure people were kept safe. The managing director was working on the staff rotas during the inspection. She told us that this was a task she normally undertook. A formal tool was not used to calculate the level of staff needed. The managing director looked at the staff skills mix needed on each shift, the activities planned to be run, where people needed one to one support for specific activities, and anything else such as appointments people had to attend each day. It was then possible to work out many staff would be needed on each shift. The managing director and senior staff regularly worked in the service and so were able to monitor that the planned staffing level was adequate. Staff told us there was adequate staff on duty to meet people's care needs. They told us minimum staffing levels were maintained. Agency staff were not used in the service with either care staff working extra shifts or senior staff covering the rota when necessary. There was continuity of senior staff who worked in the service. There had been a number of changes to the care staff working in the team. Staff members spoke of good team spirit. One member of staff told us, "It's a lovely staff team. Everyone knows each other." Staff had time to spend talking with people and supported them in an unrushed manner. A sample of the records kept of when staff had been on duty and how many showed that the minimum staffing level was maintained.

We looked at the management of medicines. The care staff were trained in the administration of medicines. The medication administration records (MAR) are the formal record of administration of medicine within a care setting and we found these had been fully completed. Systems were in place to ensure repeat medicines were ordered in a timely way. Medicines were stored correctly and there were systems to manage medicine safely. Regular audits and stock checks were completed to ensure people received their medicines as prescribed. This would also help identify any discrepancies or errors and ensure they were investigated accordingly. People who were able to were supported to manage their own medicines through a risk management process. For example for one person it had been agreed they managed their medicines and confirmed with staff when these had taken. Where people took medicines on an 'as and when' basis (PRN) there was guidance in place for staff to follow to ensure this was administered correctly. Care staff told us they had received medication training and a competency check had been completed to ensure they continued to follow the agreed procedures in place. They told us the system for medicines administration worked well in the service.

Good

Is the service effective?

Our findings

People told us they felt the care was good, and their preferences and choices for care and support were met. The relatives and social care professionals told us that the staff were knowledgeable and kept them in touch with what was happening for people.

Staff demonstrated an understanding and there were clear policies around the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA is legislation which provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for them. DoLS are the process to follow if a person has to be deprived of their liberty in order for them to receive the care and treatment they need. The registered manager told us that if they had any concerns regarding a person's ability to make a decision they would work with the health and social care professionals to ensure appropriate capacity assessments were undertaken. This was to ensure appropriate capacity assessments were undertaken and people's best interests were considered. Care staff told us they had completed this training and all had a good understanding of consent, and where people lacked the capacity to make decisions about their care and welfare. We asked care staff what they did if a person did not want the care and support they were due to provide. One care staff told us,"We would explain the implications to them. But it is their choice." Another staff member told us, "I would ask why and then try again later." Where a DoLS application had been made care staff were aware of the care and support which they needed to provide.

People were supported by care staff that had the knowledge and skills to carry out their role and meet individual peoples care and support needs. The organisation's trainer told us all care staff completed an induction before they supported people. This had recently been reviewed to incorporate the requirements of the new care certificate. This is a set of standards for health and social care professionals, which gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. New care staff had already started to complete this new induction. There was a period of shadowing a more experienced staff member before new care staff started to undertake care on their own. A new member of the care staff was shadowing on the day of our inspection. The length of time a new care staff shadowed was based on their previous experience, whether they felt they were ready, and a review of their performance. One new member of the care staff told us they had recently been on an induction. This had provided them with all the information and support they needed when moving into a new job role.

Care staff received training that was specific to the needs of people using the service, which included training in moving and handling, medicines, first aid, safeguarding, health and safety, food hygiene, equality and diversity, and infection control. Care staff also completed training to help them understand learning disabilities and their role in supporting people to increase their independence. Care staff told us this had given them information and a greater understanding of how to support people with a learning disability. They told us they felt they had received the training they needed to meet peoples care needs. They had received regular updates of training as required.

Staff told us that the team worked well together and that communication was good. They told us they were involved with any review of the care and support plans. They used shift handovers, and a communications book to share and update themselves of any changes in people's care. They received regular supervision though one to one meetings and observations whilst they were at work and appraisal from their manager. These processes gave care staff an opportunity to discuss their performance and for senior staff to identify any further training or support they required. One member of staff told us, "Supervision is structured and it covers everything each month. It's good to have a one to one for any discussions." Additionally there were regular weekly staff meetings to keep staff up-to-date and discuss issues within the service.

People's physical and general health needs were monitored by staff and advice was sought promptly for any health care concerns. People had been supported to have an annual health check with their GP, and to make their own healthcare appointments when needed. One person told us, "The staff are ever so nice and caring here. If I am unwell they always get the doctor or they take me to hospital."

People told us the food was good. People's nutritional needs were assessed and recorded, and people's likes and dislikes had been discussed as part of the admissions

Good

Is the service effective?

process. The records were accurately maintained to detail what people ate. People's weight was monitored regularly with people's permission. There were clear procedures in place regarding the actions to be taken if there were concerns about a person's weight. For example if people were putting on weight. There was a seasonally changed menu, which showed choices which were available at each meal. People were encouraged and supported to follow a healthy eating plan. The cook told us they tried to meet the needs of all the people. As it was half term some people had gone home, and a special menu had been followed specific to the likes of the people still resident. Minutes of the residents meetings held confirmed people had been asked for feedback on the meals provided and for suggestions for dishes to go on the menu. The menu was displayed in the service and showed people the options available that day. Some people had specific dietary requirements either related to their health needs or their preference and these were detailed in their care plans. For example, if people wanted to follow a weight reducing diet. These were followed by the cook who was aware of people's individual dietary needs, allergies and preferences to ensure that appropriate meals were provided.

People have access to a resident's kitchen, and were encouraged in cooking and preparing their own food and snacks. Cookery classes were held for people to attend to promote independence and for the people to develop and learn new skills. People were being supported with food shopping, menu planning and the cooking their own meals where this had been identified as a life skill to be developed. One person told us, "I make my own breakfast and lunch. I like the food here." Another person told us, "I do cooking on a Tuesday and the food is quite good."

Good

Is the service caring?

Our findings

People benefited from staff who were kind and caring in their approach. People were treated with kindness and compassion. People stated they were happy with the care and support they received. People told us they were happy and they liked the staff. One person told us, "I've been living here for two years. It's great. I get on with everyone and we get to go out and about." Feedback from the relatives and the social care professionals was that staff were very kind and caring. During our inspection we spent time in the service with people and staff. People were comfortable with staff and frequently engaged in friendly conversation or an activity.

Staff ensured they asked people if they were happy to have any care or support provided. They provided care in a kind, compassionate and sensitive way. Staff responded to people politely, giving them time to respond and asking what they wanted to do and giving choices. We heard staff patiently explaining options to people and taking time to answer their questions. Staff were attentive and listening to people. They showed an interest in what people were doing. For example, one staff member was asking one of the people who had just be out how they had got on, what they had done and if they had enjoyed themselves. They praised them on what they had achieved whilst they were out.

Care provided was personal and met peoples individual needs. People were addressed according to their preference and this was by their first name. A key worker system was in place, which enabled people to have a named member of the care staff to take a lead and special interest in the care and support of the person the keyworker. The relatives were aware of the keyworker for their relative and commented the keyworker and staff were excellent. Staff spoke about the people they supported fondly and with interest. People's personal histories were recorded in their care files to help staff gain an understanding of the personal life histories of people and staff were knowledgeable about their likes, dislikes and the type of activities they enjoyed. One member of staff told us, "It's the individual we are trying to help. If they did not want something, we would find out what they would like." Staff spoke positively about the standard of care provided and the approach of the staff working in the service. People had a care and support plan in place which detailed their goals for working towards being more independent. These had been discussed with people and their family and their progress towards their goals as part of the review process in place. People had a great deal of independence. They decided where they wanted to be in the service, what they wanted to do, and deciding when to spend time alone and when they wanted to chat with other people or staff. People were involved where possible in making day to day decisions about their lives. For example we saw people deciding what they wanted to do that day. People were having a day off from going out on an activity. Two people were involved with tidying their room. Another had chosen to watch videos in their room. Another was watching the television in the lounge or involved in playing a game of table tennis with the staff.

People had been told what they should expect when living in the service to ensure their privacy and dignity was considered. People told us they were respected and their privacy and dignity considered when providing support. One person told us, "The staff are nice here. I can talk to the staff." Another person commented, "I get on with everyone. I am able to talk to the staff and they respect me." Staff members had received training on privacy and dignity and had a good understanding of dignity and how this was embedded within their daily interactions with people. They were aware of the importance of maintaining people's privacy and dignity, and were able to give us examples of how they protected people's dignity. One staff member told us where one person always had their door open, they would still knock and wait to be invited in. When they assisted or prompted people with their personal care they stayed nearby in case they needed any support. Another member of staff told us, "We all try to offer their care in a way they like."

People had their own bedroom and ensuite facility for comfort and privacy. This ensured they had an area where they could meet any visitors privately. They had been able to bring in personal items from home to make their stay more comfortable. People showed us their rooms which had been decorated with items specific to their individual interests and likes and dislikes. People had been supported to keep in contact with their family and friends. They could arrange for their friends and family to come to dinner, either prepared by themselves or staff in the service. People all had the support of their family, and had not had the need for additional support when making decisions about their care from an advocacy service. Senior staff

Good

Is the service caring?

were able to confirm this service had been used previously to support people and had information on how to access an advocacy service should people require this service again.

Care records were stored securely. Information was kept confidentially and there were policies and procedures to protect people's personal information. There was a confidentiality policy which was accessible to all staff. Staff demonstrated they were aware of the importance of protecting people's private information.

Good

Is the service responsive?

Our findings

People were involved in making decisions about their care wherever possible. People were listened to and enabled to make choices about their care and treatment. People were supported by staff with individual packages of care to develop their skills and increase their independence with the agreed goal that people were working towards. Staff understood people's individual needs and there was the opportunity to build positive and supportive relationships. People also enjoyed a range of leisure activities in the service, for example table tennis, watching videos or using interactive games. Relatives and social care professionals confirmed people had been supported to attend a range of activities and they had been involved in any review of the care and support provided.

Before someone moved into the service, a pre-admission assessment took place. This identified the care and support people required to ensure their safety. People were invited to come for a stay in the service as part of the assessment process. This enabled senior staff to identify if people's individual care and support needs could be met in the service, and that people were happy to move in. One of the social care professionals was able to confirm that there had been a detailed assessment carried out for the person they supported in the service. Staff told us that care and support was personalised and confirmed that, where possible, people were directly involved in their care planning and goal setting and any review of their care and support needs. People had clear and detailed care and support plans in place which reflected their individual needs and preferences. These described a range of people's needs including personal care, communication, eating and drinking and support required with medicines. For example where people were independent or needed prompting for part of their personal care, This information would ensure that staff understood how to support the person in a consistent way and to feel settled and secure. These had been reviewed and audits were completed to monitor the quality of the completed care and support plans and progress towards the development of people's life skills and independence. Where appropriate, specialist advice and support had been sought and this advice was included in care plans. For example, staff confirmed that advice and support had been sought from the community learning disability team.

Information was provided to people in a way they could understand. There was evidence in the service that demonstrated staff were aware of the best ways to support people's communication. For example we saw symbols (a visual support to written communication) used to support people if they wanted to raise any concerns. Staff were also available who could use Makaton (a language system of hand signs and symbols) to communicate with people. Senior staff were involved in sharing the updated safeguarding adult's procedures in a format that people could best understand.

People were actively encouraged to take part in daily activities around the service such as cleaning their own bedroom, courses to develop their life skills and in activities they enjoy in the community. A learning centre was available for people to use and external staff came in to support people through training specific for people with a learning disability. This was to increase their independence and learn new skills. This centre had a computer room a classroom and a training room. Activities people could get involved with included literacy and numeracy classes, home economics and computer sessions. A new gardening project had been introduced in the garden and people had been encouraged to be involved in helping with the produce being grown.

We were shown individual activity plans for people, which were created to promote independence. People went to the local college and were supported to attend various courses for people with a learning disability. One person told us, "I go to college and take the bus." Some people carried out voluntary work which included working in charity shops and cafes. People were supported to attend social activities in the community for example local clubs for people with a learning disability. A range of social activities had been arranged for the half term week for the days where people had not gone home. One person told us," We've been out this week, we went to Littlehampton and are going out tomorrow. There's always things to do." Another person told us, "We are going swimming tomorrow." People were also supported to go on an annual holiday. This year a group of people were planning to visit Spain. One person told us "I am going on holiday with my family and we're going to Barcelona in October." People had been supported to vote in the recent general election if they had wanted to.

Good

Is the service responsive?

There was a residents committee which people could join to arrange and plan things happening in the service. Resident meetings were held each week. This enabled people to find out what was going on in the service and share any ideas or work out any problems. We saw evidence of meeting minutes detailing what had been discussed. This respected and involved the people who lived at Outlook House to be involved in the service and gave them the opportunity to discuss for example what they would like to do and eat. Staff told us following a suggestion at a residents meeting an evening had been arranged for people to watch the Eurovision song contest. People were also encouraged and supported with the completion of quality assurance questionnaires. Staff gave us an example of when changes had been made following feedback received from the last questionnaires completed. For example, people wanted more opportunity to go swimming so more visits had been arranged. People's relatives had the opportunity to attend parent's forums.

The last forum minutes detailed that information was shared about the gardening project which and other possible activities being considered for people to join in, for example a trip to a music festival.

People were made aware of the compliments and complaints system which detailed how staff would deal with any complaints and the timescales for a response. This was detailed around the service, and also available in a pictorial format to help people understand the process to be followed. It also gave details of external agencies that people could complain too such as the Care Quality Commission and Local Government Ombudsman. People told us they felt listened to and that if they were not happy about something they would feel comfortable raising the issue and knew who they could speak with. We looked to see how any complaints had been dealt with. However, none had been received since 2011. Senior staff told us that if any complaints were made these would be investigated and meeting would be held for senior staff in the organisation to discuss any issues identified to be addressed.

Good

Is the service well-led?

Our findings

The senior staff promoted an open and inclusive culture. People were asked for their views about the service. They said they felt included and listened to, heard and respected, and also confirmed they or their family were involved in the review of their care and support. Relatives and social care professionals told us they were able to comment on the service, particularly through the reviews of peoples care or using the forum or quality assurance questionnaires used in the service.

There was a clear management structure with identified leadership roles. All the senior staff regularly worked in the service. Staff members told us they felt the service was well led and that they were well supported at work. They told us the managers were approachable, knew the service well and would act on any issues raised with them. One staff member told us," I would not worry about saying anything." The organisation's mission statement was incorporated in to the recruitment and induction of any new staff. The mission statement was also up on the noticeboard in the service for people, visitors and staff to read. The aim of staff working in the service was to be, "Dedicated to quality living and training in preparation for independence appropriate to ability for people aged 18 plus with learning disabilities. Staff demonstrated an understanding of the purpose of the service, with the promotion and support to develop people's life skills, the importance of people's rights, respect, diversity and an understood the importance of respecting people's privacy and dignity.

Feedback had been regularly sought from people, their family and visiting social care professionals about the quality of the care provided. This had enabled people to also give suggestions as to the care and support provided. Staff meetings were held each week throughout the year. These were used as an opportunity to both discuss problems arising within the service, as well as to reflect on any incidents that had occurred. These had been used for updates on peoples care and support needs, and to discuss the people's progress towards their agreed goals. Where following any of the quality assurance audits carried out areas had highlighted for improvement this was an opportunity to discuss with the staff team what needed to be done to address and improve practice in the service. For example issues to be addressed following a health and safety audit. Staff told us they felt they had the opportunity if they wanted to comment on and put forward ideas on how to develop the service. Senior staff carried out a range of internal audits, including care planning, progress in life skills towards independence, medication, health and safety, infection control and accidents and incidents records. They were able to show us that following the audits any areas identified for improvement had been collated in to an action plan and how and when these had been addressed. Policies and procedures were in place for staff to follow. Senior staff were able to show up how they had sources current information and good practice guidance, which had been used to inform the regular updates of the services policies and procedures. For example, the latest guidance for safeguarding people had been sourced and was being used to inform people and staff of the current guidance and practice to be followed.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). Senior staff had submitted notifications to us, in a timely manner, about any events or incidents they were required by law to tell us about. Senior staff were aware of the new requirements following the implementation of the Care Act 2014, for example they were aware of the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **The registered person had not ensured that effective recruitment and selection procedures had been followed.**