

## Langley House Trust

# Park View

### Inspection report

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## Ratings

### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

## Overall summary

This inspection took place on 23 January 2015 and was announced. The registered provider was given 48 hours' notice because the location was a small service for people who are often out during the day; we needed to be sure that some of the people who used the service would be available to speak with.

Park View is registered to provide a personal service to people with a learning disability or autistic spectrum disorder, people who misuse drugs and alcohol or people

with mental health difficulties. Park View is a supported living service. Supported living is a way of providing housing and support to help people to lead independent lives.

Care and support is provided twenty four hours a day by staff who work from an office on the premises. Park View is a service run by a national Christian charity, Langley House Trust, which delivers offender rehabilitation services. The service aims to provide assistance and

# Summary of findings

support to enable people to make positive life changes and live life crime-free. Park View has accommodation for ten people. At the time of our visit there were nine people who lived there.

The service consists of two adjacent properties. One property accommodates six people. Each person has their own bedroom and shared communal areas including a lounge, kitchen and dining area. The adjacent property has four self-contained flats. The flats offer people a supported pathway towards living independently.

There was a registered manager in place. 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.

People who lived at the service gave positive feedback about the service and ultimately confirmed its success by explaining how much it had positively changed their lives.

During our visit we saw that staff had a good relationship with people who lived at the service. People were relaxed and comfortable. People spoke very positively about the service and how staff had made them feel empowered and motivated to succeed in reaching their goals.

The registered manager and staff explored alternative and innovative methods to offer practical solutions to meet people's support needs. Our observations confirmed there was a strong, visible, open and inclusive culture at the service where staff were fully committed to supporting people to be the best they could be.

People were consistently involved in making decisions about all areas of their support. We saw their individual files included appropriate and thorough risk assessments as well as clear guidance for staff on how to ensure people's safety. Support plans were regularly reviewed to ensure people's changing needs were met.

Suitable arrangements were in place to protect people from the risk of abuse. People told us they felt safe. The staff team were well trained and had good support from senior managers. They were confident in reporting any concerns about a person's safety and were competent to deliver the care and support needed by those who used the service.

We looked at how the service was being staffed and reviewed staff training and supervision. We saw there were sufficient staff on each shift with a range of skills and experience. Staff spoken with were positive about their work and confirmed they were supported by the registered manager. Staff received regular training to make sure they had the skills and knowledge to meet people's needs.

The registered manager was able to demonstrate that the views of people who used the service and other stakeholders were encouraged and welcomed. We saw a number of examples of changes and developments within the service, which had been made as a result of people's suggestions and comments.

We found there were good systems and processes in place to monitor the quality of the service being provided. Staff told us they felt this was underpinned by an open reporting culture and strong leadership.

# 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?

This service was safe.

People told us they felt safe living at the service. Robust risk assessments and management plans were in place, as well as clear guidance for staff on how to ensure people's safety. This enabled appropriate and safe support to be planned for people on admission to the service.

On the day of our visit we saw staffing levels were sufficient to provide a good level of support and keep people safe.

Staff spoken with understood the procedures in place to safeguard vulnerable people from abuse.

We saw that appropriate arrangements were in place for storing, recording and monitoring people's medicines.

Good



### Is the service effective?

The service was effective.

People were supported to meet their assessed needs, preferences and choices by staff with the necessary skills and knowledge. Staff were trained to provide the specialist care people required.

People were involved in planning the menus for the week and were encouraged to eat a healthy and balanced diet.

People were consulted about their care. Where people lack the capacity to consent, policies and procedures were in place around the Mental Capacity Act 2005 (MCA).

We saw people's healthcare needs were monitored and advice had been sought from other health professionals where appropriate.

Authorities involved with people's rehabilitation told us they felt the service was effective in understanding and meeting people's needs and reported positive outcomes for people who lived at the service.

Good



### Is the service caring?

The service was caring

People we spoke with, all expressed they were very satisfied with the service and the support they received. People told us they had a good relationship with the staff and described the staff as "caring" and "supportive." One person told us, "The staff here are brilliant. They go the extra mile."

People were supported to express their views and wishes about how their support was delivered.

Our observations confirmed there was a strong, visible, open and inclusive culture at the service where staff were fully committed to supporting people to be the best they could be.

Good



### Is the service responsive?

The service was responsive.

Good



# Summary of findings

The registered manager and staff explored alternative and innovative methods to offer practical solutions to meet people's support needs.

People had been actively involved in making decisions about what was important to them. People's support needs were kept under review and staff responded quickly when people's needs changed.

People we spoke with told us they would know how to make a complaint should they need to do so and staff were confident in knowing how to deal with any concerns raised.

## Is the service well-led?

The service was well-led.

The registered manager had good working relationships with the staff team and external agencies so people received personalised support which met their needs. People had nothing but praise for the registered manager, the staff and the support provided.

Staff told us that the registered manager 'led by example'. This was underpinned by a clear set of values which included to be visionary, respectful and responsible and to act with integrity. During our visit we observed that staff acted according to these values when providing support to people in their care.

The registered manager actively sought and acted upon the views of others. There was a strong emphasis on continually striving to improve, in order to deliver the best possible support for people who lived at the home. This was supported by a variety of systems and methods to assess and monitor the quality of the service.

Good



# Park View

## 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 an announced inspection on 23 January 2015 and was carried out by an adult social care inspector from the Care Quality Commission. The registered provider was given 48 hours' notice because the location was a small service for people who are often out during the day; we needed to be sure that some of the people who used the service would be available to speak with.

Prior to this inspection we looked at all the information we held about this service, such as notifications informing us of significant events, serious incidents, reportable accidents, deaths and safeguarding concerns. 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.

We spoke with a range of people about the service. They included five people who lived at the service, five staff members and the registered manager. We also spoke to two probation officers who were involved in people's rehabilitation at Park View, in order to gain a balanced overview of what people experienced accessing the service. We also spent time looking at records, which included three people's support records, training and recruitment records for three members of staff and records relating to the management of the home.

# Is the service safe?

## Our findings

The registered manager told us, “Having a safe and stable home is pivotal to offender rehabilitation.” People told us they felt safe living at the service. One person told us, “This place is ideal. It is a safe and clean environment. I feel safe. I know the staff are there if I need them.”

The provider had systems in place to work with relevant authorities and professionals when planning the admission of people to Park View. The registered manager explained that when a person is referred to Park View, there is a period of engagement and planning with the relevant authorities and professionals involved in the person’s rehabilitation. This allowed staff to assess if they could meet the person’s needs safely.

We looked at three support records for people who lived at the service and saw extensive risk assessments and management plans were in place, as well as clear guidance for staff on how to ensure people’s safety. This enabled appropriate and safe support to be planned for people on admission to the service.

People were provided with written information about the service so that they knew what to expect and were informed about any limitations placed on them through their support plan and house rules which limited what they could or couldn’t do to keep them and others safe. There was also a set of house rules that people were expected to adhere to. Any breaches to the house rules could result in warnings and ultimately in people’s tenancy agreements being terminated. The registered manager explained that the house rules and procedures for warnings were consistently followed which resulted in clarity and safety for people who lived at the service.

The service had systems in place to respond to any emergencies or untoward incidents. Staff spoken with knew what action to take. This meant the staff had the necessary knowledge and information to ensure people were kept safe.

The service had procedures in place for dealing with allegations of abuse. Discussions with staff confirmed they had a good understanding of the type of concern they should report, and how they should report it. Staff members spoken with said they would not hesitate to report any concerns they had about support practices. They told us they would ensure people they supported

were protected from potential harm or abuse. Training records confirmed staff had received training on safeguarding vulnerable adults. This meant the staff had the necessary knowledge and information to ensure people were protected from abuse and discrimination.

Robust recruitment and selection procedures were in place to ensure as far as possible that any staff employed were safe to work with vulnerable people. Staff we spoke with told us they had completed an application form, been interviewed and had been asked to provide proof of identification and references. One of which had to have been from the previous employer. We were also told that no one was allowed to start work until such time as checks had been completed with the Disclosure and Barring Service (DBS). The DBS provides a criminal record and background check on people who are trying to gain employment in certain designated employment fields. Staff records we looked at confirmed that such recruitment checks had taken place and references had been checked and followed up.

We looked at how the service was being staffed. We did this to make sure there was enough staff on duty at all times, to support people who lived at the service. We looked at the staff rotas and spoke with the registered manager about staffing arrangements. Support was provided 24 hours a day. The registered manager told us the staffing levels were regularly reviewed to meet people’s needs and dependency levels. The registered manager talked to us about how the rotas were flexible so they could support people who lived at the service. They explained how if a person wanted to go out, but required staff support to do so, the rota was flexible so this could be facilitated.

During our visit, we spent time in all areas of the service, including the lounge and the dining areas. This helped us to observe the daily routines and gain an insight into how people’s support was managed. People were relaxed and comfortable with staff. People told us they were happy with the current staffing levels. One person told us, “There is always staff here. No worries at all about the staffing levels.”

We looked at how medicines were handled and found appropriate arrangements for their recording, handling and safe administration. Records we checked were complete and accurate. Medicines could be accounted for because their receipt, administration and disposal were recorded accurately. We saw appropriate arrangements for the safe storage of medicines.

## Is the service safe?

We saw the information recorded in people's support plans clearly described the support they required. Where people had opted to handle their own medication appropriate assessments had been made to support people to be as independent as possible. We noted the assessments were kept under review to minimise potential risk of incorrect administration.

Regular medicines audits were completed and where medication errors had occurred these had been appropriately reported and managed in accordance with the home's policy. This showed there was a system in place where issues could be openly discussed with the team and lessons learnt, therefore improving practice.

We spoke to staff members who were designated to administer and record medication. Only staff trained and assessed as competent were handling and administering medicines within the service. Having trained staff helped to protect people from the risk of being given their medicines incorrectly.

We spoke with people about the management of their medicines. They told us they were happy with the medication arrangements and had no concerns. One person told us, "I know I will be prompted to take the right medication at the right time."

# Is the service effective?

## Our findings

The feedback we received from people who lived at the service was extremely positive. People told us they felt the registered manager and members of staff understood their needs and said they received a good level of support. One person commented, “The staff are fabulous, brilliant. They know what they are doing.”

We spoke with two people from authorities involved with people’s rehabilitation. They told us they felt the service was effective in understanding and meeting people’s needs and reported positive outcomes for people who lived at the service. They described the links and communication with the registered manager and staff as excellent and both said that they, “Couldn’t praise the service enough.”

People were supported with their assessed needs, preferences and choices by staff with the necessary skills and knowledge. There was a detailed training and development programme in place for staff, which helped ensure they had the skills and knowledge to provide safe and effective care for people who used the service. Each staff member had a personal development plan in place which detailed the training they had received to date, and future training requirements.

Staff training records showed staff had received training in safeguarding adults at risk, medication, food safety, moving and positioning, health and safety, preventing the spread of infection, fire training, first aid and equality and inclusion. The records showed the training was current. In addition staff had accessed a range of training which reflected good care practices for people who used the service. This included drug and alcohol awareness, mental health awareness and staff development training on supporting people with behaviour that challenges or a diagnosis of personality disorder.

Staff members we spoke with confirmed they had access to a structured training and development programme. One staff member told us, “The training is really good. We do mandatory training but there are also opportunities and resources to improve the quality of our care and support.” The staff member then went on to describe how recent personality disorder training had given them a better insight to respond to a person who lived at the service. They told us, “People who live here are individuals with

different care needs. The training helped us to look at things from a different perspective and give that person the support they needed, whilst helping them to remain as independent as they can be.”

Staff confirmed they received on-going training and felt supported in their role. When discussing on-going training, one staff member commented, “The company is really good. If you think of any extra training you want to do, all you have to do is ask and it’s provided.”

Systems were in place with regards to staff supervisions. Supervisions were held a minimum of ten times a year. We saw evidence these had taken place. These provided staff with an opportunity to discuss events within the service as well as their own training and development needs. Staff told us team meetings were held fortnightly, which kept them informed of any developments or changes within the service. Staff told us their views were considered and responded to. We saw evidence these meetings had been held and included discussions around the co-ordination of support provided to people who lived at Park View.

On the day of our visit an agency member of staff was on duty. We noted the member of staff was provided with a file which contained key information about the service and the people who lived there. The member of staff was encouraged to take time to read through the file before starting their work. We spoke with the member of staff about the information provided. They told us, “I’m impressed. It really helps. I don’t usually get this amount of information when I go to other services.”

We spoke with people who lived at the service about daily life at Park View and their opinions on the meals of the day. The people we spoke with told us they enjoyed the food provided. They said they received varied, nutritious meals and always had plenty to eat. One person told us they liked the food and there was, “Always good smells coming out of the kitchen.” People told us that choices were available about what to eat and drink and that snacks and drinks were available throughout the day. One person commented, “You can have whatever you want.”

We spoke with the registered manager to ask how people’s dietary requirements were managed. They explained that everyone at the service was involved in making the choices for the meals and how the food was cooked. They told us that people within the self-contained accommodation were encouraged and supported to budget, plan and

## Is the service effective?

prepare their own menus for the week. However every Sunday they were invited to the evening meal with everyone at the service. The meal was prepared and served by a member of staff and gave everyone an opportunity to get together.

The registered manager told us the six people who lived in the main building met with the staff once a week to plan the meals for the week. People prepared their own breakfast and lunch but the evening meal was prepared and served by a member of staff. The registered manager explained that this allowed the staff to monitor people's dietary requirements, but also provided the opportunity for people to engage with others which reduced the risk of social isolation.

We observed people had unrestricted access to the kitchen/ dining room to make snacks and drinks. The evening meal was prepared and served by a member of staff at 5pm. We observed the meal was a relaxed and unhurried experience. People sat at the table and engaged in conversation with each other. We observed the meal was well presented and looked and smelt appetising.

People told us they discussed the menu choices with a member of staff who then purchased the food for the week. We spoke with the member of staff who had collated this week's menu. They confirmed they had information about special diets and personal preferences and these were being met. They told us this information was updated if somebody's dietary needs changed. We saw an appropriate referral had been made to the GP, where there had been concerns about a person's dietary intake. These confirmed procedures were in place to reduce the risk of poor nutrition and dehydration.

We discussed the requirements of the Mental Capacity Act (MCA) 2005 with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests.

The service had policies in place in relation to the MCA and the associated Deprivation of Liberty Safeguards (DoLS). The registered manager told us that although DoLS procedures do not apply to their supported living service, people who live there may be subject to licence conditions and suffer from fluctuating capacity. Therefore the service kept up-to-date and worked in partnership with other

organisations. This was to make sure they followed best practice in meeting any legal requirements regarding practices which may restrict a person's liberty. The registered manager told us that they would take responsibility for making any application to the Court of Protection (CoP) in the event of a person who lacked capacity having their liberty restricted. The CoP is a High Court which specialises in Deprivation of Liberty cases.

We spoke with staff to check their understanding of the MCA. Staff demonstrated a good awareness of the legislation and confirmed they had received training in these areas. This meant clear procedures were in place to enable staff to assess people's mental capacity, should there be concerns about their ability to make decisions for themselves, or to support those who lacked capacity to manage risk, and to protect their human rights.

We spoke with staff about how they managed behaviour that challenges others, and made sure they protected people's rights. They told us they received training on challenging behaviour which was regularly updated. They also told us they managed risks proactively by identifying any trigger points or indication that a person's health or behaviour was different. They then engaged with the person to manage and de-escalate the risk or make a referral to a professional as appropriate.

The registered manager told us the service adopted a positive risk management approach which recognised and built on individuals' strengths. This was achieved through the development of personal plans and risk assessments that supported and encouraged each person's potential. Support records reviewed showed staff had completed thorough profiles for each person. This ensured positive and constructive boundaries for each person to help them stay safe and maximise their independence.

People's healthcare needs were carefully monitored and discussed with the person as part of the support planning process. People's support plans provided evidence of effective joint working with community professionals. We noted people's support plans contained clear information and guidance for staff on how best to monitor people's health. For instance we noted there was a detailed plan of care for a person's medical condition. This meant staff were aware of the person's healthcare needs and knew how to recognise any early warning signs of deterioration in health. We saw the person's condition was constantly monitored.

## Is the service effective?

The two people we spoke with from authorities involved with people's rehabilitation gave positive comments about how the service monitored and managed people's health needs. They were complimentary about how quickly they responded to a decline in a person's well-being. We saw evidence that people had access to appropriate healthcare professionals such as General Practitioners (GPs) and community nurses. Staff liaised closely with others involved

in the care and support of people who used the service. We saw that the registered manager was working with the mental health services to provide awareness sessions at the service on stress awareness, mental well-being and what services people can access. This showed that the service took people's health seriously and responded to their individual needs.

# Is the service caring?

## Our findings

During our visit we spoke with people who lived at the service. All expressed they were very satisfied with the service and the support they received. One person told us “Park View has a very homely feeling. I feel supported to be the best I can be.” Another person told us, “I have got independence here but I have also got help.” People told us they had a good relationship with the staff and described the staff team as “caring” and “supportive.” They told us the team at Park View do a “very good job.”

We spent time in all areas of the service, including the lounge and the dining areas. This helped us to observe the daily routines and gain an insight into how people's support was managed. Our observations confirmed staff had a good relationship with people who lived at the service. We saw people smiling and engaged in conversation and banter with staff members. People were relaxed and comfortable with the staff.

Park View is a service run by a national Christian charity, Langley House Trust. The registered manager told us the organisation is established on Christian principles and foundations but the service provided is for anyone including those people with alternative faiths or indeed no faith. The registered manager explained that they believe people, “Can change with support and strong guiding values to help them make healthy life choices.”

The service had a strong, visible and proactive culture where the registered manager and staff members were fully committed to find innovative methods to offer practical solutions to meet people's support needs. One person who had recently moved to Park View had been undertaking a substance misuse treatment programme some distance away from the service. The pre-admission process undertaken by staff at the service with the relevant authorities, identified that attendance at this programme, which was developed from up-to-date research into addiction therapy, was key to supporting the person not to reoffend.

The service worked with the relevant authorities to facilitate travel arrangements and risk assessments for the person to complete the programme. Staff at the service

worked with the person through key-working sessions to positively enforce the programme's messages. The person travelled three times a week to attend the programme and has since graduated.

We spoke with the person and they told us, “The staff have been fantastic. They have supported me to complete the programme and graduate.” The person explained the programme and the support they received from the staff had given them a sense of value and hope for the future. Through achieving abstinence they told us, “I can now begin to plan the rest of my life.”

The key worker who had supported the person through the programme attended the graduation ceremony and told us, “We are a fresh start. Sometimes the men that come to us are broken. We help them day-by-day to build them and we slowly watch them become the men they want to be. I went with this person to their graduation. He gave a speech. I was so proud of him. The words came straight from the heart. I had a tear in my eye.”

The support provided by the service was centred on the person and focussed on people's specific needs. One person who lived at the service was involved with delivering workshops with the Prison! Me! No Way!! Trust. This is an organisation that provides an interactive and thought provoking learning workshop about prison life, and the consequences of crime. It is delivered to youth organisations such as schools, pupil referral units, youth justice service teams and other organisations working with young people aged between 8 – 18 years old. The person told us staff at the service liaised with the relevant authorities to make sure his involvement could continue. The person told us, “There is no way I wanted it to stop because I have moved here. The staff have been brilliant in sorting it out.”

The registered manager told us that the service wanted people to be empowered and benefit from feeling valued and valuable. They explained it could be a challenge supporting people to gain employment. The registered manager told us he had to explore innovative solutions to address this. He told us he had approached the local college and was working with them to undertake a project at the service to identify employment barriers for those who use the service and identify pathways to employment.

## Is the service caring?

One of the people who lived at the service told us, "It can be really frustrating. I want to be working. I want to make a fresh start. The staff here are great. They go the extra mile. They are doing everything they can to help me."

Staff told us they enjoyed their work because everyone cared about the people who lived at the service. Staff spoke fondly and knowledgeably about the people they supported. They showed a good understanding of the individual choices, wishes and support needs for people within their care. One staff member said, "It's all about the residents, we treat people as individuals. We support and encourage them to be the best they can be. We motivate people to feel positive about themselves and to know they are supported. I love working here." Another staff member told us, "We help give people purpose, self-esteem and a new drive to do something in their lives. We are a fresh start for people."

Staff told us each person had a key worker. Staff said people had allocated time each week with their keyworker which ensured people were appropriately supported with their personal aims and goals. Staff members we spoke with told us they took the time to discuss people's support needs. They said they did this so people felt comfortable and respected. One staff member said, "People are involved in their support every step of the way."

People were encouraged to express their opinions and participate in discussions and decisions relating to their support. People told us they were fully involved in decision making about the support they received. They said they were aware of their support plans and told us the plans had been developed with their input. People spoken with told us they felt listened to and were very happy with the support provided. A person we spoke with told us, "They don't give me the answers but help me find the solutions."

The service had policies in place in relation to privacy and dignity. We spoke with staff to check their understanding of how they treated people with dignity and respect. Staff gave examples of how they worked with the person, to get to know how they liked to be treated. One staff member told us, "It is important that we have open communication with the people we are supporting. People trust us and we must respect their privacy and dignity when supporting them. We make it clear with people if we need to share conversations with other staff, but not with other residents."

We were shown around Park View by the registered manager. We saw staff knocked on people's door and waited for the door to be answered before they entered a person's bedrooms. We also noted that when people were speaking with staff about their support, this was done in private.

# Is the service responsive?

## Our findings

People were supported to express their views and wishes about all aspects of life at the home. One person told us, “The staff here are really on the ball. Anything that needs sorting; they are onto it.”

Staff actively sought, listened to and acted on people’s views. People who lived at the home were allocated a named member of staff known as a key worker, which enabled staff to work on a one to one basis with them. This meant they were familiar with people’s needs and choices. The registered manager told us, “We want our service users to feel listened to. Each person has a key worker. It is their job to advocate for the person and ensure their voice is being heard and their needs are being met.”

The registered manager told us that the national training plan is developed to support staff to undertake their role as key worker professionally and competently. Courses run by the organisation include key working and support planning, risk assessment and risk management. This demonstrated how the service valued the importance of an effective keyworker to find innovative and individual ways of involving people so that they were consulted, empowered, listened to and valued.

All referrals to the service are discussed in a staff meeting prior to the person moving to Park View. This helps to ensure staff are aware of people’s needs and enable the team to judge which staff member would be most suited to be the key worker. The registered manager and key worker will then go to visit the person before they move to the service. One member of staff told us, “This helps us to get to know the person, what support they need but also reduces the anxiety they have about moving here.”

We spoke with staff members who told us the team were focussed on the support people needed and that good planning with the person involved, was the key to empowering people to succeed. One staff member told us, “We sit with each resident weekly. The support provided to each resident is very individual and tailored to each person with their complete input.”

We saw that as part of the support plan, the key worker would discuss the person’s progress with them every week.

Records we looked at showed these reviews had taken place and new goals set as appropriate. If people's needs changed, their support plans would be reassessed to make sure they received the support required.

One person we spoke with discussed the planning they had done with the staff team. They told us they were confident the staff team worked with them to achieve their goals. Another person told us, “I can talk to any of the staff at any time, but my key worker helps me with my progress. The support plan is key. I know what I want to do and they help me with small steps to get there.” This meant the support being provided was relevant and meeting people’s needs.

Where it had been identified as part of the support planning that people needed to access training or learning and development to promote their independence, the service had developed innovative solutions to support people’s needs. People were not always able to attend external training and courses. Therefore the registered manager had either sourced or developed training to suit people’s needs and limitations. People had access to an in-house, online training facility to develop their literacy and numeracy skills or special interest skills, such as health and safety. The registered manager told us that the service had been struggling to access appropriate alcohol and drug awareness courses in the community that specifically addressed the individual needs of the people they supported. As a result they were working with the relevant authorities, volunteers from the community and people who lived at the service to research a bespoke in-house programme.

The registered manager told us it could be a challenge to support people to carry out activities within the community due to their licence conditions. However the service worked very closely with the relevant external agencies and professionals involved in the person’s rehabilitation. The registered manager explained that one person, through restrictions imposed on them could only class professionals from the service or other agencies as friends. The registered manager told us that they had worked with volunteers from the community and the relevant external agencies to develop a buddy system to support the person to attend church and develop friendships. The registered manager told us that through this support the person has been encouraged to develop and maintain relationships with people that matter to them and has contacted his family again.

## Is the service responsive?

Three people who lived at Park View were working with a local church who provide a woodworking club once a week for people, many of whom have learning difficulties. The registered manager told us, “Our residents have now started going beyond simply attending and are starting to volunteer with grounds maintenance (painting fences, cutting grass etc.), building friendships and relationships outside of the project with a wider social circle, thereby increasing their physical and social capacity.”

People who lived at Park View were encouraged to take charge of the support they received. The registered manager told us, “We have a two way feedback with residents and staff. Residents have a meeting every week and a representative is invited to attend the staff meetings which are held fortnightly.”

The registered manager explained that through the ‘resident’s meeting’ people had requested more group activities to be organised. The representative attended the staff meeting where the request and activities budget was discussed. It was proposed that rather than satellite television people would prefer a monthly programme of activities where they could go out as a group. Solutions were identified and the representative then discussed these with other people at the service. As a result a monthly activities programme has been planned for the next 12 months. This recognised the risk of social isolation and the importance of social contact and companionship.

People told us they were, “Really looking forward to the activities programme.”

We saw that one person who lived at the service had achieved the maximum they had wanted to achieve and was supported to move into one of the self-contained flats at Park View. This was seen as a positive move to support them towards independent living. Throughout the transition there was planned support from the staff at the service, or from the relevant authorities and professionals involved in the person’s rehabilitation. This ensured the person was provided with the skills, support network and coping strategies to manage throughout the transition. The registered manager told us, “We are committed to supporting people to be independent, to regain their place in the community and take part in mainstream activities. These facilities provide a support pathway, where the person can be supported on that journey.”

The provider had a policy and procedure for dealing with any complaints or concerns. The people we spoke with told us they were aware of how to make a complaint. One person told us, “I’m happy here, if I wasn’t I know how to make a complaint.”

We reviewed records of complaints raised with the registered manager. We found the service had completed appropriate actions within the timeframes set. Complaints had been responded to in a clear, factual and in-depth manner. This meant the provider had an effective system in place for the identification, handling and management of complaints.

# Is the service well-led?

## Our findings

Park View had a business plan which links into the vision and values for the organisation. The service believes that people can change with support, empowerment, boundaries and expectations, constructive use of time, engagement in learning, positive values, social competencies and positive identity. During our visit we observed that the registered manager and staff acted according to these values when providing support to the people in their care.

Observations of how the registered manager interacted with staff members and comments from staff showed us the service had a positive culture that is centred on the individual people they support. We found the service was well-led, with clear lines of responsibility and accountability.

Staff we spoke with explained there was an open culture within the service, where their views were welcomed and valued. They told us the registered manager was 'very approachable' and they were encouraged to discuss any aspect of their role. Staff attended handovers at the change of each shift. This gave them the opportunity to discuss people's support needs and any day-to-day operational issues. Staff told us that at handovers they were encouraged to discuss anything that might cause them anxiety during their day. They told us this open approach helped them to feel valued and supported.

Staff also attended regular staff meetings where the whole team could meet together. This kept them informed of any developments or changes within the service. Staff told us their views were considered and responded to.

The provider had robust systems and procedures in place to monitor and assess the quality of their service. These included seeking the views of people they supported through the 'residents' meetings, satisfaction surveys and support reviews. We saw that 'residents' meetings were held regularly and any comments, suggestions or requests were acted upon by the registered manager. This meant that people who lived at the home were given as much choice and control as possible into how the service was run for them.

People who lived at Park View were also invited to take part in the Langley House Trust service user involvement groups. These gave people the opportunity to raise their

views but also to be involved in reviewing organisational policies, procedures and business plans. Two of the people who lived at Park View had recently travelled to London as representatives for the service. We asked them how they found the experience. One person told us, "It was great to be involved."

The service worked in partnership with other organisations to make sure they were following current practice and providing a high quality service. We saw that the support provided was based upon best practice evidence. For example Park View has sought to incorporate the '7 Pathways to Reducing Reoffending'. The registered manager told us, "The National Offender Management Service (NOMS) has built what it calls the seven reducing pathways to reduce re-offending into the provision of services to offenders. This new way of operating means that the prison and probation services are working more closely together than ever before. The challenge is to transform the offender into the citizen. We develop partnerships with other agencies to embed this best practice, for example we have worked closely with probation to identify the needs of an individual from the point of referral through to moving-on into the community. By working end-to-end with probation we can deliver a coordinated approach to risk management, and support our residents through advocating for their progress in order to access more services."

Throughout our inspection we saw examples of where the registered manager and staff worked closely with the relevant authorities and professionals involved in a person's rehabilitation in order to deliver the best possible support for the people they supported. Feedback from authorities involved with people's rehabilitation was that the service was, "Consistently excellent." They told us that the registered manager and staff will go 'above and beyond' to support people to be the best they can be.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of the people who lived at the service. Records reviewed showed that the service had a range of quality assurance systems in place, to help determine the quality of the service offered. These included health and safety audits and audits of medication, care records, staff files, finances, communication and incidents and accidents. We looked at

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completed audits during the visit and noted action plans had been devised to address and resolve any shortfalls. This meant there were systems in place to regularly review and improve the service.

A representative of the provider visited the service at least once each month to carry out safety and quality checks. Following these visits a report was provided to the registered manager and identifying any necessary improvements or good practice observed.

The registered manager described the senior management team of the organisation as supportive and confirmed that the resources necessary for the effective running of the service were always made available. He also explained that he had regular opportunity to meet with other managers across the organisation for the purpose of peer support, learning and sharing good practice.