Look Ahead Care and Support Limited

Foulden Road

Inspection report

73-75 Foulden Road
Stoke Newington
London
N16 7UH

Tel: 02079233857
Website: www.lookahead.org.uk

Date of inspection visit:
02 March 2016

Date of publication:
26 April 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

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.

We visited Foulden Road on 2 March 2016 to undertake an inspection of the service. The inspection was unannounced. The inspection team consisted of two inspectors.

We checked information that the Care Quality Commission (CQC) held about the service which included a Provider Information Return (PIR), previous inspection reports and notifications sent to CQC by the provider before the inspection. The PIR is a form that asks the provider to give some key information about the service, including what the service does well and any improvements they plan to make. The notifications provide us with information about changes to the service and any significant concerns reported by the provider.

We spoke with four people, one relative and a health and social care professional who was visiting on the day of our inspection. We spent time observing the care people received and listened to a staff handover. We contacted the community mental health team (CMHT) and spoke to two health and social care professionals to gather information regarding the service.

We looked at the records in relation to four people's care including their medicines records. We also spoke with one care worker, two personal support assistants, the chef, cleaner and the registered manager. We looked at records relating to the management of the service, staff training records, and a selection of the provider's policies and procedures.

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 told us they felt safe in the service. The provider had systems in place to manage risks, safeguarding concerns and incidents.

Staff had a good understanding of how to protect people from harm and knew how to raise a concern if they thought someone was at risk of abuse.

There was sufficient numbers of staff, with the right competencies, skills and experience to meet the needs of the people who lived in the service.

Medicines were administered safely and effectively. The service had good systems in place regarding the administration, storage and disposal of medicines.

Is the service effective?

Requires Improvement

The service was not always effective. Referrals were not always made quickly when a person's health needs had changed. People's care plans did not always show that their health needs had been reviewed with appropriate frequency.

Where a person lacked capacity to make decisions we saw that best interests decisions had been made, in accordance with the Mental Capacity Act (MCA) 2005. Staff had a good understanding of the Deprivation of Liberty Safeguards (DoLS), which were appropriately implemented to ensure people who could not make decisions for themselves were protected. However they did not inform us about DoLS authorisations as required.

Staff received the appropriate training and support to deliver good standards of care to people.

Effective arrangements were in place to ensure people received good nutrition and hydration and people were involved in the choices regarding food preferences.

Is the service caring?

Good

The service was caring. People and their relatives told us they were happy with the care and support.

Staff were motivated and enthusiastic about the care they provided. They spoke with pride about the service and the focus on person centred care.

People were supported to maintain important relationships. Relatives told us the service was family orientated and they were always made to feel welcome.

Is the service responsive?

Good

The service was responsive. People had access to activities that were important to them. These were designed to meet people's individual needs, interests and hobbies which promoted people's well-being. People's feedback was actively sought to improve the activities available to them.

People's individual religious, cultural and lifestyle needs were met. The service had a strong commitment to supporting people's individual needs.

People's concern and complaints were investigated and responded to within sufficient timescales.

Is the service well-led?

Good

The service was well led. The registered manager had developed a person centred culture in the service. Staff were supportive of the vision and values of the service.

The registered manager continually strived to improve the service and her own practice. Systems were in place to monitor the quality of the service provided.

Systems were in place to obtain people's views about the care and support provided to improve service delivery.

The service worked proactively in partnership with other agencies to promote people's independence in the community.

Foulden Road

Detailed findings

Background to this inspection

We inspected Foulden Road on 2 March 2016, the inspection was unannounced. Our last inspection took place on the 27 May 2014 and we found that the provider was meeting all of the regulations that we checked.

Foulden Road is an 11 bedded home that provides personal care and support for adults with enduring mental health needs. At the time of the inspection there were nine people living in the home. Two people were visiting the home during the day in a view to move into the service at a later date.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had systems in place to manage risks, including safeguarding concerns and medicines. Missing person profiles had been developed to be able to assist the police in the event of a person being absent from the service and staff being concerned about their safety. Staff had a good understanding of the principles of safe practice when managing incidents and were familiar with the provider's reporting procedures. We found the environment was safe, people were involved in risk assessing the home and their participation was recorded. Consistent health and safety checks were completed, and areas of the home were personalised to meet people's individual needs and preferences. The service had received a '5 star' food hygiene rating which is the highest score.

There was a suitable number of staff deployed to meet the needs of the people who used the service. Thorough recruitment checks were completed to assess the suitability of the staff employed. The provider ensured the administration, storage and disposal of medicines were managed safely.

Staff had received suitable training and support to enable them to carry on their roles effectively. Additionally the locum staff attended regular safe practice meetings to ensure they were meeting their learning objectives and were kept informed of any changes in people's needs.

Staff had a good understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). There was a DoLS in place for one person undertaken by the local authority in October 2015; however the service had failed to notify us this was in place.

Suitable arrangements were in place to ensure people received good nutrition and hydration and people were involved in the choices regarding their food preferences, this was documented in the minutes for meetings people attended. The menu catered for people's health and cultural needs and staff had taken the time to ensure the food was attractively presented.

People were not always referred to services when there were changes to their health care needs or associated risks to their health. People's care plans and risk assessments were not updated to show that there had been a significant change in their circumstances.

Staff were involved in attending hospital ward rounds to better support people being discharged from hospital. We found that people were encouraged to take reasonable risks in developing their independence and maintaining their own health needs. Staff were positive and enthusiastic about working with people in the service. People and their relatives told us they were happy with the support that staff provided. People's cultural and individual lifestyle needs were recognised and celebrated. Specific initiatives were in place to expand people's skills, confidence and self-esteem.

Records demonstrated that people actively participated in activities that empowered and promoted people's independence in the wider community. Staff encouraged and promoted links with the family and friends of the people living in the service.

People and relatives we spoke with were aware of how to make a complaint. The registered manager responded to complaints in a timely manner with details recorded of any action taken.

Good systems were in place to effectively improve the quality of care delivered. Regular feedback was sought from people to obtain their views and comments regarding the service delivery. The provider worked in partnership with external agencies to support people with independent living skills.

We found one breach of regulation relating to the management of risks to people's health and welfare. You can see what action we asked the provider to take at the back of the full version of this report.

Good

Is the service safe?

Our findings

People and their relatives described the service as safe, one person told us, "I feel very safe here and the staff always support me." A relative commented, "The environment is warm and friendly, it's very family orientated and staff always make time for you."

People were safe as there were systems in place to reduce the risks of harm or potential abuse. The provider's safeguarding procedures were in place to provide guidance to staff to ensure people were protected from harm. The provider had a safeguarding local protocol in place which guided staff on the action to take in the event of any concerns raised. Staff had a good understanding of the procedures to follow and had received up to date safeguarding training Where a safeguarding concern had been raised we saw the registered manager had taken the appropriate actions and worked with the local authority and health professionals to ensure the safety and welfare of people. The service promoted safeguarding and protection with staff and people in the service. For example, safeguarding was included as part of an agenda item in the staff meetings and residents meetings and discussions were documented on the conduct the staff expected from people's visitors. There was a whistleblowing procedure in accordance with the Public Interest Disclosure Act 1998 displayed on the staff noticeboard.

People's care plans contained a missing person's procedure. For example care plans contained people's next of kin details; with the relevant information to give to the police; such as a photograph and physical description. This showed that the provider had systems in place in the event that a person needed to be reported as missing.

We found the environment safely met people's individual needs. During our inspection we observed there was a call bell in people's rooms which was linked to the office; whereby people could alert the staff immediately if they wanted to report any concerns. An individual environmental risk assessment was in place for each person, and room checks were carried out daily by staff to help support people to tidy their rooms.

Incidents forms were completed following concerns where people's behaviour had become challenging for the service. The forms described what had taken place, the actions taken and who the incident was reported to. For example, a form had been completed when staff noticed a deterioration in a person's mental health. Health professionals were alerted and the person was assessed and admitted to hospital. The person was supported by the staff and the community mental health team (CMHT) and the person's risk assessment was updated to reflect a change in circumstances.

There was a business continuity plan (BCP) in place in the event of any foreseeable accidents or emergencies. A BCP is a plan for dealing with any disruptions to the service to ensure that people are safely evacuated and protected from avoidable harm.

Staff rotas demonstrated there was enough care staff to provide care and support to people during the day and night; with the right qualifications and skills to keep people safe. The registered manager told us they

were currently recruiting for two staff vacancies. The vacancies were being covered by two personal support assistants (PSAs). PSAs are locum staff who work flexible hours. The service also employed a chef and cleaner who were responsible for cooking meals and keeping the service clean. All staff had received an induction and the appropriate training to keep people safe.

Staff were clear regarding their overall responsibility of supporting people irrespective of their roles. One care worker told us, "I do enjoy working here, it's the input you get to help work with people; a better way of working with people with mental health, it's the improvement to people's lives, that's what I enjoy."

All areas of the home were very clean and we observed decorators were painting the communal areas of the building, the registered manager told us the renovations would be complete within six weeks. An environmental health report had been undertaken and the service had been given a hygiene rating of five (the highest rating). We viewed records that demonstrated regular health and safety checks, which included call bells and fridge and freezer temperature checks. Fire tests and drills were carried out and individual personal emergency evacuation plans (PEEPS) were recorded in people's care plans. Professional maintenance and servicing of equipment was routinely carried out.

A recruitment and selection process was in place and ensured staff were suitable to support the people who used the service. We looked at five staff files which included application forms, appropriate references, identification checks and Disclosure and Barring Service (DBS) checks. The DBS includes criminal record checks and helps employers make safer recruitment decisions and prevent unsuitable staff working with people using care services. Before staff commenced working in the service we saw that DBS checks had been undertaken to ensure people's safety.

One person told us, "I take my own medicines but the staff will remind me to take my medication if I ever forget." We looked at medicines and found there were safe practices for the administration, storage and disposal of medicines.

We were informed that three people took insulin. This was stored in a fridge and daily temperature checks of the fridge were recorded. Guidelines were printed on the temperature monitoring chart as to what temperatures were safe for the fridge to be maintained at. We looked at three medicine administration record (MAR) charts. Medicines were always checked by two staff to minimise errors. No discrepancies were found on the MAR charts.

Staff were knowledgeable about the medicines prescribed and the systems in place ensured medicines stock checks were accurate. A care worker told us that two staff always counted the medicines when delivered by the pharmacy and could clearly describe the reporting procedures to follow if they found medicines errors. Records were kept of all medicines when they were returned to the pharmacy. A pharmacist visited the service every month to deliver medicines and at the same time collect any surplus medicines. The pharmacist signed the provider's returns book to confirm they had taken away the surplus medicines. Training records demonstrated staff had completed medicine training and observational competency assessments were carried out and documented in staff files.

Requires Improvement

Is the service effective?

Our findings

People we spoke with told us the staff supported them to maintain good health. One person told us "I see my doctor regularly and staff support me to appointments" and another person explained, "Staff ask me if I want them to attend any appointments I have." However, despite these positive comments we found that people were not always effectively supported to ensure that their health needs were met. For example, there were not always adequate management plans in place in relation to identified risks to people's health such as smoking. This meant that people were at potential risk of not being provided with safe care and treatment to meet their healthcare needs.

A person was seen by their GP for medical concerns. However, when we viewed the care plan we found that longer term professional support to manage the person's related physical and/or emotional needs was not sought. We raised this with the registered manager who agreed to refer the person for additional professional support. The registered manager acted accordingly and has subsequently informed us that the person has been referred for additional professional support and their care plan had been appropriately updated.

The registered manager told us that five people had diabetes. We looked at the care plans for two people diagnosed with diabetes and found a diabetic support plan in place for one person but not the other person. Although the support plan indicated that one of the aims was to support the person to control their blood sugar levels, there was no clear information about how this would be achieved and no information about signs to observe for that would indicate that the person's blood sugar levels could be too low or high and what to do in the event of the person becoming unwell due to unstable blood sugars. There was no evidence to demonstrate how the person's diabetes was being managed. Reviews of care plans and risk assessments were not consistently undertaken to accurately reflect the changes in people's health needs. This meant the people were at risk of not receiving continuing safe care to meet their health care needs.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection visit, we received information from the registered manager that a person was reviewed by their GP and appropriate clinical decisions were made in relation to their health care needs. The care plan and risk assessment were updated to reflect this.

Health and social care professionals such as GPs, nurses and social workers were involved in people's care. People regularly attended care plan approach meetings (CPAs) this demonstrated the provider jointly worked with the Community Mental Health Team (CMHT) to ensure continuity of care for people. CPAs are a way that care and support is planned, co-ordinated and reviewed for a person with mental health needs or a range of related complex needs.

We listened to a handover between staff who discussed people's health needs and any notes for concern. For example, a person had gained a significant amount of weight and had refused to participate in

exercising, such as short walks. The registered manager advised the care worker to follow this up by supporting the person to liaise with the GP.

A person's support plan showed that staff had visited a person when they were in hospital, prior to the person moving to the service for a trial stay. This demonstrated how staff spent time getting to know a prospective new person and learnt about the person's needs from the multi-disciplinary hospital team. This was to ensure staff had a more detailed understanding of how to provide the care and support they needed.

We found that people were encouraged to take reasonable risks in developing their independence and maintaining their own health needs. For example, it was documented that one person had regular support for a health care need and there were appropriate contingency plans in place if they could not access this support due to unforeseen circumstances.

People were supported by staff who had the knowledge and skills required to meet their needs. The provider had a comprehensive training programme in place. We viewed the training records of five staff and found records of an induction and on-going training. Training records demonstrated staff were up to date with the provider's required mandatory learning. This included safeguarding, infection control, first aid, risk management, medicine management, fire safety and food hygiene. In addition staff had completed training in bereavement and loss, mental health, financial abuse, dual diagnosis, effective key working and active listening.

The registered manager told us new care staff would be supported to undertake a 12 week comprehensive induction called the Care Certificate. The Care Certificate is a set of minimum standards that should be covered as part of induction training of new care workers and aims to equip staff with the knowledge and skills to provide safe, compassionate care.

The staff working in the service had completed national vocational qualifications in health and social care. Staff were supported with ongoing professional development and had access to specialist training such as working with young people, emotional intelligence and domestic violence. We saw there were records of probation reviews, regular staff supervisions and appraisals. Supervisions included discussions on time management, training, team work, performance and personal concerns. Team meetings were held monthly to support staff in their roles.

One Personal Support Assistant (PSA) told us, "I am a locum so I do not get supervision I attend safe practice meetings." Records showed the registered manager held safe practice meetings (SPMs) with the PSAs six times a year. Safe practice meetings are to remind employees of the safe practices they have already learned, and to introduce and build awareness of new training or changes to a person's support needs that must be observed.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. The registered manager and staff had received training in understanding the principles of the MCA and DoLS.

Following guidance the registered manager had made one application to the local authority for a DoLS authorisation after an incident occurred where a person went missing from the service. A best interests meeting was held with health and social care professionals and a DoLS authorisation was granted. This was to ensure that restrictions on the person's ability to leave the home were appropriate. The DoLS became effective from October 2015; however the registered manager did not notify us as required that an authorisation was in place for the person. The registered manager acted on this accordingly and submitted a DoLS notification to us the following day.

People told us they were asked for their feedback during residents' meetings, and were involved in the decisions about food choices and further improvements to the food service. One person told us, "I like the food because I get to choose what I want", and another person told us, "We get a choice on what we want to eat, and I make my own breakfast."

The provider had suitable arrangements in place that ensured people received good nutrition and hydration. The chef told us they cooked meals for people twice a week and staff had allocated days they supported people to prepare meals. The chef had received training specific to their role including food hygiene and infection control. We looked at the menus which reflected the different food choices available for people. For example, the registered manager told us five people living in the home had diabetes. The menu included a diabetic option and foods that catered for people's cultural needs. A care worker told us "People who live here pick the menu; we cater for their cultural needs and have foods which are African, Caribbean, Indian and English."

The fridges and cupboards were viewed and they were stocked with fresh foods and bowls of fruit were available for people to eat. There was a satisfactory stock of foods for making snacks after the evening meal. A care worker told us a communal breakfast was held every Wednesday where staff cooked special meals such as cooked plantain and sausages. The idea was to promote a socially inclusive environment where people could relax in the communal areas and get to know each other.

We observed an evening meal and people were offered good sized serving portions of food and were given choices of rice or noodles, and then yoghurts and/or fruit to follow the main meal. We saw people having second helpings of the main meal and the care worker had taken the time to attractively present the food to show people they were valued.

Good

Is the service caring?

Our findings

People told us staff were caring and were happy living in the service. One person told us, "I get along with staff and they make me feel included." People were observed to be kind, friendly and respectful in their interactions with people. One relative told us, "When I visit [my family member] I observe everything the staff do. Not just how caring they are with [my family member] but also with other people. [My family member's] key worker is just brilliant."

People told us they were able to visit relatives and friends and receive visitors to the service. A visitor's procedure was displayed on the notice board along with information on resources accessible in the community and within the service. People made their own informed choices about friendships and intimate relationships, and staff understood the value of important relationships. For example, one person regularly visited their girlfriend and a relative informed the provider that they enjoyed being invited to a barbeque and were welcomed by staff. Another person was supported to plan a birthday party and invite relatives and friends, along with other people living in service and staff. People had access to their care files and it was documented that they were offered a copy of their plans. Outcomes in support plans included how to support people to stay in touch with their families.

People were encouraged and supported by staff to engage in leisure activities outside of the service. We were shown photos of activities and holidays that people had participated in, with support from the staff team. This included outings to an art gallery birthday parties, a trip to Orlando, an outing to London's west end including Trafalgar Square, a trip to the zoo, a holiday to Milan and meals out at local restaurants.

Staff understood and supported people to promote their independence and there were discussions about people's needs. For example, when one person told staff it was physically difficult for them to work alongside staff to clean their bedroom, the staff spoke with the person's doctor to check what kind of physical tasks they were able to undertake. A key worker had encouraged a person to attend arts and crafts classes at a resource centre for people with mental health needs. The key worker went with the person to look around and check if the classes were suitable.

We found the service encouraged people to take part in decisions about the daily routine at the service. There were agreed guidelines for the house meetings which had been written and agreed on by people using the service, for example to show respect for other people's views. Equality and diversity issues were discussed as a standing item at team meetings, which showed that staff actively considered people's human rights. Specific initiatives were in place to expand people's skills, confidence and self-esteem. For example, there were cultural folders in place were people were invited to work with their key worker to share information about their cultural background and what it meant to them.

Good

Is the service responsive?

Our findings

We found that people received person centred care that was responsive to their needs, and people confirmed their views were listened to and taken into account. One person told us, "I want to move I am ageing rapidly and want more quietness; my placement officer is coming to see me for a review." Staff had responded to people's health and wellbeing needs and made changes based on people's preferences to ensure they remained happy and comfortable at the service.

We looked at people's care plans which documented how people's care and support needs were met. The registered manager told us the service was updating all files to incorporate the mental health recovery star alongside the provider's support plans. The mental health recovery star is a system that helps people become optimistic about what they can achieve, captures how people and staff discuss the important issues, and assesses where they are now and how they wish to progress. The recovery star looked at 10 areas in people's life, which included managing mental health, trust and hope, relationships, addictive behaviour, responsibilities, self-care, social networks, identity and self-esteem, living skills and work. People's goals appeared to be individual and in keeping with people's personal circumstances. For example, one person had told staff that they wanted to improve their personal relationships and we saw how staff had supported the person with this. The support plan also considered how people engaged with their well-being and educational needs, such as visits to the hairdressing salon and library.

People's religious, cultural and lifestyle needs were identified and met. For example, people were supported to share information about their cultural identity, national and religious celebrations, and the interests that were important for them. Some people had identified they liked football and international styles of music. Their care plans showed how staff supported them to meet their needs, through individual activities or group outings with other people that shared their interests.

There was a key worker system in place. A key worker is a staff member who monitors the progress and support needs of the people they are assigned to. This ensures there is continuity of care for people who require support. Key working sessions were recorded on how to support people to practice and develop their daily living skills. The sessions demonstrated that key workers supported people to jointly carry out safety checks in their bedrooms, plan shopping trips for new clothes and support people with their personal hygiene needs. One person asked for help with buying new clothes so the staff helped the person to firstly do an audit of the clothes they owned to check what to keep, what to discard and work out what new clothes were needed. Another person was supported to go to the gym which demonstrated that people were supported with socially inclusive activities. This demonstrated people were assisted to use amenities in the local community, and encouraged to participate in meaningful activities that could positively impact on their well-being. Support plans were signed by people to show they agreed with the support put in place for them.

One relative told us, "I am amazed at the change in my family member's well-being, staff make sure he/she is well presented because staff spend time with people here, they always communicate with me, even keeping me informed of when they went to France on holiday."

There were opportunities and support to promote people's autonomy, independence and involvement in the community. The activities programme had activities including Sunday roast lunch, take away night, house meetings, games night (Wii, pool, dominoes, table tennis), film night, gym trips, football, spectating at Leyton Orient, bike rides, and grocery shopping. Records were kept of the people who attended each activity and feedback was obtained to suggest any changes or improvements to the activity programme. Recent outings included the football match, the Imperial War museum, Bubble Club disco, a Valentine's party, cinema trips and bowling. Christmas trips included a visit to Winter Wonderland at Hyde Park, a pub lunch and Christmas church services. One person went out Christmas shopping for family presents to Oxford Street with their key worker. This showed that people were offered a variety of activities and entertainments to maintain their existing interests and introduce them to new ideas.

People were offered the opportunity to give their views, make comments and offer ideas. We saw records of residents' meetings. For example, people were consulted and agreed the smoking room would be converted into an activity room, and a smoking shelter was built in the rear of the garden. A care worker informed us that the provider was trying to arrange for a diabetic nurse to give staff training but was so far unable to do so.

We noted that people had access to large communal areas to watch television and an activity room furnished with a pool table, television and a computer. One person told us, "Sometimes I come to the activity room to use the computer to look at the past, I like Marilyn Monroe so I look up her. I like singing and karaoke, Madonna."

We observed people seated in the communal lounge relaxing and talking to staff and they appeared to be comfortable living at the service. There was a large well maintained garden area with vegetable patches.

Customer welcome packs were available for people outlining their rights and responsibilities and the range of services offered by the provider. Two people had recently been referred into the service and the provider had worked with the Community Mental Health Team (CMHT) to plan day visits to the service until they moved in for a trial period. A health and social care professional visiting the service was positive about the way staff were flexible about their working practices and about keeping touch and sharing information.

People told us they knew how to make a complaint. They told us that should any issues arise they would speak with the staff or the registered manager. We saw systems were in place for recording and managing complaints. The provider had received two complaints since the previous inspection. The complaints showed that appropriate action was taken within the timescales and the outcome was fed back to the complainants. The documentation showed management took steps to learn from such events and put measures in place which meant they were less likely to happen again. We noted a complaints' leaflet was displayed on the communal notice board, included in the customer welcome pack, and was part of an agenda item in resident's meetings. The procedure gave information about external organisations that people could take their complaint to if they were not satisfied with provider's response. It also informed people that although the Care Quality Commission (CQC) does not investigate individual complaints, we are interested in people's views.

Good

Is the service well-led?

Our findings

The registered manager told us she was supported by her manager. One staff member told us "The manager is very supportive here; however things could be better, if the staff restructures could stop, as this can cause disruptions and impacts the people using the service." The registered manager told us staff restructures were occurring in the service; however the home was sufficiently staffed to support people.

People told us they were able approach the registered manager with any concerns they may have had. One person told us, "I see the manager nearly every day, I think the service is very well run, I can tell by the day to day routines," and a relative commented, " I have never met the manager but maybe it's because I visit in the late evenings, but I know how to contact the manager if I need to."

The service demonstrated an open culture and transparency with regard to any mistakes made. For example, in one person's support plan it was documented that they had declined to take their medicines and staff had not informed the community mental health team to ensure that this person was adequately supported to prevent their mental health from deteriorating. Following the incident the plan had been updated to address how staff must communicate with the mental health team in the future to ensure that the person was protected from any risks associated with not taking their medicines.

Regular audits were carried out by the registered manager and showed that not enough daily checks were being completed of people's rooms. The registered manager addressed this with staff in their meetings. We saw two medicines audits had been carried out by two members of staff for each audit. Minutes from the team meetings evidenced that staff had been encouraged to write up more comprehensive daily notes for each person and confirmed staff were involved in the day to day running of the service. This showed that the registered manager actively identified issues for improvement and took appropriate action.

Annual quality audits took place which were led by the provider's internal quality team, and identified any areas for improvement and documented where the registered manager had to address any shortfalls.

The registered manager held case work management meetings with the staff every quarter. The meetings were held to ensure allocated key workers were supporting people to achieve their goals.

We found people were consulted on significant changes which may affect the service and their views were taken into account. For example seven people attended the discussions about the redecorating of the service and the minutes for the meeting demonstrated that people were asked for any complaints or suggestions. An open door policy was discussed as an agenda item in meetings with people who used the service. This meant people were encouraged to communicate with staff when they chose to.

The registered manager told us there was a Look Ahead quality group where a couple of people from each local service attended a monthly meeting. The group discussed how each care home was operating and came up with ideas for improvement either for individual care homes or the provider as a whole. Meetings were not taking place at the time of our inspection although the registered manager explained the quality

group was planned to start again.

Annual surveys were distributed to people who were asked to complete documents called 'tell us how we are doing'. The completed surveys included positive comments such as "I'm happy with the service I receive here" and "I am satisfied with the overall support I am getting from Look Ahead." An analysis was done of the surveys and an action plan was developed to address the identified shortfalls. Overall the responses were mainly positive.

The service maintained good working relationships with the local Community Mental Health Team (CMHT) and GP surgery to manage people's wellbeing. The service worked with the CMHT and the local authority to ensure there were pathways for people moving on from the service when they had been supported to develop independent living skills.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014 Safe care and treatment How the regulation was not being met: Care and treatment was not always provided in a safe way for service users as the registered person did assess the risks to the health and safety of service users and did not always do all that was reasonably practicable to mitigate any risks Regulation 12 (1) (2) (a) (b)