The Outlook Foundation

Jean Marshall House

Inspection report

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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 8 December 2015 and was unannounced.

Jean Marshall House is part of The Outlook Foundation, a charity which provides accommodation, and/or personal care and training for young adults with mild to moderate learning disabilities. This was a supported living scheme where people live in their own home under a tenancy agreement. People received personal care or social support in order to promote their independence. The support provided was tailored to meet people's individual needs and enable the person to be as autonomous and independent as possible. Jean Marshall House has up to eight people living in the service and is registered to provide personal care. People have en-suite accommodation and a range of communal facilities they can use. The service is situated in a residential area with easy access to local amenities, transport links and the city centre.

The Outlook Foundation has three services in Brighton and Hove. It used its own transport that staff across the foundations services use to get people to and from any

Summary of findings

activities. The Outlook Foundation also had a learning centre which provided an educational and training facility to promote people's independence, and which people can use to help develop their life skills.

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 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 two written references had not always been received prior to new staff working in the service. This is an area that requires improvement.

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 supported to move onto further accommodation where they could be more independent, for example into their own flat. 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 service had considered the person's capacity under the Mental Capacity Act 2005, and had taken appropriate action to arrange meetings to make a decision within their best interests.

People told us they felt safe. One person told us, "The team we've got now is excellent I love them to bits I feel safe and confident to talk to them." 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. One person told us, "There is always someone to go to." There were systems in place to assess and manage risks and to provide safe and effective care.

People were supported to eat a healthy and nutritious diet.

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. One person told us, "The staff are fantastic they have been there for us from day one. We often have a take away with the staff once a week and I'm very happy." 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 registered manager, who they described as very approachable.

People and their representatives were asked to complete a satisfaction questionnaire and we could see the actions which had been completed following the comments received. People had the opportunity to attend regular 'residents meetings'. The registered manager told us that 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.

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 join in.

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.

Summary of findings

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.

Jean Marshall 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 8 December 2015 and was announced. This was so that key people could be available to participate in the inspection, and for people living in the service to be made aware we would be visiting their home. 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. We contacted the local authority commissioning team and to ask them about their experiences of the service provided. From this information, following our inspection, we contacted a social care professional and a relative to ask them about their experiences of the service provided.

We observed people's care and support in communal areas throughout our inspection to help us understand the experiences people had. We spoke with six people who were resident during our inspection. We spoke with the senior director of personnel and training, the registered manager, and two care workers.

As part of our inspection we looked in detail at the care provided for three people, and we reviewed their care and support plans. We looked at records of meals provided, medication administration records, the compliments and complaints log, incident and accidents records, policies and procedures, meeting minutes, staff training records and two staff recruitment records. We also looked at the service's quality assurance audits.

The service was last inspected on 21 May 2013 when no concerns were identified.

Requires improvement

Is the service safe?

Our findings

People told us they felt happy and were safe with the care and support provided by Jean Marshall House. One person told us, "I feel safe here, it's fine. "Another person told us, "I feel safe here and the staff go out with us when it's dark." Another person told us, "I do tell them where I'm going and let them know when I am on the bus and they help if I need any advice." 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 an area of practice which required improvement.

People were cared for by staff who had not been recruited through a safe recruitment procedure. Where staff applied to work at Jean Marshall House they 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 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 reviewed to ensure current guidance and advice had been considered. Senior staff had shared this revised information with staff and people using the service. Care staff told us they were aware of these policies and procedures and knew where they could read the safeguarding procedures. There were arrangements in place to prevent any financial abuse. People were given weekly budgeting sessions and a weekly allowance. They had cash books to record and check what they were spending. 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.

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 to if they wished to attend a range of social activities. To support people to be independent risk assessments were undertaken. They assessed any risks against individual activities people were involved in. This included risks to the person and to the staff supporting them. For example, there were lists of independence risk assessments in care plans with itemised plans such as how to make a bacon sandwich, and how to wet shave and cross the road safely. 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. There was a regular review of the risk assessments. Staff had completed training in managing 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. Risk assessments were in place to manage any violent and aggressive behaviour and self-harm risk. There was a risk matrix used to score risk in these areas with advice documented on how staff were to handle the risks. Behavioural cues were documented in people's care plans such as; 'responds well to direct language particularly now'.

On the day of our inspection there were sufficient staff on duty to meet people's needs. Staff told us how staffing was

Requires improvement

Is the service safe?

managed to make sure people were kept safe. The managing director worked on the staff rotas with the registered manager. A formal tool was not used to calculate the level of staff needed. The registered manager 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 registered manager regularly worked in the service and so were able to monitor that the planned staffing level was adequate. Staff told us there were adequate numbers of 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. Care staff worked extra shifts or senior staff covered the rota when necessary. There was good continuity of senior staff who worked in the service. There had been some changes to the care staff working in the team. Staff members spoke of good team spirit. One member of staff told us, "It's busy but it works." 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. For example, an internal audit had taken place on medicines which identified some medicines miscounts when people were on social leave and had forgotten to take medication (usually vitamins). Action plans were in place to discuss this at residents and staff meetings. Advice had been taken from the pharmacist on this and weekend dispensers were set up by the pharmacist for people to take home at weekends. People who were able to were supported to manage their own medicines through a risk management process. For example care staff had been working with one person to take over the ordering of their own medicines. One of the people who managed their own medicines told us, "I manage myself well apart from ear drops where the staff help me." We noted that people had given consent for medication and care and had completed forms which identified their understanding of the medicines they were taking and the times advised for administration. 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 regular 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. Relatives and social care professionals told us that the staff were knowledgeable and kept them in touch with what was happening with 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 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. We checked whether the service was working within the principles of the MCA. 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 member of staff told us if a person refused to take their medicines, "I would have a chat with them and make them aware why they should take it, and what would happen if they did not take it." Another member of staff told us if a person refused their care or support they would they would discuss with them, "Think about the effects of the next stage. I would try to put an idea in to their head. But it's all about choice and we would have to support them with their choice."

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. There was a period of shadowing a more experienced staff member before new care staff started to undertake care on their own. 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. They told us, "I was supported, I wasn't rushed in to anything. There was time for observation and I did not feel rushed."

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. Records we looked at confirmed this. Additionally there were regular 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 told us the care staff booked GP appointments and they could attend these with staff. One person told us, "I think its good fun here. I am independent but sometimes when I have an appointment they (the staff) come with me."

People told us the food was good. One person told us, "The staff advise us on a good diet." People's nutritional needs were assessed and recorded, and people's likes and

Good

Is the service effective?

dislikes had been discussed as part of the care planning process. The records were accurately maintained to detail what people ate. Care staff spent time with people each week to plan their weekly menus and shopping list as part of their life skills development. They told us they worked with people to ensure a healthy menu was drawn up. One staff member told us, "We focus on fruit and vegetables. " Another staff member told us, "We try to work to five a day (fruit and vegetables)." 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, where people wanted to follow a weight reducing diet, staff had sought advice from a dietician and used this information with people when writing their weekly menu plan.

People had access to the 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 people to develop and learn new skills should they wish to attend this. 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 need help in the kitchen as I nearly set fire to the place once." Another person told us, 'I've been eating junk since 2005 but now I am on healthy living and weight watchers and have been sent on a food management course.'

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, "The privacy here is good, they give us choice." Another person told us, "It is confidential here they just listen if we want to talk about anything personal. I can be private and the staff check me now and then. They are well trained staff." 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.

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. Relatives were aware of the keyworker and commented that the keyworker relationship 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. A member of staff told us what the service did well, "We are very tenant centred. If they want to do a college course we will look for one. If we can make it happen we will." 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 and progress for working towards being more independent. These had been discussed with people and their family. Their progress towards meeting their goals was discussed as part of the annual review process. People had a great deal of independence. They decided where they wanted to be in the service, what they wanted to do, 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. People were in and out during the day of the inspection and were involved in a range of activities. For example, one person had gone out to do some shopping, another was playing tennis.

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 really good, we get a choice of male or female key worker. We can bring friends back here too." 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, "If people want time on their own we respect that. We always knock on the door before we go in." Another member of staff told us that for one person who had support with their personal care it had been agreed the gender of the staff member to provide this support, and this had always been followed.

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. People were encouraged to decorate their own rooms and had a choice of décor. In the main they were satisfied with their accommodation. One person told us, "I need a little more space in my room but I have brought in my own things and can choose things like the paint." Another person told us, "I like having my own double bed and choose my own furniture." Where people showed us their rooms these 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. People all had the support of their family, and had not had the need for additional support

Good

Is the service caring?

when making decisions about their care from an advocacy service. However, the registered manager had information on how to access an advocacy service should people require this service.

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. 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. 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. Care plans were comprehensive and gave detailed information on tenant's likes/dislikes/preferences and care needs. There was evidence in the care plans people had been involved in their assessment and care planning and care plans had consents signed by the person. 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 and dietician.

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. Senior staff had 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 enjoyed in the community. One person told us, "There is no way I'm going to leave here I can play tennis and football and we have sky sports. The only thing I don't like are the chores as I have to clean my own room and do my own laundry and wash up." 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.

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. 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.

People enjoyed participating in a range of leisure activities, for example attending football matches for the local team, Zumba classes and joining a local choir. One person told us," I have things in common with other tenants that I enjoy but sometimes I feel alone here and there are some interests that I don't like so I have my interests with friends outside." People told us that there were outings arranged often and we noted that there was a shopping trip to Portsmouth planned for the day following our inspection.

There was a residents committee which people could join to arrange and plan things happening in the service. Resident meetings were held regularly. This enabled people to find out what was going on in the service and share any ideas or work out any problems. We saw

Good

Is the service responsive?

evidence of meeting minutes detailing what had been discussed. This respected and involved the people who lived at Jean Marshall House to be involved in the service and gave them the opportunity to discuss for example what they would like to do. One person told us, “We’re able to tell staff things like I need a little more space in my room and the staff are supportive.” 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 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 the last inspection. 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 within the organisation 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. People told us the registered manager was very good and "couldn't be better." Relatives 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. The registered manager 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 registered manager were approachable, knew the service well and would act on any issues raised with them. One member of staff told us, "We know what's expected of us." Another member of staff told us, "She is always there if we have a problem." The organisation's mission statement was incorporated in to the recruitment and induction of any new staff. 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 regularly 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 people's care and support needs, and to discuss the people's progress towards their agreed goals. Where f quality assurance audits had highlighted areas for improvement there was an opportunity for the staff team to discuss what was needed to be done to address and improve practice in the service. 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. Staff carried out a range of internal audits, including care planning, progress in life skills towards independence, medication 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 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). The registered manager had submitted notifications to us, in a timely manner, about any events or incidents they were required by law to tell us about. They 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
	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.**