Canterbury Oast Trust

Old School House

Inspection report

Church Lane
New Romney
Kent
TN28 8ES

Tel: 01797366477
Website: www.c-o-t.org.uk

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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

Summary of findings

Overall summary

This was an unannounced inspection carried out on 28 April 2016. The previous inspection on 2 July 2014 found no breaches in legislation.

Old School House provides accommodation and personal care for up to eight people with a learning disability who may have an autism spectrum disorder. The service accommodates people whose wish is to maybe live more independently and staff work with people to achieve this aim. At the time of the inspection there were eight people living at Old School House and no vacancies. The service is a detached brick built house. It is set in a quiet lane just on the outskirts of New Romney town, but within walking distance to the high street. Each person has a single room, with two situated on the ground floor. In addition there are two bathrooms, a shower/bathroom, two separate toilets, large kitchen/diner, smaller training kitchen, lounge with doors to the garden and smaller upstairs lounge/diner. There is an enclosed garden with a paved seating area, lawn and raised beds and parking area at the back of the house. There is additional parking in the lane.

The service is run by 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.

People were not fully protected by the risks associated with their care and support. Most risks had been assessed, but not all and some guidance required further detail, in order to keep people safe.

People received their medicines safely and when they should. People were involved in the planning of their care and support. Care plans contained information about people's wishes and preferences. They detailed people's skills in relation to tasks and what support they required from staff, in order that their independence was maintained. People had regular reviews of their care and support where they were able to discuss any concerns or aspirations.

People were supported to make their own decisions and choices and these were respected by staff. Staff had received training in the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The registered manager understood this process.

People were protected by safe recruitment procedures. New staff underwent an induction programme, which included shadowing experienced staff, until staff were competent to work on their own. Staff received training relevant to their role. Staff had opportunities for regular one to one meetings and team meetings, to enable them to carry out their duties effectively. All staff had gained qualifications in health and social care or had signed up to obtain these. People had their needs met by sufficient numbers of staff. Staff rotas were

based on people's needs, health appointments and activities.

People were relaxed in staff's company and staff listened and acted on what they said. People were treated with dignity and respect and their privacy was respected. Staff were kind and caring in their approach and often used banter and good humour. The staff team was small and had built up relationships with people and were familiar with their life stories and preferences.

People had a varied and healthy diet and were involved in planning the menus, shopping, preparation and cooking of their meals. Some people cooked their own meals at times. People were involved or responsible for household tasks and some accessed the local community independently. People had a varied programme of interactive and leisure activities that they had chosen and regularly accessed the community.

People were supported to maintain good health and attend appointments and check-ups. Appropriate referrals were made to health professionals when required. People did not have any concerns, but felt comfortable in raising issues. Their feedback was gained both informally and formally. Audits and checks were undertaken to ensure the service was effective. The registered manager had an open door policy and they took action to address any concerns or issues straightaway to help ensure the service ran smoothly.

We found one 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 end of this report.

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 always safe.

Not all risks associated with people's care and support had been identified and some guidance required further detail to keep people safe.

People were protected by robust recruitment processes and there were sufficient numbers of staff on duty to meet people's support needs.

People received their medicines safely and at the right times.

Is the service effective?

Good

The service was effective.

People were in good health and attended appointments and check-ups regularly. Appropriate referrals were made to health professionals when required.

People were encouraged to make their own choices and decisions. People did not have their rights restricted and no one was subject to Deprivation of Liberty Safeguard.

People had access to adequate food and drink. People were involved in planning, shopping, preparation and cooking their meals as part of developing their independence.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect and staff adopted an inclusive and caring approach, often using good humour.

Staff encouraged and supported people to develop their independence.

Staff took the time to listen and interact with people so that they received the care and support they needed. People were relaxed in the company of the staff and communicated happily.

Is the service responsive?

Good

The service was responsive.

People had a varied programme of activities, which they had chosen and enjoyed. People were not socially isolated and regularly accessed the community, some independently.

People received personalised support and their care plans reflected their preferred routines and skills in order to maintain their independence.

The service sought feedback from people, relatives and their care managers, which had been positive. People did not have any concerns, but felt comfortable in speaking to staff if they did.

Is the service well-led?

Good

The service was well-led.

There was an open and positive culture within the service, which focussed on people. Staff were aware of the provider's vision and values and these were followed through into their practice.

There were audits and systems in place to monitor the quality of care people received.

The registered manager adopted an open door policy and people took advantage of this as and when they needed to. Issues were resolved as they occurred and the service ran smoothly.

Old School 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 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 inspection took place on 28 April 2016 and was unannounced. The inspection was carried out by one inspector.

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. Prior to the inspection we reviewed this information, and we looked at any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

During the inspection we spoke with four people living at the service, a relative, the registered manager and four members of staff.

We observed staff carrying out their duties, communicating and interacting with people. We reviewed people's records and a variety of documents. These included four people's care plans, risk assessments, medicine administration records, the staff recruitment, training and supervision records, and incident reports, staff rotas and quality assurance surveys and audits.

Following the inspection we contacted five health and social care professionals who had had recent contact with the service and at the time of writing this report had received feedback from one social care professional.

Requires Improvement

Is the service safe?

Our findings

People were not fully protected against the risks associated with their care and support. Most risks had been assessed, but there were not always clear written procedures in place to keep people safe. For example, risks associated with promoting people's independence, such as using the iron or having a bath or shower independently. One person was at risk of choking and although there was guidance in place about preparing their food and staff presence whilst they were eating, there was no guidance about what staff should do if the person started to choke. Where people had behaviours that challenged, in most cases guidance was in place to help staff manage these safely, but records showed that one person had displayed behaviour and there was no guidance in place about how staff should manage this safely and consistently. Other risk assessments were in place. For example, to enable people to safely access the local community independently, attending the gym, road safety and undertaking archery.

The provider had failed to do all that was reasonably possible to mitigate risks to people's health and safety. This is a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they received their medicines when they should and felt staff handled their medicines safely. A relative felt medicines were handled safely. In a recent quality assurance surveys three professionals indicated that medicines were appropriately managed within the service.

There was a clear medicines management policy in place. Staff had received training in medicine administration and had their competency checked with observations of their practice. Medicines were ordered and checked when they were delivered to ensure sufficient quantities had been received. Medicine Administration Records (MAR) charts showed people received their medicines when they should. Medicines were stored securely and temperature checks were carried out to ensure their quality.

A stock of medicines purchased at the chemist was held and the doctor had authorised that these could be given with people's existing prescribed medicines. For example, paracetamol for pain relief. There was guidance in place to ensure medicines prescribed 'as required' were administered safely.

There was an auditing system for when people took their medicines in and out of the service, such as when they visited family. There was a system in place to make sure medicines were returned to the pharmacist when they were no longer required.

People told us they felt safe "all the time" and would speak with a staff member if they were unhappy. A relative also confirmed that they felt their family member was "definitely" safe at Old School House. During the inspection the atmosphere was happy, at times lively although people were relaxed. Staff were patient and people were able to make their needs known. Staff had received training in safeguarding adults; they were able to describe different types of abuse and knew the procedures in place to report any suspicions or allegations. There was a safeguarding policy in place as well as easy to understand information for people. The registered manager was familiar with the process to follow if any abuse was suspected in the service; and knew the local authority's safeguarding protocols and how to contact the local authority's safeguarding

team. This was evident as following an incident between two people a referral to safeguarding had been made, investigated and recommendations actioned to reduce the risk of any further incidents.

People were protected by recruitment procedures. We looked at two recruitment files of staff that had been recruited since the last inspection. Recruitment records included the required pre-employment checks to make sure staff were suitable and of good character.

People had their needs met by sufficient numbers of staff. People felt there were enough numbers of staff on duty. During the inspection staff responded when people approached them and were not rushed in their responses when responding to their needs. There was a staffing rota, which was based around people's needs, health appointments and activities. In addition to the registered manager there were a minimum of two staff on duty 7.30am to 10.30pm and two members of staff also slept on the premises at night. Two people had additional one to one hours funded and these were over and above the minimum staffing. The registered manager kept staffing levels under review. There was an on-call system covered by management. The service used existing staff and the provider's bank staff to fill any gaps in the rota. At the time of the inspection there was one vacancy, which had recently been advertised.

People and a relative told us the equipment and the premises were well maintained and always in good working order. The provider had purchased the building since the last inspection and repairs and maintenance were now dealt with by their estates department and staff told us when there was a problem things were fixed quickly, such as one tumble dryer that had not been drying properly. There had been some refurbishment since the provider had purchased the building resulting in a homely environment for people to live. Two bedrooms had been redecorated, both kitchens and a bathroom had been refurbished, new carpet had been laid in the lounge, hallway, stairs and landing and a new suite and chairs purchased for the lounge.

People's needs were such that they did not require much equipment. There were grab rails appropriately fitted around the service. There were records to show the equipment and premises received regular checks and servicing to ensure it was safe and remained in good order.

Good

Is the service effective?

Our findings

People told us they were "Happy" and "Liked" living at Old School House. A relative was very satisfied with the care and support their family member received. They told us, "Yes it's lovely, I couldn't wish for more for them". One person was so pleased to be living here they proudly told us this was their home now, not their family home. In recent quality assurance surveys people, relatives and social care professionals were satisfied with the services provided. Social care professionals felt staff demonstrated a clear understanding of the care needs of people they supported. A relative commented when asked about the quality and level of support "very good, no issues".

Since the last inspection people had moved out and other people had moved in to the service. This had changed the dynamics of the house and the atmosphere on the day of the inspection was busy and very lively with people relaxed and engaged, followed by periods of quiet when people went out at activities or the local community. People smiled, reacted and chatted to staff positively throughout the inspection, often with banter and good humour. Staff were heard offering choices to people throughout the day. For example, what they wanted to eat, whether they wanted to go out and what they wanted to do.

Care plans were put together using some pictures and photographs. Some people had signed their care plans, stating 'All the pages of my personal care profile have been read to me. I agree with all the information that is in my care profile at this time'. Care plans contained clear information about how a person communicated and this was reflected during the inspection. Staff were patient and responded to people's verbal communication. One person used flash cards and their communication was clearer over the telephone, so staff often used the intercom to aid this. Pictures and photographs were used to enable people's communication, such as the staff rota board and a new electronic photo frame had been purchased to show 'today's menu'.

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 Mental Capacity Act 2005. The application procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The registered manager was aware of their responsibilities regarding DoLS and no one living at the service was restricted.

Some people had signed their care plans and people's consent was gained by themselves and staff talking through their care and support or by staff offering choices. Staff had received training and understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The registered manager talked about a best interest meeting that had been held to decide on whether a person should have an operation to improve their health. The person, their family and health and social care professionals had all contributed to the decision making.

Staff understood their roles and responsibilities. Staff had completed an induction programme, this included shadowing experienced staff, completing a workbook and attending training courses. The Care Certificate had been introduced and new staff had completed this training. The Care Certificate was introduced in April 2015 by Skills for Care. These are an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life. Staff felt the training they received was "good" and "brilliant" and enabled them to meet people's needs. There was a rolling programme of training in place so that staff could receive updates to their training and knowledge. Staff training included emergency first aid, infection control, health and safety, moving and handling, Autism, epilepsy awareness, medicine administration and epilepsy emergency medicine administration and conflict resolution.

Seven out of eight staff had a Diploma in Health and Social Care (formerly National Vocational Qualification (NVQ)) level 2 or above. Diplomas are work based awards that are achieved through assessment and training. To achieve a Diploma, candidates must prove that they have the ability (competence) to carry out their job to the required standard. One new member of staff told us they had recently signed up to undertake an apprenticeship in Health and Social Care.

Staff had one to one meetings with the registered manager where their learning and development was discussed. Records showed staff had received regular one to one meetings. Team meetings were held where staff discussed people's current needs, good practice guidance and policies and procedures. Staff said they felt really well supported.

People had access to adequate food and drink. People told us they liked and were happy with the food. There was a four week rotating varied and healthy menu, which incorporated people's favourite meals. Alternatives were readily available if people did not fancy what was on the menu, which was what happened on the day of the inspection. This week's menu was displayed in the dining room and it was hoped the new system for using photographs would soon be in place. The main meal was served in the evening and lunchtime was a light meal or sandwiches. One person who had moved in had a very limited diet and staff were working with them each week to look at the weeks menu, so the person could choose what they liked, what they did not like, what they would try and alternatives they would have, to try and encourage a more varied and healthy diet. Some people prepared their own breakfast and lunch or packed lunch and people helped with the evening meal. One person shopped, prepared and cooked their own meal twice a time a week using the training (separate) kitchen. A dietician had been involved in assessing one person and their advice and guidance was followed through into the care plan and practice.

People's health care needs were met. Records showed people had access to appointments and check-ups with dentists, doctors, chiropodist and opticians. People who had moved in had registered with a GP and had a new patient assessment. During the inspection one person went for a check-up appointment at the dentist and the feedback was that the dentist was 'impressed' by the person's improved cleaning regime. Appropriate referrals had been made to health professionals. For example, one person had recently been assessed by a physiotherapist. Following this they had developed an exercise programme for them, which with the person's consent had been filmed, as a visual aid for staff and to encourage the person with the exercises. Records showed that the physiotherapist was already seeing the benefits for the person of regular exercises. People's health needs were monitored. Any health appointments were detailed clearly including outcomes and any recommendations, to ensure all staff were up to date with people's current health needs. Social care professionals felt that staff incorporated any advice into people's care plans.

Good

Is the service caring?

Our findings

People told us staff listened to them and acted on what they said and this was evident from our observations during the inspection. People said they liked the staff and they were all kind and caring. One person told us the best thing about living here was "My room and doing what I want". A relative and social care professional was complimentary about the staff. The relative told us, "They (the staff) give me confidence". In a recent quality assurance survey a relative had commented "the staff at Old School House are excellent and no praise could be too high for them. (Family member) is fortunate to be looked after by such caring people".

During the inspection staff took the time to listen and interact with people so that they received the support they needed. People were relaxed in the company of the staff, smiling and communicated happily. Since the last inspection with people moving in and out, the dynamics of the house had changed, there were more interactions between people and people talked about how they spent time with their friends in the house, such as playing their drums and listening to music.

The staff team was small, enabling staff to be able to develop relationships with people and aid continuity and a consistent approach by staff to support people. Throughout the inspection staff talked about and treated people in a respectful manner.

Staff were knowledgeable about people, their support needs, individual preferences and personal histories. This meant they could discuss things with them that they were interested in, and ensure that support was individual for each person. Staff were able to spend time with people.

People and a relative told us that people's privacy and dignity was always respected. A relative confirmed that staff always knocked and waited before entering people's bedrooms. Social care professionals said people were treated with dignity and respect. Seven people had chosen to have a key to their own room and the front door. Care records were individually kept for each person to ensure confidentiality and held securely.

People were involved in discussions and review meetings to plan their care and support and made choices about their care and support. Staff encouraged everyone to make their own choices and facilitated this by offering a choice verbally or visually. For example, two different items.

People confirmed that they were able to get up and go to bed as they wished and have a bath or shower when they wanted. Care plans detailed the times people liked to get up and go to bed and whether they preferred a bath or a shower. Daily reports made by staff reflected these preferences were respected. People were able to choose where and how they spent their time. People accessed the house as they chose and were involved in household chores. People were able to spend time in the either of the two lounges, kitchen/diner or the garden in good weather and their own room. Bedrooms were individual and reflected people's hobbies and interests. We heard during the inspection one person had a drum kit, which they played each day. Some of the people chose to spend time together in their rooms and one had recently

invite two others, where they had been the "DJ and put on a show for them". During handover staff discussed other people chose to spend time alone in their rooms and this was respected.

People's care plans contained some information about their life histories and about their preferences, likes and dislikes. They also contained information about the person's family and the contact arrangements. Care plans contained a list of family members and friends that people wanted to buy a birthday card or present for and this was supported by staff where needed. One person told us how they had brought a present for a recent addition to their family, which was wrapped up ready to take on their next visit. People's family and friends were able to visit at any time although people enjoyed busy lives so visiting was generally geared around this. At Christmas a party had been held and people invited their families. Thank you cards to the staff showed how much people had enjoyed this event. A relative confirmed they were always made to feel welcome by staff that were able to discuss their family member's care and support with them. There was a touch screen computer and some people had their own mobile phones, which they used to stay in touch with family and friends. People were also supported to visit their families.

People's independence was encouraged and developed. People had a house day where they cleaned their room, did their laundry and other household chores sometimes independently, sometimes with encouragement and others with support. During the inspection people talked about hoovering, cleaning and doing their laundry. Records, discussions and observations showed that people also helped with putting the shopping away, preparing and cooking meals and snacks and other household chores, such as laying and clearing tables and loading the dishwasher. Since the last inspection one person had moved out into independent living accommodation. They visited during the inspection and told us how happy they were there. Staff continued to work with other people to develop their independence with the same aim. Two people had been supported previously and could travel independently within the local community. One person planned, shopped, prepared and cooked their own meal with minimal support from staff twice a week. Staff had introduced people to local people working in the nearby shops that they visited regularly to aid their independence and safety. One person was then able to go out independently to shop, with a list as a backup if needed, to aid their communication. Staff had identified that one person who found it difficult to communicate face to face was much better over the telephone when speaking to their family. They introduced using the telephone intercom in their room to facilitate their communication within the house and two way radios were used when they attended some activities, which had all been very successful. We saw they used flash cards and verbal communication when speaking face to face. A social care professional felt people's independence was encouraged and told us how one person 'had really grown since being there'.

Staff told us at the time of the inspection that people who needed support to make decisions were supported by their families or their care manager, and no one had needed to access any advocacy services. Information about advocates, self-advocacy groups and how to contact an advocate was displayed within the service, should people need it.

Good

Is the service responsive?

Our findings

People were happy with the care and support they received. People knew about their care plans and had regular review meetings to discuss or express their aspirations and any concerns. A relative told us they were also happy with the care and support their family member received.

Two people had moved into the service since the last inspection. Their admissions had included staff carrying out pre-admission assessments during visits people had made to Old School House. One person had transferred from another service owned by the same provider and their care folders containing all their information had transferred with them. The other person had moved from their family home and very detailed information had been obtained from family member's and a carer involved in their support. Information was also obtained from the funding authority. People were able to 'test drive' the service by spending time, such as for meals or an overnight stay getting to know people and staff. The care plan was then developed or reviewed from these assessments, discussions and observations. One person was typing up their own care plan with the support of staff.

Care plans contained information about people's wishes and preferences. People had been involved in developing their care plan. Some pictures and photographs had been used to make them more meaningful. Care plans contained details of people's preferred routines, such as a step by step guide to supporting the person with their personal care, such as their bath or shower in a personalised way. This included what they could do for themselves and what support they required from staff, some people were independent in some tasks and others could be supported with as little as verbal prompts.

Health action plans were also in place detailing people's health care needs and involvement of any health care professionals. Care plans gave staff an in-depth understanding of the person and staff used this knowledge when supporting people. Care plans reflected the care provided to people during the inspection. Staff handovers and team meetings were used to update staff regularly on people's changing needs.

People were involved in six monthly review meetings to discuss their care and support. This included the person, their family and staff. Once a year the person's care manager was invited to attend. For those who had recently moved in a review was held after three months. In recent quality assurance surveys relatives indicated that the review process was good and one relative commented it was "always informative, nice to hear all the good news and a chat about the further progress".

People had a programme of varied activities in place, which they had chosen. Some people who had moved in had chosen to continue with activities they had done previously and this was respected. People attended various interactive sessions run by the provider included literacy, computers, art and craft, working in the restaurant, music, gym and horticulture. Some people also attended activities in the community, such as art and craft, exercise, woodwork, a community garden project, disco, archery and computers. One person met their friend at a local church community group that met each week. Four people and staff had cycles that they used in the good weather. People had time to relax at home, listening to music, play their drums and watching television or DVD's. There was a touch screen computer, which people used. Recent outings had

included bowling, cinema, local pub, a show by a theatre group and Leeds castle. People had passes for the Hythe, New Romney and Dymchurch railway and Port Lympne and Howletts Zoo.

People told us they would speak to a staff member or the registered manager if they were unhappy. They felt staff would sort out any problems they had. There had been no complaints received by the service since the last inspection. There was a clear complaints procedure in place. During the inspection people came freely to the office and spoke with the registered manager or staff as they wanted. The registered manager told us that any concerns or complaints would be taken seriously and used to learn and improve the service. A relative told us they did not have any concerns and felt comfortable in raising anything that might arise.

People participated in a monthly residents meeting where they had the opportunity to voice their opinions about their care and support and any concerns they may have had. People were asked at each meeting about any concerns or changes they wish to make.

People had opportunities to provide feedback about the service provided. People had review meetings where they and their families could give feedback about the care and the service provided. People, their relatives and care managers were also encouraged to complete a quality assurance questionnaire following the review. We saw that surveys returned had had positive responses. However one relative had made a negative comment and this had been followed up with them by the registered manager and resolved.

Good

Is the service well-led?

Our findings

The registered manager worked Monday to Friday and was supported by an assistant manager. During the inspection it was evident they were a 'hands on' registered manager, helping to organise the shift and covering when people's activities or schedules required it. People knew the registered manager and felt they were approachable. There was an open and positive culture within the service, which focussed on people. In recent quality assurance surveys people and relatives said it was easy to see the registered manager and assistant manager to discuss any problems and they were quick to respond if needed. A relative told us the registered manager was always accessible either by telephone or in person.

In recent quality assurance surveys social care professionals had indicated that the service communicated clearly and worked in partnership with them and they were satisfied with the overall care provided to the people supported within the service. One social care professional told us they felt the service was well-led. They commented "They are very supportive and always looking for ways to improve, I would recommend the service".

A relative felt the service was well-led. People and a relative spoke highly of the registered manager. A relative said they felt comfortable in approaching and speaking with them.

Staff felt the registered manager motivated them and the staff team. Within the service the provider displayed their vision, mission and values. Staff told us that the chief executive and senior management held a communication meeting twice a year that all staff could attend. The vision, mission and values were always on the agenda and discussed. Staff told us that these included promoting people's independence and enabling people to have a good quality of day to day life, to be treated with dignity and respect and to do as much for themselves as they can.

Staff said they understood their role and responsibilities and felt they were really well supported. They had team meetings, supervisions and handovers where they could raise any concerns and were kept informed about the service, people's changing needs and any risks or concerns.

Audits were carried out to monitor the quality of the service and to identify how the service could be improved. This included regular checks on the medicines systems, infection control procedures and practices and health and safety checks. In addition the supplying pharmacist undertook an annual audit and any recommendations had been addressed. The Environmental Health Officer had visited in November 2014 and the service had a 5 star rating (the highest).

Trustees and senior managers visited the service to check on the quality of care provided. Staff told us that these visitors were approachable and made time to speak with people and themselves and listen to what they had to say. The registered manager attended regular managers meetings, which were used to monitor the service, keep managers up to date with changing guidance and legislation and drive improvements.

Three local authorities had recently undertaken quality assurance visits to the service and the service had

been placed on their preferred providers list or the accredited quality assurance schemes.

People, their relatives and social workers all completed quality assurance questionnaires to give feedback about the services provided. Responses had all been positive although one negative comment had been made, which had been addressed by the registered manager.

The provider organised service user panel meetings where the business and future of the trust was discussed. Each service including Old School House could have a representative on the panel, which was a person that used the service. People had the opportunity in the meeting to shape things that were happening within the trust. For example, discuss what changes they felt were needed or any new activities they wanted. People could access the provider's website to see what had been discussed. The atmosphere within the service on the day of our inspection was open and inclusive. Staff worked according to people's routines.

During 2014 the provider set up a group for siblings of people living within their services for support and to share experiences, learn from each other and build a network for membership. The group met twice a year.

The provider produced a regular newsletter and 'in-touch' magazine to keep people and staff informed about news and events that were happening within the trust. This was produced bimonthly in paper copy and online for more effective communication.

Staff had access to policies and procedures within the office. These were reviewed and kept up to date by the provider's policy group. Records were stored securely and there were minutes of meetings held so that staff and people would be aware of up to date issues within the service.

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 The provider had failed to do all that was reasonably possible to mitigate risks to people's health and safety. Regulation 12(2)(b)