Outreach 3-Way

Queens Lodge

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on 10 and 11 March 2015 and was unannounced.

The provider's registration covers short breaks and respite services supplied by Queen's Lodge and for permanent accommodation for people at Southview. The buildings that comprise these services are adjacent to each other. Entry to both services is through the main building at Queen's Lodge.

Queen's Lodge caters for people from the age of 18 years to retirement age. They have a range of needs, some more complex than others: learning disability, physical disability and autism. The majority of younger people live permanently at home with their family carers and stay at Queens Lodge for short breaks or respite care. Queen's Lodge is registered to provide accommodation and personal care for up to ten people; two of these places are kept as emergency beds. People may spend between 14 and 150 nights a year staying at Queen's Lodge, depending on their assessed needs. Occupancy levels at the service vary on a day to day basis, contingent on how many people have booked in for their short stay. Queen's Lodge is a stepping stone service, as some people may then go on to move into more independent living when they leave their families, whilst others may need permanent accommodation in a residential care setting.

Summary of findings

Southview provides long term accommodation for people aged over the age of 50 years, all of whom have a learning disability. It is registered for ten people and at the time of our inspection, there were nine people living at the service.

Information relating to both services is included within this inspection report. Where specific detail relates solely to Queen's Lodge or to Southview, sub-headings have been used to provide clarity for the reader.

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.

People felt safe living at the service and their risks were assessed and managed safely by staff. Staff knew how to recognise potential signs of abuse and what action to take if they suspected abuse was occurring. They had been appropriately trained. The service followed safe recruitment practices and new staff had all necessary checks undertaken to make sure they were safe to work with adults at risk. Staffing levels were sufficient to meet people's needs and were flexible across the services provided at Queen's Lodge and Southview. People's medicines were managed safely. People on a short break brought their medicines with them which were then managed by staff, whilst people at Southview had their medicines ordered, managed and administered by staff. All staff were trained in the administration of medicines.

People could choose what they wanted to eat and there was a wide variety of food available to meet people's cultural needs. People helped to plan the menus on a weekly basis and menus used photos of food to make them easily accessible. People had access to a range of healthcare professionals. Each service had been adapted to cater for people's needs. Consent to care and capacity to make decisions was sought in line with the requirements of the Mental Capacity Act (MCA) 2005 and associated legislation. No-one was subject to Deprivation of Liberty Safeguards (DoLS) and people could leave either service freely, although the majority of people required staff to support them and keep them safe. Staff underwent an induction programme and all essential training. They received regular supervisions and annual appraisals from their managers.

People were looked after by kind and caring staff in a warm, friendly environment. Staff would go into work even on their days off and were genuinely concerned for people's welfare. The service had received an 'Inspiring People Award' from the service provider because they demonstrated the provider's values and put these into practice. They had organised an event at which people planned their dreams and wishes for the future. People were involved in expressing their views and were treated with dignity and respect. They were encouraged to be independent and to follow hobbies that they enjoyed.

Before people embarked on a short break or respite stay at Queen's Lodge, they were invited to stay for tea on two occasions, and then stay overnight. Assessments were undertaken for each person prior to their stay at Queen's Lodge. Care plans provided detailed information for staff about the person and how they wished to be cared for; these were person-centred. Outings were organised in the community for people living at Southview and they could also go shopping, visit the pub or have holidays. A complaints procedure was in place that was in an easy read format. There had been no complaints received within the last year.

People were asked for their views at Queen's Lodge and at Southview. At Queen's Lodge, families were asked for their feedback at the end of each short break. At Southview, residents' meetings were organised to enable people to share their views. The provider had a family charter in place which encouraged people and their families to be involved in all aspects of the service. There were robust quality assurance systems in place that enabled the provider to audit all aspects of the care provided at the service. These helped to identify areas which might require improvement. The registered manager worked collaboratively with health and social care professionals, the local authority and with local special schools.

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?
The service was safe.

People were protected against the risk of abuse because staff were appropriately trained and knew what action to take. Risks were managed safely.

The service recruited staff in line with safe practice and staffing levels were sufficient to meet people's needs and keep them safe.

Medicines were ordered, stored, managed, administered and disposed of safely.

Good

Is the service effective?
The service was effective.

People could choose what they wanted to eat and were supported to maintain a balanced diet.

The service followed the requirements of the Mental Capacity Act (MCA) 2005 and associated legislation under the Deprivation of Liberty Safeguards (DoLS). Best interest meetings were held when needed.

Staff were trained in all essential areas and received regular supervisions and annual appraisals.

People were supported to maintain good health care and had access to a range of healthcare professionals.

Good

Is the service caring?
The service was extremely caring.

People were supported by warm, friendly and caring staff. The service had received an 'Inspiring People Award' from the provider because they made a real difference to people's lives.

People were treated with dignity and respect and were involved with all aspects of their care. They were encouraged to be as independent as possible and to follow hobbies of their choice.

Outstanding

Is the service responsive?
The service was responsive.

People received care that was responsive to their needs, whether they were on a short break or living permanently at the service.

Care records were person-centred and provided detailed information about people's life histories and their care needs.

The service had a complaints procedure in an easy read format. There had been no complaints received in the last year.

Good

Summary of findings

Is the service well-led?

Good

The service was well-led.

People and their families were involved in all aspects of the service, if they wished to be.

Residents' meetings took place and people were asked for their views.

There were robust systems in place to measure the quality of the care provided and processes to drive improvement.

The service was highly thought of by families and social workers for the emergency respite care it provided.

Queens Lodge

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.

The inspection took place on 10 and 11 March and was unannounced.

An inspector and an expert by experience with a learning disability, with their supporter, undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 any improvements they plan to make. We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

We observed care and spoke with people and staff. We spent time looking at records including five care records, three staff files, medication administration record (MAR) sheets, staff training plans, complaints and other records relating to the management of the service. We contacted local health and social care professionals who have involvement with the service, to ask for their views.

On the day of our inspection, we spoke with three people using the services. We also spoke with the registered manager and three support workers.

This service was last inspected in October 2013 and there were no concerns.

Good

Is the service safe?

Our findings

People told us that they felt safe. Staff knew what to do if they suspected abuse was taking place. They were able to name the different types of abuse and who they would contact. One member of staff said she would report any suspected abuse to her line manager and she felt confident that this would be followed up. She added that she could also contact the police or CQC if she felt this was necessary. Staff had been trained in safeguarding adults at risk and this training was refreshed annually. The registered manager told us that she worked closely with the local authority safeguarding team and would make referrals as necessary.

Risks were managed safely so that people were protected and their freedom supported and respected. Care records included comprehensive risk assessments for people in a range of areas such as mobility, finances, nutrition, falls and bed rails. One care record showed the risk for a person who had communication difficulties. It stated, '[Name of person] unable to communicate verbally. This can sometimes lead to distress and head banging'. It went on to provide staff with information about how this person's behaviour should be managed safely, both face to face and environmental risks. Risk assessments were reviewed annually, or sooner if required, and records confirmed this. Accidents and incidents were reported by staff and recorded in written format then electronically. Risk assessments were reviewed and care plans updated if a person had sustained an accident or been involved in an incident. Personal emergency evacuation plans (PEEPs) were in place and described the support that people required in the event of an emergency, such as fire.

The service followed safe recruitment practices. New staff could not start work until all necessary checks had been made. They were subject to a Disclosure and Barring Service (DBS) check to ensure they were safe to work with adults at risk. Two references were also obtained beforehand. The registered manager told us that recruitment days were held monthly and people who were interested in working at the service could complete an application form. She said that three new relief workers had just been recruited and said that potential new staff, "Come and look around the service with me".

Staffing levels were sufficient to keep people safe and meet their needs. The service assessed staffing levels based on people's needs and the support they required. Agency staff, when used, were from the provider's list of approved staff, so had already been assessed for their suitability to work with people at the service.

Queen's Lodge

Except during school holidays or Bank Holidays, there were no people present at the service during the day between the hours of 9 am and 3 pm. Only housekeeping, maintenance and administrative staff were sometimes on duty during these hours. When people returned from school, college or a day centre, then staff came on duty to support them. Staffing levels were variable on a day-to-day basis, according to the number of people on respite or short breaks and their levels of need. For example, some people who were staying on a short break needed 1:1 support because of their complex personal care needs. Staff worked across the provider's other locations on site, from Southview and from Clayton House. The registered manager told us, "Staff are very flexible and can cover for others. Many are part-time and then work flexibly to make up hours". There was a pool of relief staff, who could step in, if required at short notice.

Southview

There was always a minimum of three care staff on duty during the day and two care staff at night, one waking, one sleeping. When people went out during the day, for example, to go shopping or attend a healthcare appointment, then they were accompanied by a member of care staff. There was a degree of flexibility in that staff could work across either location, as needed.

People's medicines were managed so that they received them safely. All care staff were trained to administer medicines. The registered manager observed the administration of medicines by new staff ensuring they were competent in this before they were allowed to work independently. Spot checks were then undertaken and training was refreshed annually. One member of staff had key responsibility for the ordering and disposal of medicines and told us how she organised this. Records showed that medicines had been managed safely and Medicine Administration Record (MAR) charts had been completed appropriately. The provider had a medication policy in place and medicines audits and checks were undertaken weekly. Medicines were stored in lockable, secure cabinets. Controlled drugs were not in use.

Good

Is the service safe?

Queen's Lodge

When people came to Queen's Lodge for a short break, they only brought sufficient stocks of medicines to last them for their stay. These medicines were brought with them; some were in blister packs and some were in clearly labelled containers provided by the person's GP or pharmacy. The responsibility for ordering and disposing of medicines lay with people's families and not the service. Medicines were stored in a secure room dedicated for the purpose.

Southview

People's medicines were stored in blister packs and locked in secure cabinets in line with legal requirements. MAR charts showed a picture of the person so that staff could easily identify which person had been prescribed which medicines. Staff specimen signatures were in place which matched against the MAR charts. Where people struggled to swallow tablets, then their medicine had been prescribed in liquid form. No-one was given medicines covertly. One person told us, "I don't take medication. I just have cream that I use on my eyes" as no medicine had needed to be prescribed for her. The eye cream was a beauty product that she chose to use herself. Medicines to be taken as needed (PRN) were all prescribed and used as directed.

Good

Is the service effective?

Our findings

People were supported to eat, drink and maintain a balanced diet. There were different arrangements in place for people living at Queen's Lodge and Southview because people were either on short breaks or were permanent residents.

Queen's Lodge

People had their main meal in the evening and menu choices were very adaptable to allow for people's food preferences and the fact that they would usually only be staying there for a limited time. Some people had food specially prepared to meet their religious or cultural preferences. For example, meat was ordered from a Halal butcher which was prepared in line with Islamic law as defined in the Koran. Risk assessments were in place for people with complex needs and who required full support to eat from care staff. One care record stated, 'Full support needed, food cut into small pieces, vegetarian sandwiches, bananas and yogurts. Enjoys juice and warm milk from a beaker'. This gave very specific guidance about the person's preferences and how to support them to eat.

Southview

People helped to plan the menu and daily menus were posted on a noticeboard in the dining area. The menu for the day was depicted using photos of food. For example, on the day of our inspection, the lunch was bacon, eggs, hash browns and baked beans. Lunch was the main meal of the day with a lighter suppertime choice. Breakfast consisted of cereals, toast and fruit with a choice of hot or cold drinks. People also had the option of an alcoholic beverage later in the day. Special diets were catered for and some people were at risk of choking, so had been assessed by a speech and language therapist. A care plan for one person showed that the advice had been followed and a fork mashable diet had been implemented. One person told us, "I can choose what I want for my meals" and "I enjoy the food here that I choose to have". Another person said, "I enjoy going to Tesco to do some shopping. I ask staff if they can help with with my breakfast as I sometimes get confused". Most of the food shopping was done on-line and pictures from the retailer's website could be printed off, so that people could choose what they wanted to eat. No-one was able to cook a full meal independently, but they liked to help with the food preparation, supported by care staff.

Consent to care and treatment was in line with legislation and guidance. All staff had been trained on the requirements of the Mental Capacity Act (MCA) 2005 and put this into practice. People were supported to make day to day decisions. One person told us, "Staff do give me choices". People's capacity had been assessed and care records confirmed this. No-one at either Queen's Lodge or Southview had their freedom restricted under the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these had been authorised by the local authority as being required to protect the person from harm. The registered manager had received advice from the local authority DoLS lead. Best interest meetings were held where needed. This is where the person, their relatives, staff and professionals would get together to make a decision on the person's behalf. For example, one best interest meeting had been held to decide whether someone should have a wheelchair, what the benefits would be and what they would like. Best interest meetings were decision specific.

Queen's Lodge

A finger scanner was in use by the front door. The registered manager told us, "If people want to go out, they have a finger scan and they can go out. If people want to go out and aren't safe, then support staff would need to be organised". One-to-one support from staff could be arranged for people if they wanted to go out in order to ensure their safety.

Southview

There were no restrictions for people and the door was unlocked. The registered manager told us that often people would open the door to welcome visitors and were safe to do this, as the main entrance was via Queen's Lodge.

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. New staff underwent an induction programme and, on their first day, would be taken on a tour of the premises to observe and check the environment. New staff were given access to the provider's e-learning through a portal account. Staff received essential training in a range of areas such as fire safety, equality and diversity, health and safety, learning disability awareness and safeguarding adults at risk. New staff were required to complete Skills for Care Common Induction

Good

Is the service effective?

Standards which are the standards people working in adult social care should meet before they can safely work unsupervised. These had to be completed within 12 weeks of starting work at the service.

Staff then went on to study for a Level 2 or Level 3 qualification in health and social care. Service specific training was arranged where needed. The registered manager told us that the community nurse would visit to update care staff, for example, one person took insulin and staff were trained in how to support this person in the management of his diabetes. Each staff member had a training record which recorded electronically what training had been completed and training that needed to be refreshed. The registered manager could see at a glance which staff were compliant in their training. A red cross demonstrated imminent non-compliance and that training was due soon and a green tick indicated that the staff member's training was current.

Staff received supervisions at least every three months with an annual performance appraisal. Staff were rated and colour codes applied – red being the lowest rating, through orange, green to blue which was 'exceeds expectations'. Staff could not be rated higher than orange if, for example, their training was not up to date. The registered manager had her own performance coach to help and support her with training on care plans, risk assessments and capacity assessments. One member of staff said, "The staff are really, really good; we have a good staff team and manager. I love people and they have a really good quality of life. It's not just a job".

People were supported to maintain good health, had access to healthcare services and received ongoing healthcare support. Every Wednesday, a GP could visit the service to provide a home visit for people if they were unable to travel to the surgery. There were health assessments in people's care plans. These contained information about people including the medicines they had been prescribed, their height, weight and their lifestyle, for example, whether they smoked or drank alcohol. Details of medical visits were recorded, for example, a visit by a community nurse to take blood and administer a 'flu jab for one person. People had access to a range of healthcare professionals such as dietician, speech and language therapist, dentist and optician. One GP provided feedback and said, "I have personally never had any concerns about the care of the residents and staff seem well informed about the residents' medical conditions, next of kin and capacity, especially the managers". People had care passports which provided information about their health needs in a person-centred way. The registered manager stated that they would be signed up to the Health Charter for Social Care Providers. This charter is designed to support social care providers, working in partnership with their health colleagues, to tackle some of the health inequalities that people with learning disabilities experience.

People's individual needs were met by the adaptation, design and decoration of the service.

Queen's Lodge

Since the service catered for a large number of people, all with varying levels of need, it needed to be flexible and adaptable. There were two bedrooms on the ground floor, each with an ensuite bathroom or wet room. Equipment within bathrooms could be easily adapted to meet the individual needs of the person staying for a short break. People using these bedrooms had high support needs and limited mobility and required access to hoisting equipment, which was in place. Beds and furniture could be moved around and items such as special floor padding arranged, to prevent people at risk of self-harm. One person's care record showed the arrangement of furniture and matting that needed to be in place prior to their coming to the service for a short break. This ensured a safe environment was in place at the start of each visit and prompted staff on the physical arrangements that were needed. Generally, rooms were not personalised because people did not stay long enough. When one person had finished their short break, then the room was made available for the next person. People did, however, bring personal items with them such as photos or ornaments, to remind them of home.

There was a sitting room, kitchen and dining area and a much larger room which could be used for bigger events, such as discos or parties. The service recently held an Indian themed night and people, if they wished, dressed up in Indian style clothing. The evening meal comprised Indian dishes such as curries and rice.

Southview

People's rooms were decorated and furnished in line with their personal preferences. There were communal areas such as a sitting room, kitchen and dining area. One person

Good

Is the service effective?

told us, “I don’t use the lounge until later on this afternoon. I enjoy sitting in my room”. A lift was available for people who had difficulties with their mobility. Signs, using pictures, clearly indicated bathrooms and toilets. The service had a homely and cosy atmosphere

Outstanding ☆

Is the service caring?

Our findings

Positive, caring relationships had been developed between people and staff. A GP provided written feedback and said, 'The staff seem caring and it appears to be a happy environment'.

Queen's Lodge

Limited time was spent observing the relationships with staff and people, since people returned, or were admitted to the service, much later in the day. However, we observed people being greeted at the end of the day by staff who welcomed them and asked how they had spent the day. People's needs were recognised with regard to their beliefs. For example, one person was more vocal in the early morning. Whilst he had no understandable verbal communication, it was thought that he saw early mornings as a call to prayer, as his family were Muslim. Staff supported this person in line with his cultural needs' support plan.

Southview

People thought highly of the staff who cared for them and the atmosphere was friendly, warm and caring. One person told us, "I have my nails done; staff paint them for me" and talked about a recent Birthday celebration and the presents she had received. She had her photo taken by a member of staff who had bought her a new lipstick, which she was pleased to try out. Another person said, "I am happy with the staff that support me at my home". Staff demonstrated that their caring attitude went beyond their employment contracts and would often come to work on their day off. One member of staff had rung the service on her day off to enquire about one person who was in hospital. A member of care staff told us, "People will rearrange their own life to support the clients here".

In July 2014, the service had received an 'Inspiring People Award' from the provider as they had demonstrated they had made a real difference to help people and support them to live the lives they chose. Staff had demonstrated the provider's values and put them into practice: ambition, respect, courage, integrity and partnership. An event was held and people invited their families along or people that were important to them. People underwent a 'personalisation journey' where they planned their dreams and wishes. For example, one person liked steam trains and so a visit to the Bluebell Railway was organised. A member of care staff told us, "All the things we said we would do, we have done". Photos of the event were displayed at the service and showed everyone enjoying themselves.

People were supported to express their views and were actively involved in making decisions about their care, treatment and support. The provider had a charter in place and people who lived at all the services had decided on what was important to them. These were: 'I want choice and control over my money. I want opportunities for greater independence. I want to be a part of my community. I want to have control and choice over my relationships. I want to have a voice and be listened to'. People made decisions about what they wanted to do on a daily basis and also planned for the week ahead. One person's care record showed how he was involved and stated, 'I [name of person] was asked many questions involving all aspects of my life, like where I had lived in the past and who with. I like talking about my past and my family as I am close to them'. The care record described this person's wishes for the future, aspects of his life that he would like to change and how this could happen. For example, he talked about wanting a job. However, this was not practical due to his advanced age and health. Staff involved him in tasks around the service and he helped with the gardening and with checks to the car, both of which gave him a sense of value, vocation and purpose.

People were treated with dignity and respect. One member of staff said that she would always knock on the door and check with people before entering their rooms. She gave an example of encouraging people to take a bath or shower and that it was important to tailor her approach according to individual needs and wishes. This person preferred to take his bath or shower in private and she would wait outside the door, to be readily available if needed. This member of staff described how one person had no verbal communication, but she could read his body language. For example, she would use picture references to assist with communication. If this individual did not want to do something, he would cross his arms.

People were encouraged to be independent and to follow hobbies. One person enjoyed knitting and would go shopping to buy wool. She said, "I enjoy knitting and making a blanket for a staff member who has just had a baby. I enjoy making blankets and knitting". Another person went out with staff every day to buy a newspaper. A

Outstanding ☆

Is the service caring?

member of staff said, “People flourish and their independence is encouraged. They make unbelievable progress”. As people reached the end of their lives, she said, “As people’s health declines, I wouldn’t treat them any different from my own parents”.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People chose whether they wished to be cared for by male or female staff.

Queen's Lodge

Before people stayed at Queen's Lodge for the first time, they were invited on a 'tea visit'. A tea visit enabled the person to visit for three hours at the end of the day and stay for supper. Two visits were offered initially to help the person and their family decide whether they wanted to take a short break at Queen's Lodge. People could then have an overnight stay and the whole process was handled gradually and sensitively, to allow people to acclimatise and become familiar with the change of environment from family life. An assessment for each person was undertaken by a social worker and this information was passed to the service prior to them staying at the service. In the Provider Information Return (PIR), the registered manager stated, 'The process of each person who is referred to the respite service begins with a meeting with the person we support, their family and their social worker. This is to ensure before they start their respite, we have a support plan and any agreements to ensure the service will provide the care and support the individual needs'.

Care plans provided comprehensive, detailed information for staff about how people's care needs should be met. These were reviewed and updated after each short break or respite visit. Families were asked for their feedback after each visit and whether their family member's needs had changed. This meant that the service always had up to date information about people, whether their needs had changed and how this might affect the way their care or support was delivered. Care records were person-centred and provided information in areas such as, 'What's important to me. How best to support me' and support plans which described what a good day looked like and what a bad day might look like. One care record noted that on a good day, the person enjoyed being stimulated in different environments and 'people watching'. On a bad day, this stimulation would be absent, the person might be left in their wheelchair too long or be upset in a noisy environment. The support plan described the actions that needed to be taken by staff under each eventuality.

Each person had a set of goals or outcomes they needed support to achieve. There was information about each goal, what a person wanted to achieve, who would work with them to achieve the goal and the final outcome. People's care needs were scored using an Holistic Assessment Tool (HAT). People's needs were assessed and rated across a range of areas such as physical care and health needs, life skills, communication skills and money matters. A score of 1 indicated that a person was totally independent in a particular area, whilst a score of 9, meant they were totally dependent on others for their care. This assessment provided staff with a clear picture of how much support people needed on a day to day basis. Each person had a daily record of what they had done, how much they had to eat or drink and an overall picture of how they were feeling. What had worked or not worked were also recorded daily. This meant that staff had an up-to-date and accurate record about people and could respond to their changing needs. This information was also used to feed back to people's families.

Southview

One person said that she preferred to get up later in the mornings and added, "I do like to do my washing with staff support. I do it at 3 pm as I'm not up in the mornings. I use the shower in the evening".

Care records were person-centred and described how the person was involved in reviewing their care. People's personal histories were recorded and what was important to them. For example, one care record 'What's important to me' stated, 'Newspaper, family visits, going out to town, watching DVDs, listening to CDs, spending time in the garden, going to church and wearing nice clothes, exercise and art'. There was information about 'What was working' and 'What's not working', which were reviewed at least annually. Actions were taken which described what would be done when things were not working. There were examples of what a good day would look like and what a bad day would be for this person.

Outings to the community were organised such as a visit to the Arundel Wildfowl Trust and people were supported to go on holiday or have days out. Some people enjoyed short visits to the local shops and others attended local day centres. One person enjoyed visiting a local pub for a pint. People took control of their lives and chose how they wanted to spend their time. A massage therapist/

Good

Is the service responsive?

reflexologist visited the service twice a week. People enjoyed this experience which helped them with their mobility. A member of care staff told us, “People do things in the morning, as they’re not so tired”.

The service had systems in place to listen and learn from people’s experiences, concerns and complaints. The complaints procedure was available in an easy read format which used photosymbols to aid people’s understanding. Complaints were acknowledged within seven days of receipt. People could be supported by independent advocates to make a complaint, to ensure there was no conflict of interest. The complaints procedure stated that people should raise a complaint with the registered manager in the first instance. If they were unhappy with the outcome, they had the option to then contact the provider, CQC or the local government ombudsman. The PIR stated that where complaints were received, the service ensured that improvements were made and lessons learned as a result. The registered manager had not received any complaints within the last year.

Good

Is the service well-led?

Our findings

The service promoted a positive culture that was person-centred, open, inclusive and empowering.

Queen's Lodge

People were asked for their views at the end of each short break and letters were sent out to their families to ask for their feedback. The registered manager described a culture that, "Encourages people to be independent. People come here and do mix with their peers. People have a break as well as parents and carers. It gives younger people a chance to continue living at home as parents can have a break. Some people don't go to day centre or college, some people make their own bookings themselves" [to stay for a short break]. For many younger people, the service provided a transition to enable them to move from the family home into more independent living, with support. People were actively involved in deciding how they wanted to spend their time at the service and organised parties and social events. The registered manager had developed good relationships with local special schools, so that people who were still attending school, could choose what they wanted to do when they attended for a short break.

Good communication was evident between the service staff and families. The provider had a family charter which was sent to every family. It stated, 'We recognise as families you have a great deal of expertise and knowledge when it comes to supporting your relatives. Whether we are supporting the person to live independently or whether he/she lives with you, we believe that we all should work as a team, each with a vital role to play and positive contributions to make'. The charter went on to say, 'We know that families come in all shapes and sizes and we welcome involvement from the wider family (not just Mum and Dad). We are also aware that not all the people we support have families (or will have little or no contact with them) and some may express a wish for their family not to be involved. So this Family Charter is for other significant people in the person's life who may not be related, e.g. close friends or neighbours who may be the person's 'family of choice' and/or part of the circle of people who support them'. People and their families could be as involved with the development of the service as they wanted to be.

Southview

Residents' meetings took place every couple of months and people were invited to share their views; these usually related to social activities, outings and menu choices. People were involved in the process for interviewing new staff, although they did not actually sit in on interviews, as they became upset if people were not subsequently offered a job. However, they decided what questions they wanted to be asked of new staff and met with new staff at induction.

The registered manager described the belief that, "Older people with a learning disability are treated as normal adults. They're given normal things, like rights and choices. We tend to have more in-house activities and no expectation that people have to go to college or day centre" adding that, "People are encouraged to be as independent as possible".

Queen's Lodge and Southview are part of a large specialist provider of services for people with learning disabilities and people with autism. Staff at both locations demonstrated an exceptional level of commitment to the people they supported through their achievement of the provider's Inspiring People Award and their outstanding caring attitude. People told us they were happy with the staff that supported them.

The provider had a whistleblowing policy in place and staff knew who to contact if they wanted to raise a concern. Team meetings were held with staff every two months. Health and safety was a permanent agenda item for discussion and people's care and support needs were reviewed and discussed. The staff worked flexibly across the provider's locations on site and communication was effective, open and transparent. The registered manager knew the staff and everyone using Queen's Lodge or living at Southview. She took an active part in the delivery of care across all the locations where she was registered manager. Staff thought highly of the registered manager and one member of senior care staff said, "She gives staff the space to carry out their responsibilities". Staff felt they were well supported by management and the provider and one said, "There have been lots of changes and lots of positives too". A staff representative attended a forum organised by the provider every two to four months and then cascaded information down to the wider workforce.

There were robust quality assurance systems in place to continually review the quality of care and to drive continuous improvement. When accidents and incidents

Good

Is the service well-led?

were reported, the registered manager recorded these electronically and reviewed people's risk assessments and care plans. Details were automatically sent to the provider's operations director, who would flag up any safeguarding issues, which would then be reported to CQC and the local authority. Patterns or trends were identified, for example, there were three incidents of aggression between one person and staff. This person's support was reviewed to ensure there were sufficient staff in place and the provider's health and safety team were involved to safeguard staff.

The provider carried out an internal audit of the service every two months. Audits covered a range of areas to measure whether the service was compliant with health and social care regulations. Where the service fell short of standards imposed by the provider, then the registered manager was required to state what action they would take to meet the shortfall. Actions would need to be identified before the next audit; the registered manager found the provider supportive and commented that, "Audits were helpful". The team were recently commended on recent improvements in the service audit scores by the provider as there had been growing improvements.

In the PIR, the registered manager stated, 'The team and service for the respite has been highly praised by families and social workers for the emergency respite we have given people in a crisis situation. These are recognised in the local authority monthly contract meetings we attend'.

The registered manager told us that they planned to introduce a new vehicle to suit the physical needs of people at the service, as the vehicle currently in use was difficult for people to access. There had been a trial of vehicles loaned to the service so that the most suitable one could be chosen and adapted to meet people's needs.