

## Contents

Provider Details

Assessment

Executive Summary

Section A - *Assessment, Care Planning & Review*

Consent

Meeting Nutritional Needs

Respecting and Involving Service Users

Care and Welfare of Service Users

Section B - *Service User Experience*

Co-operating with other Providers

Cleanliness and Infection Control

Respecting and Involving Service Users

Section C - *Care Worker Knowledge & Understanding*

Consent

Safeguarding People who use the Service from Abuse

Respecting and Involving Service Users

Section D - *Staff Training & Recruitment*

Staff Support

Requirements Relating to Staff Recruitment

Section E - *Environment, Equipment & General Safety*

Safety and Suitability of Premises



# Surrey CC Supported living and non-regulated services for Jean Marshall House



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Safety, Availability and Suitability of Equipment

Section F - *Leadership, Quality Assurance & Management*

Assessing and Monitoring the Quality of Service Provision

Safeguarding People who use the Service from Abuse

Using Information and Dealing with Complaints

Staffing and Staff Deployment

Management of Medicines

Records

Provider Comments

Progress Summary

Notes

Provider Details

ID  
1-467994288

Provider Details

**Registered Locality**  
Brighton & Hove

**Provider**  
The Outlook Foundation

**Parent Company**

Contact Details

**Address**  
Jean Marshall House, 15 Wilbury Avenue, Hove, East Sussex

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**Managers Name**  
Kerry Jenkins

**Managers Email Address**  
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**Telephone Number**

## Assessment

### Executive Summary

The assessors would like to thank the Manager, the Staff Team, and the people living at the service for agreeing to work with Quality Monitoring Team for the pilot of the electronic quality assurance system PAMMS. This is very much appreciated.

The home was in the process of being decorated and all décor including paint colour and flooring has been picked by the people supported. Assessors spent the day at the service which was very active with people supported coming and going to their various appointments and activities.

The home was clean, friendly, well furnished and free from odour, Assessors' were asked to sign in and out of the visitors book and were provided details in case of an evacuation.

The service provides support for people to live independently. The organisation is also supporting eight people living in the community, all of whom lived at Jean Marshall House. There are four flats at Outlook House where people can stay for a year before moving into independent living. Outlook have a Move On policy and will only move people when they are ready. Due to the cost of living, people move in pairs and this takes into account people's views and compatibility.

People do not require information to be presented in easy read or pictorial, one person does require large font which is provided for them. The Managers have a link to widgets in case this is required in the future. Brighton & Hove city council have created an easy read page on the website where people can link into other council services and information for example travelling around the city, it is easy to navigate and the link is here [Easy read information](#).

A year ago the organisation implemented House Managers who manage the individual homes and the Registered Manager (Kerry Jenkins) oversees all the homes. On the day of the visit the House Manager Julieanne McVincent was on leave and therefore Kerry facilitated the visit.

## Section A

### Assessment, Care Planning & Review

#### Standard 01 - Respecting and Involving Service Users

(A01) The care plan should be individually tailored, person-centred, include appropriate information on the service users' preferences and views, and clearly evidence that they were involved in the decisions about how their care and support is to be delivered.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

#### Comments

The care plan system used is called 'Log my Care'. Care plans were sent prior to the visit which were reviewed by Assessors and the full care plans online were seen during the visit.

The online care plans link to further documentation such as Epilepsy care plan, review meeting notes, initial assessment, medical and health records, hospital passport, medication list, signed tenancy agreement, life skills review, long term targets, restrictive practice records, budgeting sheet, cleaning. As well as any other documents relevant to the person such as a seizure log.

The meal planning document sets out the person's skills e.g. check dates on food and is person centred stating 'how do I do this skill?' and 'I will check expiry dates on food and throw away anything that is out of date)' The plans state how often, date achieved and noted as signed/ agreed by the person.

The plans include what the person's religion, gender, nationality are and the name/ contact details of the keyworker, GP and personal contacts e.g. family and their relationship such as next of kin. There are also sections on what they like, people important to them, communication, wellness, please do and please don't, how and when to support them and medical history etc.

Goals are captured under 'long term targets' and these are set for various activities/ support needs.

The plans are written using 'I' statements' and were last reviewed with the person supported in January 2025 and under signature a note saying that the person confirms they approve the plans.

The plans take into account outcomes, strengths and needs for example:

- Outcomes: I have the maximum possible choice and control over my life
- Strengths: I feel I am good at explaining if I require information and how best to give it to me.
- Needs: I will ask if I require a larger font to be able to read documents.

All areas of a person's care is covered in the plans such as: choice and communication; health; eating and drinking; risk assessments; friends, family and relationships; behaviour; hobbies/ interests; personal care; mobility, finance;

mental capacity assessments and end of life planning.

Each area is risk assessed, given a score and rated. In one care plan reviewed there was a high risk around healthy eating and an action for staff to support, to be trained in first aid and food hygiene, fire extinguishers etc to be available and supporting evidence can be found in the What if and Life Skills folder plus staff rotas.

One care plan viewed was last reviewed in January 2025 and the following gaps were noted:

- Medication and health there were actions not included in the actions section:
  - medication to be made into blister packs.
  - [support workers name] to look into ways this can be managed following a move into a more independent setting
  - mum to continue with appointments for the time being then step back.
- Plans have various sections on risks which includes continence. Neither plan had identified any risks but the person's care plan has an action 'Staff are checking on person's toilet, to identify blockage' and does not need to be carried out if not required.
- Person Centred plan and Health action plan focusses on activities that are specific to them in regards to health such as 'sun and community safety'.

The Manager said the care system was good and allows staff to access people's care plans from mobile device. Most of the information has been added but this is still a work in progress. One of the Manager's oversees IT systems, there have been glitches i.e. risk assessments disappeared.

The Manager stated that the dynamics in house is brilliant, niggles such as washing up is resolved between peers and via tenants meetings which are held every two weeks, the people supported are able to discuss and sort some issues between themselves.

## Standard 02 - Consent

(A03) Care plans evidence that appropriate capacity assessments have been carried out and reviewed regularly, best interest decision making documented and that any advanced decisions are both recorded and followed in line with the MCA and that any restrictions are taken into account in line with DoLS when providing care and support. Care plans contain the date of the expiry of any authorised DoLS. POA is clearly documented and evidenced across the care plan where relevant.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

### Comments

One of the care plans viewed states 'I have capacity to make my own decisions' and therefore no DoLS are required. The other care plan also states no DoLS required and the person is independent in the community. Only one of the people supported requires support in the community.

There is no one under a DoLS. All people supported have capacity, there is no keypad preventing people leaving the house independently (the door is locked for people entering the house) and nobody requires a best interest decision to be made on their behalf.

Care Plans have a section called 'Restrictive Practice'. One plan stated '[person's name] is aware of any restrictions

in place such as the door code. See record of practices in place.' The other plan did not have this section.

People's finances are managed by their family however the staff support people with budgeting.

## Standard 03 - Care and Welfare of Service Users

(A08) There is evidence that the service users' needs, together with any risks to their health and wellbeing, have been taken into account through the assessment process and that this is reflected in the planned delivery of care and support to ensure that the service user remains safe, their needs are adequately met and their welfare is protected. Staff should always ensure that service users retain control and are able to make decisions relating to matters of daily living wherever possible,

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

### Comments

Nobody supported require a MUST or Waterlow, the two care plans viewed confirmed this.

Everybody has a hospital passport which is uploaded to the online system and easily accessible. People also have a health action plan (HAP). One surgery (Beaconsfield) needed to be chased by staff and the GP was unaware of what a HAP was. The staff and manager contacted the Social Worker team at Brighton & Hove City Council and are being supported by the Health Facilitator (Jane Viner).

The home receives weekly calls from the GP surgeries Stanford and Beaconsfield. The manager said that Beaconsfield supported the home really well during covid and so they completed compliments for them on the CQC website.

The care plans have a section called 'risks' which assesses activities for example eating and drinking, one person was assessed as requiring support to ensure appliances are turned off when cooking, which was scored and noted as a high risk.

The Online care system was viewed during the visit which has a section on risk assessments and scores. The assessments cover all the areas of support provided such as: accessing the community, behaviour, eating and drinking, absconding, risk of abuse/ discrimination, alcohol/ drug use, burning on radiator pipes, cleaning products, damage to property, e-safety, electrical equipment, hot water, radicalisation, neglect, self-harm, health conditions.

These can be reviewed monthly and are rated as high, medium, low which then links to the assessment with details of what the risk is, who is at risk of harm and actions to mitigate risk. For example, Person assessed as medium risk for accessing the community, they are independent but may require support when it is dark. The risk outcome score has a photo of person with notes, one plan noted 'I am at moderate risk, please describe how best to care for me in the box below' with action 'to have a white stick to use when it is darker' this was dated October 2024.

(A10) Evidence that daily records are maintained with up to date information to reflect the current needs of the individual.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

## Comments

Daily logs are recorded on the online system and record:

- what the person ate
- what they did e.g. went to the gym
- Any concerns for example one person had food gone off and were supported to clean up
- medication - person viewed self administrates
- appointments such as person had eye appointment

Notes are personalised to the person and are factual

## Standard 04 - Meeting Nutritional Needs

(A12) Care plans include details of SU's dietary restrictions, allergies, choices, likes and dislikes, and nutritional assessment information if applicable

☐ Excellent   ☒ Good   ☐ Requires Improvement   ☐ Poor   ☐ Not Assessed

## Comments

People's likes and dislikes in regards to food were seen in the care plans. People are encouraged to eat healthily and plan nutritious meals and as such there is no need for nutritional assessment to be in place.

One person's plan noted that they shop for themselves and prepares/makes food with support from staff. No pictorials were seen however this was not necessary for this person as they are independent and can understand written guidance etc. No food restrictions noted for cultural reasons or allergies mentioned as potentially there were not any.

Online system viewed:

- Food and drinks recorded - charts show fluid intake and portions consumed (broken down into pudding, snack, dinner, lunch, breakfast and other)
- Food includes fruit and a variety of food such as chicken, sausage, potatoes and vegetables.

People shop, prepare and cook food with support from staff.

Each person has a meal plan, their own food cupboard, dedicated shelf and tray in fridge/ freezer.



## Section B

### Service User Experience

#### Standard 05 - Co-operating with other Providers

(B13) Where applicable there is evidence that staff support service users to access other social care or health services as and if required.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

##### Comments

The assessor spoke with several of the people living at the service and caught up with another on Teams after the site visit.

The assessor saw that annual health checks, health action plans and other health appointments had been attended. Only one of the people supported is female and they are supported by their parents to attend breast screening appointments.

The assessor spoke to someone who advised that all health checks were completed at the surgery. This person did not like vaccinations and had decided not to have them. They stated they had an annual health review but this had been completed when they were at home. They were also finding a new dentist in the local area. A member of their family helped them go to health appointments and they live close by.

People living at the service had access to other professionals via social care and health.

#### Standard 01 - Respecting and Involving Service Users

(B01) Where possible service users confirm that they are not discriminated against, are treated as an individual and their diversity is respected and their privacy, dignity and independence is maintained and upheld at all times. SU's are treated with kindness, compassion and empathy. Care workers are seen to support SU's choices and preferences in regards the way their care and support is delivered.

☒ Excellent ☐ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

##### Comments

The **individuals** spoken to confirm they **feel supported and are treated well and respected**. One comment was that staff have different approaches.

The assessor observed one person being supported to get ready for a trip to the seafront on a tandem. **Staff were seen to treat the person with dignity and respect.**

There were a number of interactions observed where **staff were seen to treat individuals with kindness and compassion**. This was echoed by one person who advised they believe this to be true. Someone had missed their bus as was attending a table tennis match and the manager took them in the car instead. Taking time away from the assessment evidencing person centred care.

One person advised they felt **extremely satisfied** with the care and support they received at the service. They advised they recently attended a football match with the staff from the service and **felt safe** with the staff presence although they did have to remind them which way to go when leaving.

One person is keen to speak out and **advocate on behalf of people with a learning disability**. Opportunities are given by way of **attendance at the committee meetings, forums and other meetings so their voice is heard**. This person feels that **staff make the time to assist them** with duties in the kitchen, cooking and cleaning. They feel that staff make the time to support them with things they want to achieve.

People spoken with confirmed that their **privacy and dignity is maintained at all times**. Staff are available to discuss anything the individuals may need at the time. An individual advised **staff respect their privacy** and always knock and wait before entering their bedroom. One person advised sometimes people living at the service just walk in to their room and **staff remind them to knock prior to entering** and to respect their privacy.

**Staff** are observed to **maintain the core care values of the service** by encouraging people to take part in activities in a busy household. Many of the people living at the service were being supported throughout the day to **complete things that they enjoy doing**. The assessor was told that one person had returned to their family home to visit their parents.

Discussion with people at the service advised that they were addressed by the name that they had been given and they were happy with that. One person advised that staff were brilliant at treating them as an individual and were kind and compassionate.

**Unwise decisions are being supported appropriately** via many activities and holidays all over the world.

**Observations of care and support** provided demonstrate the **staff team provide clear explanations** e.g. giving guidance on how to unlock a padlock for securing a bike. **Staff** all seemed to be **aware of the life choices people made** at the service and this was evident when interviewing the staff about people's life choices and the way the **support and care was created with the person in the centre of the care**.

The assessor viewed the **10 point dignity challenge in the tenants handbook** which had points for people to attain to. One of which was 'we will help you to make choices and be as independent as you can be and be in control of your own life.'

(B05) Service users spoken with confirm that they are supported to enjoy a variety of activities and social opportunities and these are based on their preferences and strengths and form part of everyday life.

☒ Excellent   ☐ Good   ☐ Requires Improvement   ☐ Poor   ☐ Not Assessed

## Comments

The assessor observed that **peoples activities** are bespoke to the individual wishes.

One person described **all the things that they were able to access during the week** and plans that were made for work in the future. This person was an avid music fan and had been to **a variety of music events** in and outside the city ranging from Abba tribute band to Mica. Opportunities for this individual were considered and facilitated by way of **working at the Theatre Royal** at the ticket office and in the auditorium which is a paid role. They **work at Scope** as volunteer and plans have been made for them to **volunteer at the Brighton Festival**.

They had **regular visits to a music studio** to write and make music- something they enjoyed doing. They had also **studied drumming at BIM**. They advised that **staff help them with longer trips to London** and things that they might get uncomfortable about like **long train journeys** to other parts of the country to visit family. Staff would also **help with purchasing tickets** for these journeys. This individual also spends time with the person they are in a relationship with and they see each other every other weekend.

The only one **slightly negative thing** that was mentioned was this persons perceived difficulty with space at the meal times, where they felt that one person was a bit disruptive, which the assessor advised the manager about and they said they would look into it. The person had advised that **they had spoken to staff about it already**.

Another individual that the assessor met showed them their room which had a **kitchen in the space**. This individual **makes all their own food** and sometimes **cooks for the other tenants** and did this in a 'Come Dine With Me' event. They **completed a catering course** prior to now. They also have access to many **hobbies** such as **golf** and **competes and coaches table tennis**. They work with the **Downs Syndrome Association** and have been with the Foundation for a long period of time. This individual is making plans to move into a **shared flat in the community**. They spoke of **many friends and connections they had made and maintained** over their time there.

This room had a walk in shower which looked clean and a cabinet which held their medication.

The manager told the assessor that **each year the people supported choose a holiday destination** and this year have voted for Granada (the Assessor saw the notes from the tenants meeting discussing this). Previous years have **included tips to Lapland, Madeira, Ireland, Spain and America** (one person went to Hollywood). People also have trips to Butlins in March and June.

**Staff volunteer to go on holidays** and are paid for day and sleep in costs as well as expenses. The manager also spoke of how they had to support one person who broke their ankle while away and the holiday was extended for a week. Another person had a seizure while in Spain and was hospitalised which demonstrates how well risks can be managed for people.

The assessor saw the **activities folder which was kept in the living room**, where information o future entertainment events, inclusive of a BBQ, with tombola & games. There were other **paper copies of future events** that were going on in the city. These were inclusive of but not exhaustive of- Gig buddies for the Brighton Festival, Weight loss Group, Celebrity Charity Football Match at Bognor Regis with a photo. The folder also contained the Outlook committee meeting agenda/ what was discussed/ who attended. The social care protest was mentioned at HTH for people at the service could stand up for their rights. Also included was trips and money, the Christmas show, Food and Games, Halloween, Tenants reps and staff changes.

Also viewed was the **Tenants handbook** that was kept in the lounge. This was informative and helpful to have for the tenants in the living room as easy access to any information about the service. This folder held the staff structure for Outlook Foundation, a 'Welcome' page describing Outlook Foundation other descriptions with regard to Tenants & Committee meetings and the aims of the house.

### Other items included in the folder were:

- 'Things We Do'
- Life Skill Plans advising 'we will support you to be the best you can.'

- Education/ Personal Development
- Volunteer/ Work Placements
- Local Area and Community
- Looking after your health
- Making a complaint with phone numbers and photos of the manager and the CEO plus the Ombudsmen and address of the CQC.

Plus a variety of other documents evidencing what happens when people are living at the service and **'What If's,'** in relation to fire drill/ social media and photos/ Fire safety procedures/ staff not coming to work etc.

The **tenants charter** was held in the folder which enabled to know what was expected the people living there.

The manager advised that the fire drills occur regularly every week during the day and in the night regularly.

## Standard 07 - Cleanliness and Infection Control

(B14) There is evidence that staff follow good practice in relation to cleanliness and infection control

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

### Comments

PPE is available in the kitchen and the office - gloves and aprons.

There is a separate sink for staff and people living at the service to wash their hands. Hand washing signs were in place.

The service employs a cleaner twice a week for the communal areas. People supported clean their own rooms and have specific chores which they choose from a rota such as recycling.

It was noted that a mop was being stored in one of the bathrooms, the Manager explained that the people supported get confused which colour bucket to use and the mops/ buckets are taken downstairs after use, cleaned and stored appropriately.

## Section C

### Care Worker Knowledge & Understanding

#### Standard 01 - Respecting and Involving Service Users

(C01) Through discussion and observation staff are able to explain how they ensure people are treated with dignity and respect.

☒ Excellent   ☐ Good   ☐ Requires Improvement   ☐ Poor   ☐ Not Assessed

#### Comments

The information below was captured from talking to two staff members both who work 30 hours a week. One who works solely at Jean Marshall House and the other who works across the services and in community support.

Staff are aware of and support Equal Opportunities & Diversity in the service. They report to have signed and read the organisations policy on equality and diversity in their induction.

Staff advised that at the staff support the people living at the service to be treated according to their needs with a strong foundation based on upholding equality and diversity. Training provided by the organisation facilitates learning in mentoring and life skills. This enable individuals to achieve what they want to do. Initially people are offered a placement with a plan to achieve their goals and a life skills package is created with the person in the centre of the support. This is after receiving information from the families and the person who will be moving in and building a life story.

Potentially if suitable, and appropriate individuals will eventually move into the community in a shared flat to live independently with community support.

Staff report of providing privacy for individuals within their home. Staff advised that the home and bedrooms are individuals own personal space and were seen to be respectful and understanding of that. The assessor observed staff knocking on the door and waiting to ensure it was ok to enter. One staff mentioned the fact that people living at the service had tenants rights.

Staff support individuals life choices. As afore mentioned these as based on activities that people living at the service like to do and things they would like to achieve e.g. learning how to cleaning their room or going to/ taking part in sports events. Discussions are had with staff about what they want to achieve. Steps are then put in place to reach the goal. If there are any risks these are taken to the manager and a risk assessment is completed. Individuals wishes are then recorded as part of the life skills package, with the steps and the assessed risks. After discussion with the individual and consenting, staff support is implemented. All life skills packages are unique to the person.

Staff understand the importance of supporting individual choice and demonstrate this through practice. This shows how the support worker values the individuality of the person they are supporting. An example of this was given

where one person living at the service has an interest in the arts, music and films. This person expressed an interest in working at the Brighton Festival held every May. Staff arranged for attendance at an open day for volunteer work. The individual above writes music and attends a local music studio and in addition is part of the 360 orchestra. Additionally, they have plans to write music and make a film that could potentially be shown at the festival.

Staff advised the Quality Assurance Director runs training workshops with the people that live here. People living at the service have the opportunity to be part of the Outlook Foundation committee and attend committee meetings. Staff advised that these meetings are an example of how their service upholds peoples dignity. Staff reported that the voice of the individuals living at the service is held of high importance, and they are at the forefront of everything they do. The whole of the service including the trustees attend the committee meetings. If people do not like speaking in front of big groups staff advocate on their behalf. Staff have regular 121 discussions with all individuals living at the service. All staff are available for the individuals if they need it as are the managers. Furthermore, people also have their own keyworkers. Staff advise that anything of concern is acted upon and taken seriously.

Life histories are captured in individual care plans. All paperwork is being moved over to a new digital system. One staff member mentioned the benefits that this has brought and finds new system easy to navigate. Life histories are informed by families, friends and the people whose care plan it is. From this a life skills package is built on informed by the person and what they want to achieve and continue doing. This is called a life skills package.

In addition the Equal Opportunities policy was viewed which sets out the aims to prevent discrimination and is person-centred. Data used is from recruitment, selection, promotion, and disciplinary cases. There is an action plan which outlines key policies and procedures aimed at preventing discriminatory practices and promoting equality and diversity within the Outlook Foundation.

#### **Recommendation for the Equalities and Diversity Policy:**

- Provide details on accountability mechanisms, such as specific roles and responsibilities for monitoring and enforcing the policies.
- Detail the process for collecting and utilising feedback from people supported and staff to enhance policies and procedures. This could include conducting regular surveys, holding focus groups, or using other methods to gather input.
- While grievance and whistleblowing policies are mentioned, the document should outline the support available to individuals' experiencing discrimination or harassment. This may include access to counselling services, legal assistance, or other resources.

## Standard 02 - Consent

(C02) Staff are able to describe how and when capacity is assessed in their daily work.

☒ Excellent ☐ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

#### Comments

Staff are able to describe the purpose of the Mental Capacity Act, (MCA,) training in their daily work and aware of the least restrictive options detailed in the care plans.

Staff advised that they would always speak to manager with regards to anything in relation to mental capacity. Staff also stated they would assume that people have capacity and use the least restrictive practice. An example of this is where one individual recently started to have seizures. Staff worked hard to ensure that this person independence



was maintained. A watch was bought with a tracker and an app on their phone enabled staff to know where the person was at any given time. This was a big piece of work to make sure that this person could still do what they wanted to do.

Both staff confirmed that they received MCA and Deprivation of Liberty, (DoLS) training as part of their induction.

Staff both understood the importance of giving people choice wherever possible. This was seen in the way they described their work and the way they approached the people they worked with. An example of this is where one person was going out for a ride with staff on a tandem to the seafront. The person was finding it tricky to undo their bike lock. The staff member supported them to do this but did not take it away from them but gave them guidance on how to open it. Choice was also described in the examples of activities that the people living at the service were able to access. One staff described taking an individual to the USA to go to a wrestling convention.

Staff also advised that the manager is all about promoting independence. The manager supports the people to take reasonable risks and assesses the risk thoroughly. Staff feel that the team are all about the people that use the service doing as much they want to do.

## Standard 06 - Safeguarding People who use the Service from Abuse

(C04) Staff are able to explain how they would identify and prevent abuse and what they would do if they suspected that abuse had occurred, including their responsibilities under the Local Authority's safeguarding and whistle-blowing policy (and procedures) and who to report concerns to, both within and outside of the organisation.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

### Comments

Staff can explain what whistleblowing and safeguarding is and explain what types of abuse may occur. They are aware of the organisations safeguarding and whistleblowing policies. Staff advised that all policies are up on line and included in the induction and have to be read. Both staff advised that they completed Safeguarding training when they started and have regular refreshers. Staff are aware of their responsibilities under whistleblowing and safeguarding.

Staff are able to describe what they would do if they had concerns about anything in the service and who they would contact both within the organisation and outside if necessary. Staff reported that firstly they would make sure person is safe. Secondly they would report the situation to the manager or care manager. If the situation was not taken seriously they would escalate and that would be sent on to the council and CQC.

Staff were observed providing care and support in a respectful and dignified manner.

Staff advised that if they saw something that they had a serious concern about that involved staff or the managers they would take the concern to more senior staff. Staff advised that they would also consider contacting Brighton and Hove Council and the Care Quality Commission.

The whistle blow poster was not up in the office when the assessors arrived due the office being decorated. However, the manager had repositioned it by the time the onsite assessment had been completed.

Staff advised that the Safeguarding Accountability and Assurance Framework document is available online as part of the new system that is in place. Staff said that the archive room also has information of this sort stored inside as hard copies.

All policies are read during induction and signed off. Staff are given time to read them all. Staff have 6 months probation and within this time staff also have to complete the induction training. Induction consists of shadowing/ mentoring/ face to face training/ group sessions and eLearning. Regular check ins are made available initially to see how staff are getting on and how far they have progressed in the induction.

Supervisions are held bi-monthly and staff stated they find them helpful. At times they are used to discuss the people living at the service and how support is being provided. The House Manager provides any official updates and information shares.

Staff advised they found the training adequate to support them to do their job. One staff member advised that when they started they had not had any formal training in care and all the skills they have acquired are from the training provided by Outlook Foundation. This staff member has an NVQ level 3 and another had care certificate.



## Section D

### Staff Training & Recruitment

#### Standard 11 - Requirements Relating to Staff Recruitment

(D01) Recruitment records confirm that the organisation has carried out all relevant employment checks when staff are employed, including (but not limited to) ensuring that all staff have a suitable DBS check before starting work, that the member of staff has the right to work in the UK and that they are registered with any relevant professional body and, where necessary, are allowed to work by that body.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

#### Comments

People supported are involved with the interviews for new staff, if they are unable to attend they can provide questions beforehand. The lead for Quality has a sheet that sets out what quality the organisation is looking for and this is shown to the interviewee. This is very good practice.

Most of the staff have been at the home for a long time. The staff files viewed online included the following:

- Employment history, there were no gaps
- Number of hours worked
- Start date (one person recently started in March 2025)
- DBS checked prior to start, (certificate uploaded). However no follow up date had been entered and it would be advisable to do so as the system may send reminders.
- Care Practice Skills scanned
- Application form
- Interview questions and responses
- Candidate assessment form (includes ease of manner with tenants)
- Two References (uploaded)
- Copy of UK passports
- Health questionnaires completed
- Photo ID such as driving licence

The Outlook Foundation recruitment and policy procedures were viewed which emphasises the need for qualified staff to ensure high-quality service while providing equal opportunities and prioritising safety. The document details the responsibilities of the Board of Trustees and Registered Managers in recruitment, the stages of the recruitment process, and the procedures for addressing grievances and terminations.

Recruitment procedures include job descriptions and person specifications. Correspondence should be timely, interviews conducted professionally, information to be kept confidential and held for six months in line with GDPR guidelines. The policy states there should be two managers interviewing using the assessment form.

The policy sets out disciplinary and grievance procedures which should be firstly addressed information, then written. Investigations carried out with grievance hearings. Termination of employment requires formal notifications and an exit interview.

Staff wishing to resign should submit formal letter and work the notice period.

The following recommendations are suggested for areas of improvement:

- Expand on diversity and inclusion initiatives, including strategies for recruiting a diverse workforce and fostering an inclusive environment.
- The document covers recruitment stages but does not include details on the onboarding process for new employees. Adding information about orientation programs, training schedules, and integration into the team would be helpful.
- Collect feedback from candidates and hiring managers through post-recruitment surveys or interviews to improve the process continuously.
- The document mentions GDPR guidelines but could be expanded to include detailed information on legal compliance related to recruitment, such as labour laws, anti-discrimination laws, and data protection regulations.
- Sharing details about career development at The Outlook Foundation, like mentorship, professional courses, and promotion paths, could attract top candidates.
- Add a section on emergency recruitment procedures for urgent staffing needs, detailing steps for unexpected vacancies or high turnover rates.

## Standard 13 - Staff Support

(D05) The provider maintains records to evidence that all staff receive an appropriate in-house induction at the start of their employment.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

### Comments

The induction process was discussed with the RM and induction folders viewed. All new staff have mentors which is carried out by Team Leaders.

New staff receive a folder as an introduction to Outlook, this sets out the induction programme which is for six months and is overseen by Beth Helmsley, Director of training and quality assurance. This probationary period is six months.

There is information on Outlook procedures for holidays, salary, fire, first aid, rotas, flow chart for recording and reporting procedures for concerns for unusual behaviour of an individual and to support if it is a safeguard, incident or behaviour and the process for each one. Also included is an organisational structure and support helpline.

The folder viewed for new staff member, the staff handbook sets out the main roles and responsibilities and includes:

- Keyworker role
- Life skills
- Health/ individual needs
- Annual reviews
- Medication procedures
- Risk assessments
- Shift duties

- General duties
- Basic guide to life skills percentages

(D06) The provider maintains records to evidence that all staff receive appropriate supervision (as set out in the contract standards), that their performance is appraised and that they receive an annual review.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

## Comments

The Manager does not keep a supervision timetable and instead uses the online diary. The staff team is small and the Manager checks in with staff regularly and they are able to have 1:1s on request.

The supervision policy was viewed which sets out manager's responsibilities, the reasons for supervision, recording and monitoring. The frequency is bi-monthly and if staff request less than this a note should be made on their file.

(D07) The provider maintains records to evidence that all staff undertake both core training and additional training and this is refreshed and updated as required.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

## Comments

The assessor reviewed the face to face training matrix document sent by the provider.

### Summary

Overall, the document provides a detailed overview of various face-to-face learning sessions, including participant information, course details, attendance status, and training courses that are due to be taken.

### Course names and attendance

The document lists several courses, including "Emergency First Aid for Adult Social Care," "Legionella Awareness," "IPC Champions," and "Medication Adults: Epilepsy Awareness, Seizure Management and Buccal Midazolam." It also includes attendance statuses such as "Fully attended," "User Cancelled," "Event Cancelled," "Partially attended," and "No show", from May 2024 to February 2025.

The document lists the frequency of each course conducted. "An Introduction to Induction, Supervision and Performance Development Plans / Appraisals for Supervisors" was held 18 times, "Medication Adults: Epilepsy Awareness, Seizure Management and Buccal Midazolam" 14 times, and "Safeguarding Adults: Being Caused to Undertake a Safeguarding Enquiry" 14 times.

The attendance rate for refresher courses in the document are as follows:-

- **Fully attended: 53.25%**

- **User Cancelled: 20.78%**
- **Booked: 12.99%**
- **Event Cancelled: 6.49%**
- **Partially attended: 3.90%**
- **No show: 2.60%**

## Cancellation trends

Certain courses experienced higher cancellation rates, such as "Positive Behaviour Support" and "Medication Adults: Assessing Competency in Medication," indicating potential scheduling conflicts or lack of engagement.

**Recommendation:** Examine completion rates for these courses to determine the reasons for their higher cancellation rate compared to others.

## BHCC Learning Zone

Course title - Making Teams Work, this was passed by 3 members of staff between May 2024 and February 2025.

**Recommendation:** Provider should continue to explore other courses for their staff on the BHCC Learning Zone.

The assessor reviewed the document named staff training Matrix.

The document outlines the training and induction processes for new employees at The Outlook Foundation, emphasising the importance of completing the Induction Programme within the initial six months of employment. It details the structure of training, performance reviews, and ongoing professional development.

- **Induction Programme Requirements:** New employees must complete the Induction Programme, which includes essential care standards and topics such as duty of care, equality and diversity, safeguarding, and health & safety within six months.
- **Performance Reviews and Appraisals:** Following the probationary period, employees undergo a performance review. An annual performance appraisal occurs six months after this review, ensuring continuous assessment and feedback.
- **Ongoing Training and Development:** Additional training opportunities, including specialised topics like mental health awareness and positive behaviour support, are available within the first year of employment

The induction programme includes:

- Understanding your role
- Personal development
- Duty of care
- Equality & diversity
- Person centred values
- Communication
- Privacy & dignity
- Fluids & nutrition
- Mental health, dementia & learning disabilities
- Safeguarding adults
- Safeguarding children
- Basic life support
- Health & safety
- Handling information
- Infection prevention & control

Ongoing Training:

**Within 3-6 months:** Training online/council covering topics like fire procedures, safeguarding adults, first aid, basic life support, health & safety including COSHH, food hygiene, manual handling, care and control of medicines, medication competency, autism, learning disability/Oliver McGowan, data protection, epilepsy awareness, emergency medication training and competency, infection control, MCA & DoLS, RIDDOR, nutrition, allergen awareness, display screen equipment, person-centred care, and radicalisation

**Within 12 months:** Training/briefing on personal relationships & sexuality, Makaton (if required), mental health awareness, duty of candour, CQC standards & legislation, conflict management, complaints handling, oral health awareness, positive behaviour support & non-restrictive practice.

Performance review:

- **Probationary Period Performance Review:** After the six-month probationary period, you'll have a performance review to see if you're fulfilling your role. If you meet the standards, you'll be appointed to the appropriate post. If not, the probationary period will be extended.
- **Annual Performance Appraisal:** Six months after a successful probationary period review, you'll have an annual performance appraisal with your line manager. This appraisal will then be conducted annually, with reference to regular supervision meetings.

## Section E

### Environment, Equipment & General Safety

#### Standard 09 - Safety and Suitability of Premises

(E03) The premises are safe and ensure people, staff and others are protected against the risks of unsafe or unsuitable premises.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

#### Comments

The assessor was **shown around the premises** and did not see any trip hazards and as such **appeared safe**.

The **laundry room** alongside the kitchen, was seen and the manager advised that any washing coming in was washed either tumble dried or hung in the garden to dry. There was **no dirty washing** seen in the laundry room and the staff were taking clean washing to one of the peoples room.

**Fire extinguishers** were dotted about with foam spray and CO2. There was a fire panel in the hall with details of what to do should a fire occur.

**CQC rating** was evidenced in the hall.

**The kitchen** had a **timetable of chores** that had been decided by the people living at the service. Only two people are permitted in the kitchen at one time as decided by the tenants. Each person had a day to complete different cleaning activities inclusive of communal areas, mopping and sweeping the floors, recycling, bins and defrosting and cleaning the fridges and freezers.

The assessor saw inside the **fridges**. Each person had their own draw or shelf. Food was labelled once opened, (one item seen had not been labelled & dated and was open.)

There was a **laminated healthy eating poster** to support the people to eat a balanced diet. (All other posters in the kitchen were laminated.) **Meal plans** were seen on the insides of the cupboards for two of the people living there who had created these with support. Plus their shopping lists were also documented.

There was a **colour coded system for mops and cloths** seen on the wall. e.g. yellow cloths and mops for the bathroom. And **easy read versions of how to wash your hands**. Mops were seen to be hung on the wall by clips.

**Bedrooms were personalised inside and out**. Doors were decorated with photos and pictures as were individual bedrooms. The assessor saw that one person had a kitchen in there flat which they used regularly to cook food.

An ensuite **shower room** that was seen **appeared clean**. The assessor also saw a notes requesting tenants to agree to their shower heads being cleaned.

There was room that was being made into a **larger sleep in room** which was unfinished. This had moved down from the much smaller space upstairs where staff used to sleep in.

The **office had a board with information for staff** on First Aid, Health and wellbeing, Mental capacity Act and Codes of Practice. The whistle blow poster was not up due to decorating however the manager added this to the board before the assessors left. The H&S poster was in place with the dedicated person and telephone numbers on. Plus the information on liability insurance was there too.

The staff advised that all PEEPS information was available on the app on their phones and holds everything you would need to know including medication. The manager also advised and showed the assessor that the PEEPs folders are in the cupboard to take with if it was needed in a crisis.

**Recommendation: Manager to remind staff of the PEEPS folders locations in case of app not being available to them.**

## Standard 10 - Safety, Availability and Suitability of Equipment

(E04) Equipment is suitable for its purpose, is available, properly tested and maintained, used correctly and safely, is comfortable and promotes independence and is stored safely.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

### Comments

There was no equipment seen at the premises that needed attention.

One staff was seen to help a person with bike equipment and assuring it was safe before they went out for a cycle.

There was an exercise bike in the dining room.

## Section F

### Leadership, Quality Assurance & Management

#### Standard 06 - Safeguarding People who use the Service from Abuse

(F12) Records evidence that safeguarding incidents are appropriately recorded and actions evidenced and improvements / changes are implemented where required.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

##### Comments

Safeguarding policy and procedures: There has only been one safeguard last year which is now closed and immediate actions were taken to remove the individual. The Registered Manager (RM) notified Brighton & Hove and the funding authority, informed parents, acted on recommendations and sent notification to CQC. Outcomes and learning are shared with staff team on need to know basis.

The RM carries out audits for safeguards but nothing to audit recently. House manager will be doing this with RM in future and is in training.

ABC charts are used for incidents which is a method used for behavioural incidents and a way to recognise triggers etc. only for minor disputes and when a person refuses support, these are logged on the online care system.

#### Standard 08 - Management of Medicines

(F01) Appropriate records are maintained around the prescribing, administration, monitoring and review of medications.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

##### Comments

Peoples medication is stored in their bedrooms and a stock is held in the office. The controlled cabinet is tin and wall mounted, all staff have keys with them at all times.

Some people self medicate with support, other people have staff witness them taking medication.

Ordering of stock is completed online and most people supported can do this for themselves with staff support if required.



There is a weekly medication check which is done with people supported in their rooms and includes medication kept in the office. Controlled drugs are checked daily.

One of the Team Leaders carries out medication audits every two months which is signed off by the Manager.

Staff receive medication training as well as medication competency tests.

There is an activity sheet for the week which includes medication checks as well as tenant and staff meetings (minuted).

Two staff (leads) are medication managers and all staff are medication trained.

Epilepsy medication is administered by staff members who are trained by an Epilepsy nurse or by the council training.

The medication policy is dated August 2024 and is due for review in August 2025. The policy covers covert medication as well as Un-prescribed Medication, Homely and Complementary Remedies.

Each care plan has a section on Health & Medication. One person's plans stated that all appointments are up to date and the other plan stated that the person's family would arrange and attend health appointments, however they have also agreed to start to step back to allow the person to gain more independence in this area.

All people supported have annual health reviews and staff manage any health action plans.

A MAR chart viewed was completed by the person supported with staff support.

## Standard 12 - Staffing and Staff Deployment

(F02) Rotas and records show that there are sufficient staff on duty with the right knowledge, experience, qualifications and skills to provide effective care and support. This includes senior managers / supervisory staff

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

### Comments

Two weeks rotas for February were viewed and showed:

- 2 to 3 staff throughout the day from 7.30 am to 11.30 pm
- Which staff are covering sleep in (the service has one sleep in)
- Staff who cover sleep ins usually work from lunch time to evening, then sleep in and work till around 3.30 pm the next day

No staff work over 40 hours a week but the Manager confirmed that they have all signed the Working Time Directive agreement.

The service does not use bank staff.

All staff are medication trained.

(F03) The provider has robust mechanisms in place to manage both expected and unexpected changes in the service in order to maintain safe, effective and consistent care (for example to cover sickness, vacancies, absences and emergencies). The provider has a system in place to monitor the working hours of staff across services to ensure that any working patterns do not have a detrimental impact on the care and support of service users.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

## Comments

The assessor reviewed the Business Continuity Plan (BCP)

### Overall Summary of the BCP

The Business Continuity Plan includes detailed procedures for handling various emergencies and maintaining high standards for accommodation and staffing during crises. It emphasises effective communication, provides for transport and IT contingencies, and includes essential forms such as emergency response checklists, business impact analyses, and critical function priority lists to support senior staff in planning and recovery efforts. Overall, the plan aims to minimise the impact of crises and ensure a swift recovery through structured guidance and resource allocation.

### Summary of Forms and Checklists:

The document contains forms and checklists including the Emergency Response Checklist, Business Impact Analysis, Critical Function Priority List, Action Plan, Key Contact Sheet, and Log Sheet to offer a systematic approach for handling emergencies and maintaining business continuity for the Outlook Foundation.

### Accommodation arrangements in an emergency

If accommodation is seriously damaged, residents and tenants may be temporarily relocated to the Foundation's other premises with minimal disruption. If further assessment shows that extensive repairs are needed, alternative accommodation will be provided to ensure residents and tenants have a safe and suitable place to stay during the recovery process.

### What If .....? File

The 'What if .....?' file is part of the Business Continuity Plan. It offers guidance to staff during emergencies, accidents, incidents, or other events affecting the organisation. This file is always accessible to all staff and regularly updated for relevance and effectiveness.

### Recommendation

The assessor noted that the BCP does mention short-term accommodation in case of an emergency. Provider to confirm any short-term alternative accommodation i.e. for one day or a few hours, in the event of a short term emergency.

The lead for IT ensures that the hard drives are backed up and everything is saved to one drive.

## Standard 14 - Assessing and Monitoring the Quality of Service Provision

# Surrey CC Supported living and non-regulated services for Jean Marshall House

Exported 30/06/2025 08:21 by The Outlook Foundation

(F05) The provider has clear mechanisms in place to enable people, including staff, to raise concerns about risks to people and poor performance openly and provide information about the quality of the service to people who use the service.

☐Excellent ☒Good ☐Requires Improvement ☐Poor ☐Not Assessed

## Comments

All policies including Complaints, Equal Opportunities, Grievance, and Whistle Blowing, are accessible and regularly reviewed.

Quality Assurance feedback surveys were sent to tenants, family and staff in December 2024 which is completed annually.

The questionnaire sent to tenants focusses on choice and control, asking what activities they want, for example one person wanted to do Laser Zone. Another area raised was the decoration of the house which was implemented, the people supported chose paint colours, walls, flooring which they did through being shown pictures and online as well as samples.

The HR system has the Whistleblowing policy which all staff have access to and they have to sign and send updates. Kate checks that policies have been signed for and will chase.

The notice board has a Whistleblowing document with details and contacts.

(F04) Records show that the provider continually gathers and evaluates information about the quality of services delivered to ensure that people receive safe and effective care and support and uses this to improve services by learning from, and acting on, any information including, but not limited to: comments and complaints, incidents, adverse events, errors or near misses, audits and local or national reviews.

☐Excellent ☒Good ☐Requires Improvement ☐Poor ☐Not Assessed

## Comments

The Assessor met with the The Director of Quality Assurance (QA) who fed back as follows:

Annual Quality Assurance audits are sent to parents, visitors and carers as well as stakeholder questionnaires and staff survey which were last sent in December 2024. The Manager questionnaire is linked to the CQC standards and used as internal audit.

The QA Director creates action plans which evidences the actions taken.

Tenants attend Committee meetings which are held quarterly and ad hoc as to when the tenants want them. For example, one action plan stated that they wanted the meetings to be more frequent and face2face, however there was low attendance at the February meeting and therefore the frequency was discussed, the tenants also said they would prefer online meetings in future. Tenants are able to feedback any comments/ suggestions, and they are currently planning summer party.

Tenants' representative meetings are held with trustees quarterly. The rep from each service gathers and feedback on behalf of all the tenants in the individual homes.

Parent's representatives also gather feedback from parents for Trustee meetings.

The Senior Management team meet annually to look at lessons learnt which includes near misses, what's gone well, what could have been done better.

Other audits carried out are:

- Internal medication audits which include systems
- support audits to look at keyworkers documents and any gaps discussed
- H&S inspections and audits.

In addition to the above surveys, meetings and audits the QA Director looks at Brighton & Hove City Council audits and contract reviews plus CQC inspection action plans.

## Standard 15 - Using Information and Dealing with Complaints

(F07) There is evidence that the provider gathers responds to and acts upon feedback, comments and complaints about the/to improve the service. The provider maintains records about complaints, including any relevant and factual information about the investigation, responses, outcome and actions taken.

☐Excellent ☒Good ☐Requires Improvement ☐Poor ☐Not Assessed

### Comments

Staff are able to feedback via surveys, supervision and managers are currently looking at team building days, staff meetings are held every two weeks.

Minutes of the meetings are distributed and staff are required to read and sign.

Notes from a tenants meeting was viewed which was dated 11/2/25 and noted that discussions included how people are, suggested holiday destinations, health and safety issues e.g. said kitchen door is slamming again. In September 2024 there was a discussion about the paint for the hall and landing (majority yellow) – all read and signed, dated.

Outlook have an AGM meeting which all staff are invited to and is carried out on Zoom. There is also a Committee meeting every quarter which is overseen by the Quality Assurance Director, everyone is invited and talk about things like summer party, how done etc.

The home used to have comments box but this never got used and therefore feedback is sort through other means such as surveys, daily feedback to House Manager and forums (as above).

There are currently no complaints. The Quality Assurance lead gave an example of a low level complaint and actions taken, this was following a holiday where a staff member supporting the group went to the wrong train station and raised an issue around communication. The Trustees talked to staff teams, reminding them to use the holiday planner and fed this back to the family.

Managers and staff have frequent interaction with parents. They have good relationships and promote tenants to voice what they want. Staff do not enter bedrooms without the person's permission first, an example of this was when one of the people supported was out their parent wanted to pick up golf clubs for cleaning and staff contacted the person first to check they can do this, the person gave permission but insisted that their putter is not taken away.

(F06) There is evidence that the provider fully considers, responds appropriately and resolves, where possible, any comments and / or complaints received. That they learn from feedback and share this learning to improve the experience of service users who use the services. They keep adequate records about complaints, including any relevant and factual information about the investigation, responses, outcome and actions taken.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

## Comments

The CEO overseas any complaints which they discuss openly and feedback is encouraged. The registered manager was not aware of any outstanding complaints.

Niggles' are discussed at regular tenants meetings, notes taken and shared with everyone. A copy of the notes are displayed in the home for a week.

People supported can also raise concerns with the support workers and these are recorded on the daily log, for example one person complained it was chilly and they were shown how to use the thermostat.

## Standard 16 - Records

(F11) Records evidence that a range of appropriate and effective audits have been analysed and action plans developed. That action plans include timelines, the staff responsible and that any progress / completion of the actions is clearly recorded. Audits have clear robust criteria to ensure consistency. Best practice is for the provider to use external auditors to assess their service.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

## Comments

Hospital passports are in place and the Manager stated they are now due for review.

The Director of Quality Assurance sent copies of the audit action plans to the Assessor.

All action plans are set out in a word document with the area of need, explanation of action to rectify, when to be completed, person responsible, and action taken

The staff survey for 2024 highlighted positive comments and areas of improvement, for example, staff requested more meetings and a checklist was put in place for Managers to monitor so should improve moving forward.

The Quality Assurance action plan for 2024-25 covers all the services and focusses on Manager responsibilities such as staff shifts, audits and needs of the people such as activities. This also showed the example given by the QA Director regarding tenants requesting more meetings and included the outcome.

The tenants survey was very positive about the support they receive stating 'staff are amazing' . The needs were put

into a table with actions, this also noted where issues could not be resolved for example, the airflow in the kitchen but not possible to add a window and this was fed back to the tenants. Another action was to explain the organisation's mission statement, this was discussed with the tenants and noted that they are now clearer.

The Partnership feedback is for parents and visitors and again was very positive about the staff and support. One of the comments raised is a request for an update on actions when completed rather than an update at the next review and is noted as ongoing. **Recommendation:** Consider adding to action plan a column to add a date when the parents/ visitors are updated on actions, this could be rolled out for all the action plans.

Overall the feedback surveys were extremely positive and the suggestions helpful for service improvement which are being implemented by the responsible Managers.

(F13) Records show there are robust systems in place to oversee the management of a person’s finances. These are supported by risk assessments and reflected in support plans.

☐Excellent    ☒Good    ☐Requires Improvement    ☐Poor    ☐Not Assessed

Comments

Care plans have a section called 'Managing Money'.

One care plan stated the person has control and is sensible with money (looks for bargains in supermarket). They also do maths homework to improve their understanding of figures. It was noted that the person approves the managing money support plans and was dated May 2024.

Another care plan also stated that the person has control of their money with an action that their parents oversee this. The risk was rated low, the plan was signed that they are aware of their support plan and dated April 2024.

People do not require Mental Capacity assessments or Best Interest decisions as they have capacity.

## Progress Summary

	Section A	Section B	Section C	Section D	Section E	Section F
Standard 01 Complete	Standard 01 Complete	Standard 01 Complete	Standard 01 Complete			
Standard 02 Complete	Standard 02 Complete		Standard 02 Complete			
Standard 03 Complete	Standard 03 Complete					
Standard 04 Complete	Standard 04 Complete					
Standard 05 Complete		Standard 05 Complete				
Standard 06 Complete			Standard 06 Complete			Standard 06 Complete
Standard 07 Complete		Standard 07 Complete				
Standard 08 Complete						Standard 08 Complete
Standard 09 Complete					Standard 09 Complete	
Standard 10 Complete					Standard 10 Complete	
Standard 11 Complete				Standard 11 Complete		
Standard 12 Complete						Standard 12 Complete
Standard 13 Complete				Standard 13 Complete		
Standard 14 Complete						Standard 14 Complete
Standard 15 Complete						Standard 15 Complete
Standard 16 Complete						Standard 16 Complete

## Provider Comments

The Outlook Foundation 07/05/2025 11:42

In the Safeguarding section page 15 it states Supervisions are monthly. **They are offered bi-monthly.**

In the Management of medicines section page 24 it states Epilepsy medication is given by a staff member who was trained as a nurse. **This is incorrect, this medication would be administered by staff members who are trained by an Epilepsy nurse or by the council training.**

Standard 14 - Assessing and Monitoring the Quality of Service Provision page 26 states however no one attended February meeting and therefore the frequency was discussed, the tenants also said they would prefer online meetings in future. **It was low attendance and not 'no one'.**

Standard 14 - Assessing and Monitoring the Quality of Service Provision page 27 The Trustees meet annually to look at lessons learnt which includes near misses, what's gone well, what could have been done better. **It is not 'Trustees' that meet it is the senior management that meet.**

Standard 15 - Using Information and Dealing with Complaints page 28 states The Quality Assurance lead gave an example of a low level complaint and actions taken, this was following a holiday where a parent went to the wrong train station and raised an issue around communication. The Trustees talked to staff teams, reminding them to use the holiday planner and fed this back to the family. **This was not the parent that went to the wrong station. It was a staff member supporting the group.**



## Notes

clair.hopkins@brighton-hove.gov.uk 24/04/2025 10:01

The assessor reviewed the Bullying and Harassment Policy Statement

### Summary of the document

The Outlook Foundation's Bullying and Harassment Policy aims to ensure a safe workplace for all individuals involved. It outlines the definitions, actions to take if bullied, formal procedures for complaints, and responsibilities of individuals.

### Action if Bullied

Individuals should not hesitate to report distressing behaviour. Steps include informing the bully their actions are unacceptable, recording incidents, and seeking support from senior management or the CEO. If informal methods fail, submit a formal written complaint with details of the bullying, including dates, times, and witnesses.

### Formal Procedure

Upon receiving a complaint, immediate action will separate the accused from the complainant, possibly through suspension with pay if the accused is a staff member. Confidential investigations will be completed within five working days. The accused can defend themselves and be accompanied during the hearing. Penalties will align with The Outlook Foundation's Disciplinary Procedure. Hearing results will be provided in writing within fifteen working days. If unsatisfied, the complainant can request a second hearing within seven days, which will be scheduled within ten working days.

### Responsibilities

Individuals are expected to conduct themselves in a manner that contributes to a respectful and non-hostile environment for both them and their colleagues.

### Recommendations

There are a few areas where additional information could enhance the document by adding: details about support services like counselling, information about training programs, proactive preventive measures, anonymous reporting options, follow-up and monitoring procedures, an overview of relevant laws such as the Equality Act 2010, and specific contact details for handling complaints.