

Achieve Together Limited

Lambourne House

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?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Lambourne House is a care home providing accommodation and personal care for up to nine adults with learning disabilities and/or a variety of associated health and support needs. At the time of inspection, the service was supporting nine people. People live in one large house.

People's experience of using this service and what we found

Right Support

People and relatives told us staff supported people to take part in activities and pursue their interests in their local area. A visiting professional told us about how staff engaged with people to participate in activities, "Staff interact with people in a positive way, everyone is supported to access activities". Staff supported people to play an active role in maintaining their own health and wellbeing. Relatives were consistently positive about how people were supported, their feedback included, "I trust them", "They know all of [persons] likes and dislikes" and "I'd never like them to be moved".

The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment. This met their sensory and physical needs, while making it feel homely. One relative said, "The home is fantastic – very much so".

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs with genuine regard for the person. A relative said, "[Person] is very well cared for". Relatives were assured staff supported people well, their comments included, "They're all very well looked after", "Its lovely there", and "[Person] is always happy".

People received care that supported their needs and aspirations, was focused on their quality of life, and followed best practice. A relative told us how staff had supported their loved one with daily living skills. "I was so impressed, [staff] were kind and patient, connected with [the person]". Staff sat with the person and provided encouragement. This supported the person to work towards being more independent with this task.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. People and relatives told us they felt safe.

Right culture

Staff placed people's wishes, needs and rights at the heart of everything they did. The registered manager and staff understand the importance of family to the people and make communication a priority. A relative said, "I can just call and say I'm popping over and they always say fine." Relatives spoke highly of the registered manager and staff, and one told us, "[Person] needs a lot of help from special people. Everything we would want is provided by them."

People and those important to them, including advocates, were involved in planning their care. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. We saw staff fully involving people with activities and tasks of their choosing. People's quality of life was enhanced by the service's culture of improvement and inclusivity.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 25 September 2020 and this is the first inspection.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture. This was a planned first inspection following registration with the Care Quality Commission (CQC).

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our safe findings below

Is the service effective?

Good ●

The service was effective

Details are in our effective findings below

Is the service caring?

Good ●

The service was caring

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our responsive findings below

Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below.

Lambourne House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors and an Expert by Experience carried out the 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.

Service and service type

Lambourne House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced

What we did before inspection

We reviewed information we had received about the service since registration with CQC. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This

information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke or communicated with nine people who used the service and four relatives about their experience of the care provided. People who were unable to talk with us used different ways of communicating including Makaton, pictures, photos, symbols, objects and their body language. We spoke with six members of staff including the registered manager, deputy manager, senior support workers and support workers. We spent time observing the support and communication between people and staff in shared areas of the house.

We are improving how we hear people's experience and views on services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked that this was a suitable communication method, and that people were happy to use it with us. We did this by reading their care and communication plans and speaking to staff or relatives and the person themselves. In this report, we used this communication tool with three people to tell us their experience.

We used the Short Observational Framework for Inspection (SOFI) spent time observing people. SOFI is a way of observing care to help us understand the experience of people who could not talk with us

We reviewed a range of records. This included four people's care records and numerous medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who regularly visited the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. A visiting professional who had regular contact with some people living at the home told us, "The home has been extremely transparent in keeping me updated with regards to any incidents and any safeguarding raised. Their communication with me has been very good".
- Relatives consistently told us people were safe, "They're definitely safe yes". Another said, "[Person] is 100% safe there. I know this because I'm there visiting them". The service ensured safeguarding information was available to people in a variety of formats this included Widget – "A symbol-based language used predominantly for people with learning disabilities" and autistic people.
- Staff had training on how to recognise and report abuse and they knew how to apply it. Staff we spoke with confirmed their safeguarding knowledge. Their comments included, "Safeguarding was about being aware of any changes in people's demeanour," and for people, "To know they can always approach staff". Staff were able to describe how they responded to concerns and this included reporting this to their manager and keeping appropriate records. It was evident the provider operated an effective safeguarding system which ensured people were kept safe from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions. Staff had completed detailed risk assessments with people. People received support from staff who understood risks identified in support and risk plans. One person had been noted as requiring staff support to eat safely. We observed them choosing where they wanted to eat their meal and receiving their support sensitively, with choices being acknowledged in accordance with the assessment. This ensured the person received support to minimise risks in a manner which ensured choice and control was maintained.
- Staff assessed people's individual needs and did their best to meet them. Relatives provided positive feedback about how staff had met people's needs. Relatives told us, "They receive appropriate care to meet their specific needs". Another said, "They look at the barriers and their likes and dislikes." One spoke of how the staff had supported their loved one to manage risks when they were upset, "They've put things in place so [person] can have as full life as they can".
- People's care records helped them get the support they needed because it was easy for staff to access and keep high quality care records. Staff kept accurate, complete, legible and up-to-date records, and stored them securely.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk. For example, we observed staff completing fire system checks in accordance with the

providers policy and procedures. Staff had completed Personal Emergency Evacuation Plans (PEEPs) for people which included consideration of specific risks. The registered manager spoke of how they had worked with the Fire Safety Service to help keep people safe by appropriately sharing information about risks. This provided assurance risks to people were being assessed and managed effectively.

- The provider ensured any lessons learnt from incidents in other locations were shared with the service. The registered manager told us managers had regular discussions about concerns or risks and how learning was shared. For example, the fire safety records included a summary of incidents which had been identified in other locations and what was learnt from them. This meant staff had opportunities to learn from incidents in other services and reduce the potential for similar incidents to occur.
- The registered manager shared with us how incidents are discussed in staff meetings and how this impacted on staff practice, "We debrief and learn from incidents." Staff were positive about how incidents were managed, "We review our approach and discuss things in handover". Records confirmed this open and transparent approach to learning from incidents.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. One person told us how staff had supported them to take part in activities when they wanted, "I go to gym in the evening and football". Staff were deployed in accordance with people's support needs, records confirmed this.
- The registered manager had assessed staffing requirements in relation to ensuring these were maintained at safe levels. They told us of recruitment challenges they were working through and provided details of contingency measures which included the registered manager providing direct support when needed.
- People were supported by staff who had been recruited and inducted safely. Staff knew how to take into account people's individual needs, wishes and goals. Relatives spoke positively about how the registered manager deployed staff, "The [Registered manager] makes sure it's staff who know them well".
- Observations of staff provided assurance of their knowledge and skills supporting people with their communication needs and using agreed techniques. For example, one person was observed being supported by staff using Intensive Interaction. "Intensive Interaction is a practical approach to interacting with people with learning disabilities who do not find it easy communicating or being social" (British Institute of Learning Disabilities, BILD). Records confirmed this was an agreed approach for this person.

Using medicines safely

- People could take their medicines in private when appropriate and safe. People's medicine support had been individually assessed, this resulted in some people having their medicines in cabinets in their rooms. Staff went to the person's room to support them with medicines.
- Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome. One relative spoke of how the service supported their loved one to manage epilepsy, "If there is any problem with medicine, they tell us, [persons] epilepsy is very well controlled". Records relating to medicines confirmed the actions staff took to manage medicines safely.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles. Staff had ensured people's medicine were regularly reviewed with health practitioners and for one person this had resulted in a reduction in the medicines they were prescribed.
- People were supported by staff who were trained and followed systems and processes to prescribe, administer, record and store medicines safely. We observed staff supporting people with medicines. Staff gently explained the medicine and provided sensitive support which respected people's privacy and

choices.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements to keep premises clean and hygienic.
- The service tested for infection in people using the service and staff. They also demonstrated a commitment to supporting people to receive the COVID-19 vaccine. One relative told us how the service had supported their loved one, "Over the years, trying to get an injection in them was horrendous but somehow they've managed it, even the flu jab too, that is amazing".
- The service had a system to monitor the vaccination status of staff and check the status of visitors.
- The service prevented visitors from catching and spreading infections.
- The service followed shielding and social distancing rules.
- The service admitted people safely to the service.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
- The service's infection prevention and control policy was up to date.
- The service supported visits for people living in the home in line with current guidance.
- All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to live healthier lives, access healthcare services and support

- People had support plans which set out current needs and promoted strategies to enhance independence. Plans included, "Healthy to do lists" which supported people, those important to them and staff to work through longer term health goals. One person told us how attending the gym was important to them. It was evident from feedback from relatives the service ensured the person and relatives were involved appropriately. One said, "I'm always involved. They always explain things and email or phone".
- Support plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs. Staff knew people well and records included details of how to support people to make choices. For example, to be aware to not offer too many choices at one time. This ensured people received effective support to make day to day decisions.
- Staff understood and recognised people's sensory needs. We observed staff empowering people to manage their sensory needs. For example, for one person this meant checking cupboards were secure. Staff worked with them in a sensitive manner and offered agreed alternative activities to support this person to transition from this activity. In addition, we observed staff supporting people with communication needs, this included staff ensuring people had access to individual support strategies to help manage what was happening next in their day. The registered manager informed us they were carrying out further research into people's sensory needs and spoke of their plans to develop the sensory room.
- People, those important to them and staff reviewed plans regularly together. Staff completed monthly "key working reports" with people who they were working with, which demonstrated evidence of planning and consideration of the longer-term aspirations of each person. One relative told us, "[Person] has their own care worker, specific to [them]." This meant people received consistent support from staff to work towards future goals, aspirations and follow up on health appointments.
- People had health actions plans/ health passports which were used by health and social care professionals to support them in the way they needed and were supported to access healthcare services. One relative referring to how the staff supported a person with a health concern told us, "They took action straightaway and they called us to let us know." Records confirmed staff ensured people were supported to access healthcare appointments when required.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, mental health needs, communication tools, positive behaviour support, and restrictive interventions. Relatives were consistently positive about staff skills and training,

"They are very well trained and open to new things". "Anything they're not sure of, they refer. They are so on the ball". We saw staff using skills they had learnt, for example staff used Makaton to communicate with people. A new staff member told us how they were being supported to, "Learn a new sign everyday".

- New staff received support in the form of induction, continual supervision and appraisal. Staff spoke about how they had been supported into their role which included regular meeting with the registered manager and a staff member who acted as "buddy" to provide support. One said, "Everyone had been willing to help". A visiting professional told us, "New staff appear to always know who to go to when needing support themselves". Records confirmed staff received support in line with nationally recognised guidance. People received support from staff who received regular update training and support from their peers and managers.
- The service checked staff's competency to ensure they understood and applied training and best practice. The registered manager told us how staff medicine competency was assessed to develop staff skills. This provided assurance the service was supporting staff to develop their skills and maintain best practice.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to maintain a balanced diet. People could exercise choice throughout the day and could access sufficient food and drink. Some people had individual dietary requirements. We observed staff consistently offering people food in accordance with their individual needs. A staff member told us how they supported a person with making food choices, "We write a widget strip, offer a choice of foods on the day".
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way. We observed one person preparing food with staff support. People told us they enjoyed the food. One person gave a thumbs up and a big smile when asked about the food. A relative told us, "They know the things [person] can do, sometimes helps in the kitchen and the garden area. They maximise what ability [person] has."
- People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible. A person who had specific dietary needs was eager to show us where their food was kept in the kitchen. This provided assurance staff were supporting people to be actively involved with specific nutritional needs.

Adapting service, design, decoration to meet people's needs

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs. In addition to bedrooms people could access a variety of shared living spaces which included a garden room and sensory room. The garden room had been decorated in preparation for Christmas festivities and staff told us how people had been involved in decorating the nativity scene on the wall.
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home. Every room reflected people's tastes and interests.
- People had access to a garden where they were involved in growing vegetables and keeping chickens. The registered manager told us how during the recent Covid-19 lockdown they had worked with people to develop activities in the garden.

Ensuring consent to care and treatment in line with law and guidance

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

possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met

- Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making. Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented. Records confirmed capacity assessments had been completed and people and those important to them were involved in best interest meetings. Relatives told us, "We are always involved in best interest meetings".
- Where people had conditions on the authorisation of their DoLS, these were met. The providers systems ensured these were regularly reviewed. This meant people who were subject to DoLS were supported by least restrictive measures which were considered in their best interests.
- Staff ensured that an Independent Mental Capacity Advocate was available to help people if they lacked capacity and they had nobody else to represent their interests. Some people at the home received independent support with decisions. A visiting professional told us, "[Registered manager] likes me to be involved with any review required for the [people] I support. They are keen to tell other professionals I am supporting them". This demonstrated how the registered manager and staff were working within the principles of the MCA.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported, respecting equality and diversity

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. When asked about staff people were consistently positive, two people gave a thumbs up sign along with big smiles. We saw staff engaged in conversations with people in a relaxed and natural manner. Staff consistently demonstrated warmth and respect and described how they had developed connections with people. Relatives spoke positively about how caring the staff were examples included, "They're excellent – all of them" and "They always have the kettle on, it's so welcoming".
- People felt valued by staff who showed genuine interest in their well-being and quality of life. We observed staff taking time to talk with people and engage in their interests with real enthusiasm. The staff member was fully involved with the person writing, they were smiling and making eye contact with each other.

Supporting people to express their views and be involved in making decisions about their care

- People were enabled to make choices for themselves and staff ensured they had the information they needed. Staff took the time to understand people's individual communication styles and ensured people had access to tools they needed to be involved in decision making. We observed staff supporting people to make decisions throughout the day, areas included Christmas decorations and trips.
- People and those important to them took part in planning and making decisions about their support. Relatives confirmed this. One said, "They always call before anything".
- People were supported to access independent, good quality advocacy. A relative said, "They're very good at choosing the right people to help [person]". The registered manager and staff supported people to express their views using their preferred method of communication. We observed this throughout our inspection. A visiting professional told us, "I have sometimes just arrived at the service. I have always been welcomed even right on mealtimes." People were being supported to express their views and received appropriate help with this when needed.

Respecting and promoting people's privacy, dignity and independence

- Staff knew when people needed their space and privacy and respected this. We saw staff providing support to people directly when needed and discreetly observing people to ensure they remained available to people if they were needed. Staff demonstrated respect and sensitivity when offering support with personal care. People's care records provided assurance staff promoted dignity and privacy.
- People were encouraged to do as much for themselves as possible. For example, a person prepared food while staff provided support. Staff told us about "The wheel of engagement board" and folder they were using to explore activities which develop people's confidence and independence. People told us about activities staff supported them with and records confirmed this.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Staff used person-centred planning tools and approaches to discuss and plan with people how to reach their goals and aspirations. For example, there was a keyworker system in place and regular meetings between the person and keyworker were recorded. Records confirmed the plans people were working on. The registered manager told us about how staff were working with people to further develop goals using active support techniques. A staff member described this as, "Building people's confidence." This ensured people had maximum control and involvement with achieving their goals.
- Staff spoke knowledgeably about tailoring the level of support to individual's needs. For example, one staff member told us how they supported a person when they showed signs of distress. A visiting professional gave us another example of how staff respond and provide the level of support needed, "I was sitting on a local train one day and heard staff and two other residents. I recognised the residents, but the staff did not see me. One of the [people] was very loud and I could see members of the public were looking concerned. The staff dealt with the [person] really well and soon had the rest of the carriage relaxed due to the way they were speaking to the [person]."
- Support focused on people's quality of life outcomes and people's outcomes were regularly monitored and adapted as a person went through their life. Care plans included details of Activities for Daily Living (ADL) with details of how they were engaged with household tasks. We observed one person washing the floor with support from staff. Recent records provided evidence of the work staff had been doing to develop people's skills and understanding of the increased risks from the COVID-19 pandemic. One relative told us, "They did a superb job throughout Covid". We saw people washing their hands and showing and awareness of why staff and visitors were wearing face masks. This provided assurance outcomes for people were being monitored and had been adapted in response to risks.
- The service met the needs people using the service and had considered future needs and preferences. The registered manager and staff had ensured plans had been completed with people and families for end of life support. Some people had plans which reflected families would take the lead with decision making. Staff were not currently providing end of life support, however, records confirmed they had considered peoples preferences should they be required.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff offered choices tailored to individual people using a communication method appropriate to that person. We observed staff using different approaches with different people, all were relevant and reflected in support plans. For example, staff prepared a widget strip for a person for them to be supported to understand their plan for the day.
- There were visual structures, including objects, photographs and use of gestures which helped people know what was likely to happen during the day and who would be supporting them. For example, plans identified a person's gestures and what they meant. We saw staff's understanding of these in practice.
- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations. During the inspection people and staff were engaged in various activities for example, playing a game, going to the shop and planning a theatre trip. Each person's communication preferences were met which meant that people with a range of needs were supported to participate in activities.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something. One new staff member spoke of how they had been supported to understand people's individual communication needs. This had included reviewing information within care plans, support from other staff and learning the gestures and signs people used.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in their chosen social and leisure interests on a regular basis. Some activities were structured into weekly plans. This ensured people with complex needs had the opportunity to plan and prepare for the activity. One person said, "I go to the gym in the evening". Another spoke about their interest in trains. One relative confirmed the experience of their loved one, "[Person] goes swimming every week and to local restaurants, goes for walks and sometimes shopping. If there's a birthday they take [person] shopping to get us a present."
- People were supported to maintain contact and spend time with their families. One person told us, "[Staff] help to phone mum and dad". Relatives were consistently positive about how the staff had maintained contact with them. One told us, "[Person] comes home for the weekend every three weeks. [Person] has a lot contact not only with family but the wider family too". Another described telephone contact calls, "They have staff with them, and the staff give a rundown on what they've been doing."

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. One relative spoke of how the registered manager had dealt with a concern, "I phoned once, and it was dealt with immediately. [Registered manager] actually told me to put it in writing too, so it could be made official". Another spoke of their confidence to approach the registered manager with any concerns, "The manager is a good manager, been involved a long time, we wouldn't have a problem in approaching at all." The registered manager operated an open and transparent approach to managing concerns.
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them. People had regular house meetings and could speak with staff and the registered manager.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- The provider kept up to date with national policy to inform improvements to the service. The registered manager had considered guidance including the principles of Right support, right care, right culture. They told us how this had impacted on their work, "It is making us think and question everyday practice. We have talked about it in team meetings". They told us of their plans to further develop their understanding around the sensory and communication needs of people living at Lambourne House as a result of reviewing this guidance.
- Managers worked directly with people and led by example. Throughout the inspection we observed the registered manager working with people in a skilful and relaxed manner. They had a good understanding of people's needs and were able to provide direct guidance and reassurance to staff. Staff and relative's spoke highly of the registered manager. One relative said, "The manager is worth her weight in gold". It was evident from the experiences of people and relative's, management and staff put people's needs and wishes at the heart of everything they did.
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. One staff member told us, "It's a brilliant place to work. [Registered manager] is the most supportive manager I have ever had in all my years in work". Another staff member spoke of how they had been supported, "Cannot fault [registered manager] lovely support, supervision and appraisals". Records confirmed staff being valued, supported to develop and improve practice.
- Staff were supported by development support plans which were structured and focused on developing learning and improving outcomes for people. The management team promoted open communication within the staff team. Team morale was positive one staff member told us, "It's a tight team, we all get along. I enjoy going in every day".
- The provider shared learning from incidents and topics that had come up in their other services which demonstrated ambition to share good practice and a desire for people to achieve the best outcomes possible. The registered manager told us of regular managers meetings where this learning was discussed and actions agreed, records confirmed this.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the services they managed. The registered manager had

been in post in Lambourne House for many years. This was the first inspection under the current provider. The registered manager told us about the process the organisation was going through in terms of reviewing their systems and policies, they described it as, "Pulling together the best bits of two companies". They were able to demonstrate how they maintained oversight of the needs of people and staff using an online management system.

- Governance processes were robust and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. The provider monitored quality through online systems and also completed monitoring visits, more recently these had been completed remotely during the pandemic. The registered manager and staff carried out a variety of audits which included health and safety, staff performance and reviews of people's records. Any actions resulting from these audits formed part of an action plan on which the registered manager reported monthly to their line manager. It was evident from records reviewed actions were being managed effectively.
- The registered manager was aware of their responsibilities to notify CQC of significant events for example safeguarding allegations and serious injuries. Staff gave honest information and suitable support, and applied duty of candour where appropriate. The registered manager ensured staff meetings included opportunities for staff to reflect and learn from practice. This provided assurance the quality of the service was being monitored.
- The service operated an open and transparent approach and apologised to people, and those important to them, when things went wrong. Relatives consistently described the registered manager and staff as open and approachable. One told us, "They do everything that is expected of them and they go over and above." They went on to say, "I don't have to worry – I'm reassured".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider sought feedback from people and those important to them and used the feedback to develop the service. Relatives told us the provider asked them to complete regular questionnaires. Feedback was mixed some felt the questionnaires were not always effective. One relative said, "We get a generalised questionnaire every so often. If I needed to – if I thought something was changing, I'd speak to the manager – I much prefer personal contact than a questionnaire". The service also sent a regular email newsletter's, The Lambourne Times which relatives described as helping them stay connected with what everyone was doing.
- The service worked well in partnership with health and social care organisations, which helped to give people using the service a voice and improved their wellbeing. One visiting professional said, "They really do think outside the box, which is very refreshing. I have never had any concerns regarding this home."