

Trustcare Management Limited

Marlborough Lodge

Inspection report

253 Wishing Tree
St Leonards On Sea
East Sussex
TN38 9LA

Tel: 01424854103

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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Marlborough Lodge is a residential care home providing personal care to 6 people who have learning disabilities and complex support needs. The service can support up to 6 people. The home is a detached property situated in a residential area of St Leonards on Sea.

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

The service demonstrated an excellent commitment to providing outstanding responsive support, which put people at the heart of everything. The registered manager led the staff to deliver person centred care, which had achieved consistently outstanding outcomes for people.

Staff went above and beyond to ensure people's needs and wishes were at the centre of everything they did. There was an extensive and varied range of social activities and opportunities. People's care was very personalised and staff demonstrated an enthusiasm and responsibility to ensure that people's individual needs and outcomes were met. Staff had individual roles and the service appointed a number of care champions who led on specific areas of support.

Staff took positive risks, and thought creatively, to ensure people could do what they wanted to and put strategies in place to overcome any barriers to accessing activities and new opportunities. One relative said, "We've experienced a lot of different placements. (The person) has never been happier anywhere. We are so grateful. We put this down to (the manager). She's a superb manager. They work so well together."

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were safe at the home and protected from the risk of abuse. One relative said, "He is very vulnerable, but staff support him everywhere. I feel perfectly content that he's as safe there as he would be at home."

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.

People received kind and compassionate care. People's independence was promoted by staff. People were treated with respect and dignity and supported to make decisions about their care. One person said, "They are very kind. They help me here."

The registered manager and provider were well regarded and had a clear vision for the service which was understood by the staff and embedded within their practice. There were effective quality assurance systems in place that were used to drive service improvements. People, their relatives and staff were asked for their feedback about the home and meetings were held regularly. One family member said, "They've got a great bunch of people. The manager and her team are the best it has been. They do a brilliant job."

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

Rating at last inspection

The last rating for this service was Good. (Report published 3 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

Outstanding ☆

The service was exceptionally 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.

Marlborough Lodge

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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Marlborough Lodge is a 'care home'. People in care homes receive accommodation and 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 the inspection

We reviewed information we had received about the service since the last inspection. 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. We contacted six professionals who have a working relationship with the service to obtain their feedback.

During the inspection

We spoke with three people who used the service and one relative about their experience of the care

provided. We spoke with three members of staff which included the registered manager, team leader and support worker.

We reviewed a range of records. This included three people's care records and 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 the providers statement of purpose. We spoke with two relatives and received feedback from two professionals who have a working partnership with the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt very safe living at Marlborough Lodge. One person said, "I feel safe. By knowing that you've got staff 24 /7 in the home protecting you. You can ring up staff if you are outside and need help."
- People were consistently protected from abuse. Staff told us that they received safeguarding training to ensure they had the skills and ability to recognise when people may be unsafe. Staff had a clear understanding of the different types of abuse, how to recognise these and what to do should they witness any poor practice. One staff member said, "The (people) are all different, so you have to look for different individual triggers and signs."
- There were comprehensive safeguarding policies and risk assessments in place to ensure people were safe from abuse. For example, safeguards were in place to ensure that people's money was protected. Many people at the service were at risk of being financially exploited and were vulnerable due to not knowing the value of money. People were supported by staff to ensure they received the correct benefits, that they stored money appropriately and budgeted. Staff were provided with guidance to ensure all purchases had receipts and were recorded. One person said, "They help me with my money, but I have access to it whenever I want."
- People were protected and safeguarded from potential online abuse. With the agreement of people and their family members, the registered manager had worked with an internet provider to implement a full e-safety policy to safeguard those who used electronic devices and had internet access. This provided a system that blocked unwarranted websites that could potentially affect people's wellbeing. People were supported to remain safe in the community through a safe place scheme. The scheme provides areas in the community for people to access when they feel at risk or need reassurance.
- Incidents had been escalated appropriately where safeguarding concerns were highlighted. The registered manager had made appropriate notifications to the CQC and the local authority to report incidents of concern.

Assessing risk, safety monitoring and management

- Risks had been identified and were clearly documented. People were supported to take risks as part of their daily lives. For example, some people liked to go out for bicycle rides. The registered manager had purchased bikes and safety equipment and arranged for people to attend a safety course to gain confidence. One person still required support in the community, but staff had worked with them so that they could ride their bike independently while agreeing to remain within sight distance of their support worker.
- People safely accessed the community both independently and with support. Risks had been fully assessed to ensure that people were able to be as independent as possible. One relative said, "He is very vulnerable, but staff support him everywhere. I feel perfectly content that he's as safe there as he would be

at home."

- Environmental risks had been assessed. The equipment used to support people had been monitored, checked and serviced regularly. Risks from fire were managed well. People had individual personal evacuation plans to ensure that they were supported properly in the event of an evacuation.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. The number of staff required was assessed based on people's support needs. Some people required one to one support and staffing levels allowed for staff to accompany people on activities outside of the service.
- People and their relatives told us that they felt there were enough staff to undertake people's care safely. One person said, "There's enough staff around the house, daytime and night-time." One relative said, "The registered manager has got a full staff team." Another family member said, "There's enough staff around. They have a steady crew there now."
- Recruitment checks were robust and ensured people were supported by staff who were safe to work before they started work at the service. Checks were made to ensure staff were of good character and suitable for the role. This included obtaining suitable references and undertaking Disclosure and Barring Service (DBS) criminal record checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable individuals from working with people who use care and support services.

Using medicines safely

- People's medicines were managed, administered and stored safely. Staff had received training in the administration of medicines. Staff showed good knowledge of what specific medicines were for. The registered manager was proactive in ensuring that people knew what their medicines were for and why they took them. They said, "It's crucial that they know it's to protect them."
- Medication Administration Records (MAR) showed that people received their medicines as prescribed and these records were completed accurately.
- Where people had 'when needed' (PRN) medicines, staff were supported by comprehensive PRN protocols. These protocols guided staff about the prescribed medicine and how to know that the person needed the medicine. One medicine was prescribed for someone who exhibited behaviour that could sometimes be challenging. Guidance for staff reinforced that their PRN medicine was to be used as a last resort, and that staff should ensure that other interventions were tried before considering their medicine. Records showed that techniques and strategies to reduce anxieties and behaviours had been used prior to using PRN medicines.
- Effective auditing systems were in place to check the quality of staff's administration and management of medicines.

Preventing and controlling infection

- Staff and people ensured that the service was well maintained. People were encouraged and supported with chores to keep their home clean. One person said, "We have a rota for the tasks. I wasn't sure initially but then I realised that it's my home. It's my home and I'd like to keep it clean for visitors and myself."
- The service was odour free throughout the inspection. Staff were observed wearing personal protective equipment when supporting people.
- Environmental health and safety checks were undertaken as well as audits on the effectiveness of laundry. We saw records that showed regular auditing of infection control measures. Comprehensive COSHH assessments had been completed to highlight and reduce risk of hazardous items kept in the home.

Learning lessons when things go wrong

- Lessons had been learnt by staff in order to improve practice and delivery of care. Accidents and incidents

had been completed and the management team analysed these to drive improvements in the care provided.

- The registered manager used outcomes of audits from the provider's quality assurance systems to improve the quality of the service.
- Staff had been proactive in implementing measures when things had gone wrong. For example, when one person had encountered a situation in the community where they felt pressured and confused, staff had responded by liaising with their care management team and supporting them to a specialist clinic to help them understand what meaningful and safe relationships were.
- Staff ensured that they recorded any incidents of challenging behaviour on ABC charts. These are recording tools which records information about a particular behaviour. These help staff to better understand what the behaviour is and how the person is communicating so that they can support the person more effectively.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- The provider carried out assessments regarding people's physical, mental health and social needs prior to them moving into the service. The provider had ensured that protected characteristics, such as people's religion, race, disability and sexual orientation were explored and recorded appropriately.
- People were involved in the assessment process and given information on how staff would support them should they choose to live there. For example, the registered manager met with one person prior to them moving to the service to talk about Marlborough Lodge and be involved in their transition plan. Staff continued to gather and provide information to the person by providing photographs and emails to show how they would meet their needs and lifestyle preferences.
- Where people were unable to advocate for themselves or had no representative that could advocate on their behalf, staff supported people to access an advocate or advocacy service.
- Some people had been assessed as sometimes exhibiting behaviours that may challenge. There were risk assessments and guidelines in place for staff to manage this effectively and safely. These focussed on triggers for any changes in people's behaviour and the specific actions that staff should put in place to support that person.
- People and their family members told us that staff were able to deliver care in line with their guidance. One person said, "My behaviour has improved. Staff listen to me, they put things in place when I get angry."

Staff support: induction, training, skills and experience

- Staff told us that they had the training they needed to work effectively with people. One staff member said, "I've had training in behaviour techniques and how to deal with them. I've dealt with people with behaviour that challenges. This training was specific and tailored to the people who live at the service."
- People told us that staff had the right skills to support them. One person said, "They are well trained. The staff are patient with me."
- Training had been identified according to the needs of the people living at Marlborough Lodge. These included positive behaviour support, moving and handling, safeguarding, Mental Capacity Act (MCA), medication and person-centred support.
- New staff were expected to complete the care certificate. The care certificate is a set of standards for health and social care professionals, which gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.
- Staff told us that they felt well supported in their roles and were provided with regular supervision sessions. One staff member said, "I'm supported brilliantly. They are very good at supporting us and I have supervisions regularly. Issues are sorted out there and then."

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

- People were supported to have enough to eat and drink and told us that they liked the food they received. One person said, "The quality of food is good and always cooked well. It's always different every day so they don't repeat themselves. We have a theme night where we can choose where we want food from."
- People were given choices of what they wished to eat and were provided alternatives if they requested this. People were encouraged to have a balanced, healthy diet. People's food likes and dislikes were recorded in detail.
- There was a Healthy Eating champion to support people in meal planning and ensuring that people received healthy diets that met their needs. They used pictorial menus and pictures for people to choose what food they wanted.
- We observed all those in the service eating a meal together happily. Each person was enjoying the food that they had chosen, and staff were at hand to support them when needed.
- People's specific dietary needs were known and met effectively by staff. For example, one person had difficulty eating and swallowing and required food to be soft and cut into small pieces. The guidance had been provided by Speech and Language Therapists (SALT) and we observed this was being followed by staff.
- People's cultural wishes were supported. One person told us that staff were sensitive to the dietary conditions of their chosen faith and ensured that they were provided with appropriate alternatives.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked together to receive consistent, coordinated care when they used, or moved between, different services. For example, some people had moved from hospital settings and other homes and required a planned transition to ensure their emotional and physical wellbeing was maintained. Staff had used information from the local authority and met with people to discuss their move.
- People had been involved in their transition plans to feel empowered and to improve confidence. Staff had kept them informed prior to their move by sending emails and pictures of the service and staff. Staff had discussed their interests and hobbies and informed them of how they could fulfil these at their new home.

Supporting people to live healthier lives, access healthcare services and support

- People had access to a range of healthcare professionals. Records showed that referrals to specialist services like psychologists and SALT were made in a timely manner.
- People's needs were detailed within hospital, or care passports. This provided details to clinical staff as to what the person's current health and care needs were should they be admitted to hospital.

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

- The design and decoration of the service was suitable and adapted to meet people's needs. For example, staff ensured that one person with a sensory impairment was supported to move around the service safely. Their relative said, "The manager is very good. They ensure that furniture stays in the same place so (the person) knows where things are. He's got his own cupboard in the kitchen, so he knows where he's got things and where to go."
- People and their family members told us how happy they were with the decoration and design of the service. One person said, "It's nicely coloured. We have nice bedrooms." One relative said, "The whole place is immaculate in there. It shines out from all the others."
- People were involved in making decisions about the decoration of the service. People chose how they wished for their rooms to be decorated. One person had been involved in the painting of some areas of the service and in the making of the decking leading to 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 with appropriate legal authority.

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's capacity to consent to their care and treatment had been considered and was documented appropriately. Where people lacked capacity to make specific decisions appropriate, the provider had ensured that detailed assessments had been completed. Decisions made in people's best interests were recorded to show how the decision had been made in accordance with the legislation. The registered manager had made appropriate applications for people where they believed DoLS could apply.
- Where DoLS applications had been submitted, the registered manager monitored when they needed to be renewed and how conditions on authorisations were being met by staff. Records showed that staff were meeting the conditions on the relevant authorisation.
- Staff understood their responsibilities regarding the MCA and demonstrated a good knowledge on seeking consent and people's capacity to make decisions.
- People told us that staff asked them permission when providing care and offered them choices. One person said, "They always ask permission about what I want."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Staff were skilled in giving people reassurance and comfort. People responded to gentle humour and engagement. Their reactions showed they were at ease with their place in the home's community and with the staff supporting them. Staff interactions were good humoured and caring. One person said, "It's a lovely atmosphere here. We can all have a joke." One relative said of their loved one, "They have lovely interactions with the staff. They are quite fond of each other." Another relative said, "It's like a little family and they look after each other."
- Staff promoted people's equality, diversity and ensured their human rights were upheld. For example, staff recognised how choice was important to people to ensure their individuality. People's cultural and religious wishes were supported by staff. One person was independent in accessing services of their chosen faith but told us that staff would show interest in learning about their religion. One person said, "They are just so caring, I've introduced staff to my (religious) book and explained things to them."
- Staff provided people with emotional support when they needed it. One person said, "The staff are fantastic. If I didn't have them around I don't know how I would cope." People sometimes needed support to understand complex feelings around relationships.

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

- People were encouraged to express their views and make decisions about every aspect of their care. The provider's statement of purpose states that they 'aim to form lasting relationships with our (residents) by involving them to make informed choices through information sharing'.
- People told us, and our observations confirmed, that the provider was honouring that aim. One person said, "The staff know what they are talking about. They give me healthy choices and I take on board what they say."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect when helping them with daily living tasks.
- People's bedrooms gave them privacy and space to spend time on their own if they wished. Bedrooms reflected people's specific interests, such as pictures and posters on the walls. Staff told us how they maintained people's privacy and dignity when assisting with care. For example, by knocking on bedroom doors before entering and being discreet, closing the curtains and gaining consent before providing care. One person said, "I do get my own privacy. I get a good balance between privacy and sociability."
- Staff adopted a positive approach in the way they involved people and respected their independence. We observed how staff involved people in their care and supported them to make decisions. For example, how

they wanted to spend their day. They did this skilfully through the use of people's preferred communication methods, such as signs, symbols and objects of reference to enable them to decide what they wanted to do.

- People were actively encouraged to be as independent as possible. They took an active role in learning and completing daily living tasks. One person said, "I help staff in the kitchen like washing up. I like doing this. I do gardening now and again." Another person said, "They help me with how to budget with things. Staff help me with washing my clothes. They show me how to do the laundry and use the machines. I clean my room every morning."

- Staff spoke fondly about people and were keen to ensure people had a good quality and meaningful life by thinking about other activities they could explore for people.

- The service followed current data protection laws. The information we saw about people was kept confidentially. This meant that people's private information was kept securely.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's support was planned proactively and in partnership with them. There were creative and innovative ways of providing highly personalised care. People and their relatives consistently praised the exceptional support they received from staff and emphasised the responsive and person-centred way their care was provided. One person said, "This is the best home I've ever lived in. I give it 10 out of 10." One relative said, "If we ask them to do something they are always accommodating. It says five stars on their door and it lives up to its rating."
- People experienced an exceptionally responsive service where staff went above and beyond to ensure people's needs, wishes and aspirations were at the forefront of everything they did. Health care professionals all told us that people's needs and wishes were at the centre of the home and described staff as having a person-centred approach. One professional told us, "The project is delivering high quality services and person-centred care. They work with key organisations and promoting an open and fair culture to meet the specific needs of my client."
- People were placed at the very centre of their care and were able to develop and grow in confidence. The staff developed strong relationships with people and fully understood what caused each person stress or anxiety and may therefore be a barrier to achieving something. People with complex needs, who at previous placements had experienced significant and complex behavioural challenges, had been supported to transform their lives and live successfully in their local community. Staff had supported people to transition from children's services and long-term accommodation to prosper and develop in the community. For example, one person had seen a significant reduction in incidents of challenging behaviour through strategies employed by staff and through support to develop and grow in the local community.
- The person was supported to achieve this reduction in behaviours as a result of the provider's commitment to behavioural support, responsive support planning and well-trained staff. Staff developed positive behaviour management support plans which, the provider stated in its PIR, is an approach supported by the British Institute of Learning Disabilities and Non-Abusive Psychological and Physical Intervention. This is an organisation that supports individuals who are in distress and may display behaviour of concern. One staff member said, "He can get information (elsewhere) which he finds difficult to process. We helped in dealing with this information. We reason with him and he understands. He repeats things when he gets anxious, and we reiterate what's right and reaffirming things, so it will stick with him." One relative said, "The team are extremely good as they know the trigger points and do their best to avoid them. Everyone knows how to avoid any situation arising that causes problems. They are extremely good in anticipating problems and steer things away. I feel very comfortable that they do all they can to avoid any situation." The person told us, "My behaviour has improved so much. Staff listen to me, they have things in

place when I get angry."

- Staff skills and strategies in reducing behaviours had been so successful that it allowed the person to explore opportunities that were previously unable to. The person had expressed a wish to become actively involved in their local church following their move to the home, and staff enabled them to do this. It was clear that staff had worked closely with the church leader to ensure that the person was able to maximise their potential. Their involvement in church activities and fundraising had prompted their faith leader to contact the service praising their progress and development, and his importance and standing within the church congregation. Their achievements had also been recognised through two nominations for a Peoples Award at the National Learning Disabilities & Autism awards. One professional comment said, "Thank you so much for all your support you have given (the person), this young man has really been able to turn his life around with your assistance."
- Another person with a complex history and needs had been provided exceptional care and supported to successfully transition from secure accommodation to the service. The person had been involved in their transition plans in order to feel empowered and to improve confidence. Staff had kept them informed prior to their move by sending emails and pictures of the service and staff. Staff had discussed their interests and hobbies and informed them of how they could fulfil these at their new home. For example, the person informed staff of a hobby that they loved, and staff sent photos of local places where they could fulfil this wish when they moved. Staff provided an exceptionally responsive approach to the development of the people they supported. The person's progress in managing their anxieties and behaviour had meant that they were successfully undertaken a Princes Trust Personal Development course, learning life skills. One family member said, "If there is something that (the person) or I would like to do, they would move heaven and earth to achieve it."
- People received exceptionally responsive support when there were sudden changes in their physical and emotional wellbeing. For example, a person experienced sudden weight gain due to changes in their medicine and at a time when they were experiencing anxieties. The person had expressed an interest in buying a bike, so staff supported them to do this. The person was enabled by staff to enrol on One For You, a local programme aimed at improving people's health, as well a local authority bikability course to ensure they remained safe. The person was able to carry this out with a degree of independence as staff helped them with route management in the community.

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 fully to engage and participate in activities and social events that they loved. For example, one person had a love of music and told us that this was the way they communicated with the world. Staff recognised the importance of this and went to great lengths to support them. For example, the person wished to attend evening music concerts and performances. Staff arranged their schedules and working patterns to accommodate these wishes so that they could support the person to many evening performances at the theatre. Staff encouraged them to practice their music in communal areas and we observed them doing this. It was clear that these occasions were relaxing and enjoyable not only for the person, but other people and staff too, creating a homely inclusive atmosphere. The person said, "It's my way of communicating." Their family member told us, "He has a lot of activity which is wonderful for him. It's accommodated by the manager and staff, and they ensure he has help to achieve what he wants to." One family member said, "The manager makes certain that everybody has something appropriate to their needs and wishes. They all want to do something different."
- People received exceptional support to fulfil their wishes to become involved in community projects and fundraising events. People told us they felt valued and accomplished through their participation in these projects. People were supported and enabled to research their areas of interest and finding community links they could become involved in. For example, people loved the seafront area near where they lived, and

volunteered to participate in a beach clean environmental project committed to marine protection. We saw photographs of three people actively participating and loving being part of the project. One person said, "I thought it was quite interesting and nice to be at the beach in the summer. It was good to help in the community."

- People were fully involved in organising fund-raising events to support local charities and organisations. People chose to raise money for the local hospice and a Hawaiian themed summer event was arranged in the garden of the service where they were involved in choosing and making their own costumes and decorations. People were involved in fund raising for another local service that supported people with learning disabilities. The event helped to pay towards a new visual arts studio for that placement and was so successful that people chose to hold the event annually.

- People were actively involved in a dignity tea party fundraiser to celebrate Dignity Action Day. This was a day to support people's right to dignity and to ensure people who use services are treated as individuals and given choice and control in their lives. People, staff and their loved ones made cakes and decorated the service to demonstrate their support for this cause.

- We observed people having constructive and active conversations with staff about the service and their support, and it was clear that people felt valued in their involvement. Staff supported this by encouraging people to be involved in the recruitment of new staff. One person had taken part in the interviewing of new staff members and told us they felt very proud of their role. They said, "I loved it, it made me feel fantastic." this.

- People were enabled by staff to research and undertake new projects in areas that were socially relevant to them. For example, one person took an interest in gardening and growing vegetables and had their own vegetable patch in the garden which they attended to. The registered manager was organising for them and others in the home to enrol on the Friary Gardeners scheme with the parchment trust. This offers horticultural training and greater independence to adults with a wide spectrum of learning difficulties in the local area.

- People's wish to live as full a life as possible was recognised, and staff supported and enabled them to pursue vocational opportunities to further educational needs and support lifelong learning. People had been supported to attend open days and research information on training and employment with providers such as Project Search. Two people at the service were successfully undertaking college courses in life skills. One person said, "I've completed an IT course and getting my certificate in the autumn."

- People's life histories were captured in their care plans and these provided indications of interests and preferences. Staff ensured people were supported to fulfil these interests. For example, one person was passionate about trains. The person was involved in the arrangements to visit a local historical heritage railway for a picnic lunch and dinner. Another person was interested in cricket. They told us, "I've done some cricket and staff helped me join the Hastings disability team."

- Milestones in people's lives were remembered and celebrated with the support of staff. Staff arranged for a surprise birthday party, with family and friends invited, for one person who had been living at the service for ten years. Another person told us proudly about how the manager was arranging their upcoming birthday celebrations. The person said, "I really do love this home. It is my birthday coming up and the manager is arranging everything. My keyworker has gone out of his way to buy me a present for my birthday. That's what I like, he knows I like music."

- People were supported by proactive keyworkers to set personal goals and work proactively to achieve them. People had monthly reviews to review what they had achieved and to set new challenges and outcomes. People told us they found these very useful and that they worked closely with their key workers on their development. Key worker reports showed that people's objectives were being consistently met. For example, one person had requested to take up a boxercise class and this had been achieved prior to their next meeting.

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.

- The provider had considered and implemented the guidance within the Accessible Information Standards (AIS). The provider had identified people's different communication needs, in line with these standards, and had assessed how information should be recorded or shared with the person in an accessible way that met their communication needs.
- People were involved with their keyworkers in developing and producing personalised pictorial communication books. People chose their own pictorial prompts and references to show who they were, what was important to them, and how they wished staff and others to communicate with them. One person said, "They are so helpful. Staff know how to speak to me and help me understand." One staff member said, "They have everything in place for them. They have freedom to express themselves."
- People were given information about their care, and about their home, in ways they understood. People were involved in putting together easy read newsletters to show others their achievements and successes. People were informed through an easy read complaints policy and safeguarding policy to ensure they were comfortable, and felt safe, raising any concerns.
- The registered manager had responded to recent care industry concerns about people's oral health by producing an easy read pictorial oral health care guide. This showed people how staff would support them to maintain good oral care.
- The registered manager had considered the use of assistive technologies to improve people's experiences. People had access to different technologies to meet their needs and to overcome barriers with their communication and language. One person, whose first language was not English, was supported through an electronic device to translate words from their native language into English to communicate their wishes and feelings. The impact of this was that it reduced the barriers of communication, while allowing them to integrate with others whose first language was English and avoid any social isolation.

Improving care quality in response to complaints or concerns

- The registered manager confirmed that no formal complaints had been received but that the staff team took complaints seriously. They also kept a record of any minor concerns or issues discussed with them and the action they had taken in response.
- People and their relatives we spoke with, could not recall having to make a formal complaint. Relatives told us that minor issues that were raised were dealt with quickly and professionally by staff. One relative said, "Issues are most definitely dealt with professionally. If I'm anxious about something I'll pick up the phone to speak to (the manager)."
- People understood they could raise any concerns and staff had developed open and honest relationships with them to allow them to feel comfortable doing so. People were supported to raise any issues through an easy read complaints policy that they could follow.

End of life care and support

- No one was receiving end of life care at the time of the inspection.
- People were supported to develop pictorial end of life care plans with photos of people they wished to be involved in their support. Plans contained pictorial instructions on what they would like to happen to their personal possessions, including any charity donations they wished to be made on their behalf and what personal items to be given to friends.
- The registered manager had developed a bereavement pack to provide support and information to people's loved ones in the event of their passing.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; 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

- People, their relatives and staff spoke highly of the skills and approach of the registered manager. One person said, "I think very highly of (the manager). (They) know everything." Another person said, "The manager is fantastic. She does so much for the home to a really good standard. She wants it to be good here and that's what I like about her."
- The culture of the home was positive and enabled people to live how they wanted to. There was a relaxed and friendly atmosphere within the home. A member of staff told us, "It's all positive, we all have a joke and a laugh. We want to create a homely atmosphere."
- Staff worked in a person-centred way to support people to achieve good outcomes. For example, the registered manager and owner hosted annual events for people, their friends and families to attend to building a sense of community and maintain relationships for people.
- People, their relatives and staff told us that the registered manager was approachable and open. One staff member said, "Management support is very good. If you have a problem, it's easy to go and see them. They are always on your side, we are all one team."
- Relatives told us how the registered manager was open and candid with them. One family member said, "I implicitly trust (the registered manager) and that they will take on board if something needs changing and there will be no problem."
- The registered manager completed a self-assessment tool which assessed the services performance in all aspects of safeguarding. Evidence was recorded on how management ensured compliance in protecting vulnerable adults.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager ensured that systems were in place to make sure that care and support was of good quality and to drive improvements. Actions were taken from audits of the service to drive improvements to the quality of care people received. For example, audits were carried out on positive behaviour support plans to ensure they reflected any changes in people's needs. One person had experienced a challenging period in their mental wellbeing and reviews and audits of their care plans had ensured that new triggers and strategies were implemented.
- Checks of medicines administration had also highlighted that sun cream used to keep people safe in hot weather did not have an expiry date. Changes were made to discard this cream as staff could not be sure

how effective it would be over time. An audit of fridge temperatures to maintain people's medicines had directed staff in extreme hot weather to add ice packs to ensure correct temperatures were maintained.

- Relatives told us that the manager and staff understood risks and put the necessary changes in place to improve care. One family member said, "The manager had a lot to sort out when they started. They pulled it around incredibly well with very noticeable improvements. She's got a full staff team. It couldn't be a better home or placement."
- Staff told us that the drive to improve care for people was central to the registered manager's role. The manager understood the importance of continuous learning to drive improvements to the care people received. One staff member said, "She is an open manager. She wants everyone to be involved and staff to learn. She will try by all means to support you. I want to learn, and she lets me." Another staff member said, "I get involved in audits. I'm driven to be thorough as I don't want to miss anything. There's something every day that I want to improve."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and provider understood the importance of engaging and involving people in the running of the home to facilitate excellent outcomes for them. People, staff and relatives were fully engaged in and involved in the service provided. For example, people were involved in household tasks, preparing meals and doing laundry.
- Staff were well supported and took active roles in the running of the service. One staff member said, "I'm supported brilliantly. Something comes up every week that needs updating. They are very good at supporting us."
- Staff were supported to become champions. This is where staff that had shown a specific interest in particular areas of support. Champions will share their learning and highlight best practice, act as role models for other staff, and supporting them to ensure people received excellent care and treatment. For example, the infection control champion had completed training on how to further their knowledge as a champion and had passed on this knowledge to other staff during a team meeting.
- Relatives and staff had opportunities to be involved in the home during meetings and visits and were invited to parties to build a sense of community and family for people. Family members were encouraged to become involved in their relative's support. One relative said, "We are invited to go to the home at any time by (the manager)." Another family member said, "If there is a problem there is a review. I keep in very close contact with (the manager). She is always available."

Working in partnership with others

- Staff and the registered manager understood the importance of partnership working and worked well with other professionals to meet people's needs. For example, one person had experienced a sudden change to their behaviours that challenged. The registered manager worked quickly to secure a health psychologist to support them to manage their anxieties and behaviours.
- The registered manager had worked closely with local authority commissioners and learning disability care management teams. There was good partnership working with healthcare professionals such as GP's, Speech and Language Therapists and behavioural specialists to meet people's needs.