

Care Management Group Limited

Care Management Group - 37 Lewes Road

Inspection report

37 Lewes Road
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Date of inspection visit:
05 December 2019
12 December 2019

Date of publication:
23 January 2020

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

37 Lewes Road can provide personal care for up to 10 adults living with a learning disability and mental health needs in a supported living setting. This service supports people so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. People live in studio flats with some shared communal facilities. There is a communal lounge, dining room and kitchen and shared laundry facilities.

Not everyone living at 37 Lewes Road received the regulated activity although they received a level of support. CQC only inspects the service being received by people provided with 'personal care'. Personal care includes help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of this inspection three people were receiving personal care. 37 Lewes Road is staffed over the 24 hours and has an office on site.

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

People were protected from the risks of harm, abuse or discrimination because staff knew what actions to take if concerns were identified. There were enough staff, who had been safely recruited, working to provide the support people needed, at times of their choice. Staff understood how to support people safely and risk assessments provided further guidance about individual risks. Medicines were handled safely by trained staff.

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. Staff received training and support that gave them the skills and competencies to support people effectively. Staff worked closely with health care professionals and people's health and well-being needs were met. Peoples nutritional needs were considered and responded to.

Staff were caring and had developed positive trusting relationships with people. They treated people with respect and ensured their privacy and rights were protected. People were involved in the planning of their care and support and had an allocated key worker. Staff knew people well and understood the importance of providing individual person-centred care and supporting their independence.

People needs, and wishes were assessed and recorded. Support plans included various aspects of people's lives including life histories, their likes and dislikes and health conditions. People's individual needs were responded to proactively. A complaints procedure was in place and people were listened to with any concern or complaint responded quickly. People had choice and control over how they spent their time and were encouraged to have active and enjoyable lives.

Staff and people were positive about the management of the service and told us the registered manager was available and approachable. The registered manager fostered an inclusive and open culture where

people and staff were listened to and valued. Staff had regular meetings to discuss people's needs any changes and any suggestion for improving practice and outcomes for people. People's voice was sought and given value and importance.

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 (12 January 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Care Management Group - 37 Lewes Road

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

This service provides care and support to people living in a supported living setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be available to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We contacted the local authority for their feedback. We used the information the provider sent us in the provider information return (PIR). 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 to one person who used the service about their experiences. We spoke with six members of staff including the registered manager, regional manager, deputy manager two support workers and specialist advisor.

We reviewed a range of records. This included three people's care records and three 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.

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 were protected against the risk of abuse or discrimination because staff knew what steps to take if they believed someone was at risk.
- Staff received training on safeguarding people and understood their own responsibilities to protect people from the risk of abuse. There were clear policies and procedures available for staff to follow and we saw relevant contact numbers displayed in the service.
- Safeguarding concerns had been raised appropriately with the local authority and police in the past. Concerns had been investigated and dealt with appropriately, with findings shared with staff to reduce the risk of re-occurrence.
- People demonstrated they felt safe at the service, we observed people were comfortable with the staff and looked to staff for support and reassurance. Relatives were also confident people were safe and one said, "I certainly see the home as safe and a very homely environment."

Assessing risk, safety monitoring and management

- Staff knew people well and had a good understanding of risks associated with their environment and care support needs.
- People's support plans included a range of risk assessments to ensure risks were managed safely. Risk assessments related to mental and physical health and behaviours that may challenge. These were detailed and provided guidance for staff.
- Guidance was clear and mitigated any risk. For example, those relating to people going out on their own included staff checking they had a mobile phone and that these had been charged.
- The guidance to support people with behaviours that may challenge was clear and included positive behavioural support plans. It identified potential triggers, how the person may present and how staff should support people during and after these events.
- Staff worked with the property owners to promote a safe and attractive environment for service user to live in. Records confirmed maintenance and safety issues were raised in a timely fashion. For example, a recent fire safety inspection identified works to be completed and these were being progressed.
- Staff completed health and safety checks and worked to ensure the safety of people. For example, staff had encouraged people to de-clutter their flats to reduce the risk of fire.
- Fire safety procedures were known by staff and service users. Fire evacuations had been practiced and each person had a personal emergency evacuation plan. These were located centrally with emergency

information in case of an emergency evacuation being required.

Learning lessons when things go wrong

- Accidents and incidents were recorded with information about what had happened, such as who was present and what was witnessed, and any injury noted. The information recorded included any follow up action taken, such as a review of associated risk assessment.
- Trends and themes were identified and discussed with allocated professionals and internal specialists. In this way risk assessments and guidelines were reviewed and updated to respond effectively to people's needs. For example, some person's actions could lead to self-harm. For one person we saw a positive behavioural plan had promoted more positive emotions and feelings, reducing any self-harm.
- The registered and deputy manager were aware of the need to report incidents and accidents to the local authority and CQC if they included abuse or serious injury. Incidents and accidents were discussed with staff individually and at team meetings along with possible resolutions. This demonstrated the culture of the service promoted an ability to learn and develop from any mistakes.

Staffing and recruitment

- There were enough staff working to meet people's support needs in a flexible way. There was a system to identify and review the support hours required for each person and busy times in the service when extra staff were required. The staffing arrangements were tailored to respond to these and individual needs. For example, ensuring key workers were available to support people to attend appointments.
- The staffing arrangements ensured three staff were working in the service each day with two staff at night, one of who was a 'sleep-in'. A 'sleep-in' member of staff is somebody who works for an agreed number of hours at the start and end of a shift. They may be called on at any time during the night depending on people's needs.
- There were on call procedures for staff to gain advice and support if needed when the registered and deputy manager were not working in the service.
- Recent recruitment had provided a more stable and consistent team. Any shortfalls in staffing levels were covered by agency staff. The registered manager confirmed that regular agency staff were used to maintain a consistent team whenever possible.
- Staff were recruited safely. Appropriate checks were in place to ensure staff were suitable to work at the service. This included, references, Disclosure and Barring Service (criminal record) checks and employment histories.
- Prospective staff completed psychometric testing and were interviewed. The interview panel included people using the service who were able to ask their own questions. This ensured staff who were offered a position had demonstrated certain values during the recruitment process.

Using medicines safely

- People's medicines were managed safely. One person told us, "Staff help me with me medicines, make sure they are correct."
- Staff had undertaken medicine training and had their competency re-assessed to ensure they had suitable skills to support people with their medicines in a safe way.
- Records confirmed and supported staff to handle medicines safely. Medicine records included individual guidelines outlining how they were supported with their medicines, the level of assistance required and measures to reduce any associated risks.
- The medicine administration record, (MAR) charts recorded accurately what and when medicines were given. For example, when 'as required' medicines were used these were recorded accurately with the times given and a record of how they had worked.
- Medicines were stored in secure cupboards within each person's own accommodation. These were used

to promote people's involvement with their own medicines.

Preventing and controlling infection

- People were supported to live in a clean environment and the risks of infection were minimised.
- Staff received training on infection control and food hygiene and supported people to follow good infection control practice whenever possible. For example, staff prompted people to prepare and store their food safely.
- Hand hygiene was promoted with hand washing areas and hand sanitizers were positioned prominently throughout the service. Staff used these, and people were seen to follow their example.

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

- An assessment process was completed before people were accepted for a service provision. This took account of people's needs, and compatibility with other service users. People would be invited to visit, to get to know other service users and staff to make sure they would be happy, and their needs could be met.
- The assessment was person centred with people's choices and needs central to the process. The information gathered gave staff a deep understanding of people's emotional and health needs and what was important to people.
- Staff worked with people to develop support plans that reflected their needs and choices. These often took time to develop and were tailored to reflect people's individuality.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to provide support and care for people. People and relatives were confident with the approach and support provided by staff. A relative told us, "In my view the key reason for the success of their placement is really the staffing team they have."
- There is a mixture of new and old staff working at the service and the registered manager was committed to developing the skills and competence of the whole team. The PIR recorded, 'The staff team have a core base of knowledge and training that was continually developed provided by inductions, probations, supervisions, annual appraisals, training and monthly staff meetings.' This was confirmed in records seen.
- New staff undertook a full induction that included shadowing and time to review records and develop relationships with service users. Agency staff complete an induction programme. A new staff member told us, "The induction was very good. It gave me time to get to know the people here and the staff."
- All staff received a combination of e-learning and mandatory face to face training, which include regular update and refresher courses.
- Staff were provided with training in a wide range of subjects relevant to their roles and the varied needs of people. For example, all staff had been booked on positive behaviour support training this will ensure consistency when supporting people with behaviours that challenge.
- The development of required staff skills was evident with staff completing training and cascading skills and using the local authority training opportunities. For example, some staff had completed training on 'emotionally unstable personality disorder' training. Staff told us it was 'brilliant training' and reflected on how it had informed the support they provided allowing a deeper understanding of this condition.

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

- When people needed support to eat and drink, staff provided this in a sensitive way ensuring as much independence and choice stayed with the person.
- People were supported to understand what healthy eating meant so that they could take informed decisions about what they wanted to eat. Staff told us, "It's better for us to support people with healthy eating rather than dieting to lose weight."
- Staff supported people to go food shopping and select a variety of food, and to store them safely in their flats.
- The staff team joined people for some meals, bringing in healthy food options or cooking together promoting healthy eating. They had also made pledges along with people about changing to healthier options to eat and drink. For example, pledges had been made to reduce the amount of energy drinks consumed. This had resulted in a both staff and people reducing dramatically the energy drinks drunk, improving people's diets.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported and encouraged to maintain and improve their health in conjunction with health and social agencies. Staff facilitated people's access to health care professionals ensuring their equality rights were maintained.
- People had a number of physical and mental health needs which staff worked closely with them to improve and monitor. Staff were skilled at identifying any changes in people's health and responded to them quickly and effectively. A visiting professional told us, "I am impressed with the way staff respond to fluctuating health care needs. They have ensured appropriate referrals and follow ups with health professionals were progressed."
- Some people lacked motivation to maintain a healthy lifestyle and staff worked with them encouraging health and well-being. For example, People were supported to lose weight and eat less refined sugars.
- Staff were proactive in supporting people with health appointments this included women's health promotion and people who were transgender and were having treatment for gender re-assignment. They helped with any anxiety caused and aided communication, this ensured the correct information was shared within the service. For example, if any medication was changed.
- Staff supported people to complete health appointment records to ensure any follow up actions or changes to support needs were updated on their health action and support plans and shared with staff.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People had capacity to make decisions about their support and care on a daily basis. Staff responded and respected to the decisions people made and there were no restrictions to people's liberty.
- Staff had completed training on the Mental Capacity Act 2005 (MCA) and on the Deprivation of Liberty

Safeguards (DoLS). The service had appropriate policies and procedures on this subject that staff could refer to for advice and guidance.

- When people lacked capacity to make certain decision, appropriate representatives and social care professionals were involved and ensured any decisions were made in the person's best interest, in line with the requirements of the Mental Capacity Act 2005 (MCA). For example, one person's understanding of finances and the tenancy agreement for their flat was not clear. This was being dealt with by social services and the court of protection.

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

- People were supported by staff who were kind in their approach and committed to providing a high standard of care and support. Staff supporting people knew them well and how to respond to their individual needs.
- There was a pleasant atmosphere in the service. Staff engaged with people in a positive, friendly and approachable manner. One person looked to staff for support and confirmation that they were doing the right thing. Staff responded to any questions answering with positive solutions.
- Staff demonstrated that they genuinely cared about people and their well-being. Staff responded to gestures of affection appropriately and warmly. One staff member described how important it was to them to ensure people's well-being and health. Staff spent time talking with each other to look for ways to improve people's lives. Staff recognised what improved people's well-being. For one person it was contact with their family.
- Staff promoted equality and diversity and treated people equally irrespective of age, belief, disability, sex or race. For example, they supported people who were transgender to be accepted and part of the local community. People had been given a booklet on transgender which was discussed at a meeting in the service. This had supported people to have a better understanding of people's different gender identities.
- Staff had an understanding any cultural and religious backgrounds that needed to be considered. Peoples' sexuality had been explored and discussions took place around safe relationships.
- Relatives were confident and impressed with staff approach and how they treated both them and their relative. One said, "I could not be happier with the care. Staff put people's needs at the top of their agenda."

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

- Staff enabled people to share their views and have control over their lives, support and care provided.
- There were positive relationships between staff and people, within which people were able to share their thoughts, feelings and problems. Each person had an allocated key worker who had training and coaching to form trusting relationships that allowed them to work in partnership with people.
- Key workers met regularly with people, spent time getting to know and understand their specific individual needs and ensured people were listened to and central to any decision. The key worker system worked effectively and promoted a meaningful understanding of people that supported their level of wellbeing. For example, a key worker had attended a recent care review with one person and supported them to share their views and how they were feeling in the way that they wanted to. The key workers priority

was ensuring the person was supported to represent themselves in the way they wanted.

- Staff could tell us about people's needs, choices, personal histories and interests. They knew what people liked doing and how they liked to be supported. For example, staff knew one person was close to their family and staff had taken an interest in getting to know all family members. This was very important for this person and staff ensured they could engage in meaningful conversations with them about their family members.
- A visiting professional commented on the positive relationships demonstrated and told us, "The keyworkers had a caring good relationship with people. One worked with us to enable a person to share sensitive information in a positive way."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy, maintained their dignity and promoted their independence.
- Staff ensured people's accommodation was only entered with people's consent. Staff respected the way people wanted their flats to look and supported them to maintain healthy and safe environments. For example, staff encouraged people to keep flats clean and tidy and checked their fridges with people ensuring they were working.
- Private time was respected, and people used 'a do not disturb' sign on their flat doors if they did not want any support or company at that time.
- Some people had pets and were supported to look after them independently. This was important to people's level of wellbeing enjoying the company of a pet but also having the responsibility of caring for an animal.
- Staff recognised the importance of how people's appearance impacted on people's wellbeing. People were dressed in clothes that were of their own choice and reflected their individual personalities. Staff supported people to maintain their own personal hygiene and provided support when needed. When personal care was provided this was provided in a private and dignified way with staff enabling people to do as much for themselves as possible. For example, staff supported people with topical creams but ensured this task was completed in partnership only applying to areas that could not be reached.
- Private information was kept confidential and only shared when necessary and agreed to by people. Records were held securely in the office area which was a restricted staff area. Support staff had been provided with training and guidance about the importance of managing confidential information in the right way.

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 remained the same.

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

- People received personalised care and support. Support plans were written with people and tailored to them as an individual. They included people's preferences and reflected what was important to them. People's life histories were shared with staff to help them know and understand the people they supported.
- People's support plans included information about people's learning disabilities and health conditions and how these were met in a responsive, effective way. For example, one person had a positive behaviour support plan to reduce a harmful behaviour. This included a completion of an emotions diary each day and a rewards system for meeting goals. Praise, time and support with clear and consistent strategies to support behaviours had enabled this person to look forward and express themselves in a more positive way, reducing any harmful behaviours.
- People had regular meetings with their keyworkers to discuss what was important to them. This included any goals they wished to achieve and recognising achievements. For example, one person had joined a choir, and another had been given a certificate for individual achievement.
- Staff knew people well and understood their needs, wishes and interests. Staff shared how they had worked with people to achieve goals and looked at ways of improving people's well-being. For example, one key-worker had worked with a person to reduce any pressures on them emotionally therefore reducing their levels of anxiety and stress.

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 ensured people could communicate their individual needs and wishes and any communication needs were assessed and met.
- People living at the service could read and write and did not routinely use easy read material. However, it was used to reinforce information sharing. For example, easy read booklets were made available on managing anxiety and men's health. This had had a positive impact with one person seeking a check-up at the doctors.
- Information on people's specific communication needs were reflected within support plans. For example, one person needed time to process information to facilitate a good level of communication. Another person

communicated their feelings visually and this enabled them to communicate and express themselves.

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 maintain and develop new relationships with people of their choice to reduce any risk of social isolation. For example, staff supported people to use dating websites in a safe way, but ensured their privacy was maintained.
- People were supported to maintain everyday relationships with family friends and staff. For example, staff cooked and ate with people at lunch time in the dining room as a social activity if they wanted to.
- Overnight stays, holidays and trips out with relatives were facilitated with staff ensuring people were fully prepared. For example, staff ensured any required medicines were available.
- People were supported to follow their interests, hobbies and to secure employment when possible. Staff encouraged and supported people to be active, to plan and organise their own activity and leisure time. This ensured they had active and fulfilling lives, spending time doing things that they enjoyed.
- Staff provided additional support if needed, and this had included holidays, theatre trips, bowling and outings to the local shops and cafes.
- People told us they enjoyed what they did particularly getting out and about. One person had recently started a job and told us how they enjoyed this.

Improving care quality in response to complaints or concerns

- Complaints raised were taken seriously and responded to, with an emphasis on improving outcomes for people.
- There was a complaints procedure and systems to record and investigate any complaint received.
- Staff supported people to raise complaints, they understood it was important for people to feel that they were listened to and were heard. For example, A washing machine needed replacing. One person was concerned with the time taken in its replacement. They were supported to write a letter of complaint which initiated a written response and a quicker delivery.
- Relationships between people in the service were monitored with staff providing people with time and opportunity to raise any concerns. These were recorded, and staff sought to resolve any issues quickly to reduce any anxiety. Resolutions and mediation between people to resolve any concerns were given a priority with people being asked 'what they would like to happen'. In this way people and staff worked to find solutions to any problems.

End of life care and support

- People living at the service were younger adults and were not receiving end of life care.
- People were asked about any end of life wishes and preferences and had the opportunity to have these recorded within their individual support plans. For example, choices around funeral arrangements.
- Staff completed some basic end of life training and staff were aware of people's health care needs and where to go for advice and guidance.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear management structure within the service that staff understood. The registered manager was supported by a deputy manager who had worked in the service for a long time and had provided a stability and consistency for people and staff.
- The registered manager had focussed on recruiting a suitable and stable staff team over the last year since her appointment. She had managed to reduce the use of agency staff and provide a more consistent staff team. This in turn had ensured vital security and consistency for people.
- A number of quality monitoring and quality review and improvement processes were used. This included internal audits completed by the regional manager who maintained a strategic oversight of the service. Quality auditing was covered staff training, incidents and records.
- The registered manager completed a monthly report on the service delivery. She also used staff supervision to follow up staff training audits to ensure staff had completed relevant training as required. Staff performance and understanding of roles and responsibilities were reviewed during supervision sessions.

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

- The registered manager promoted an inclusive culture in the service where people and staff were listened to and empowered.
- Staff told us they felt valued and appreciated. Staff were praised and thanked for their work. One staff member had recently received an organisational award 'lead support worker' of the year. Another staff member said, "I love working here, I feel I really make a difference for people." Staff meetings were used to share successes and any suggestions.
- The registered and deputy manager were visible, approachable and accessible and led by example. They spent time with staff and people and demonstrated inclusive values and an openness. Staff were encouraged to discuss concerns and errors rather than to ignore them. The registered manager told us they 'operated a no blame culture.'
- Relatives and professionals knew the registered and deputy manager well and were positive about their management abilities and style. One relative said, "I have always found the manager very approachable and responsive when needed, she is also very good and proactive to come to me as and when I need to know

about something or be involved." A professional said, "I agree this service is well led, the only limitation to this as far as I can ascertain was the changes in staff and number of agency staff they had in the past."

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; Continuous learning and improving care

- The registered manager was aware of their responsibilities including those under duty of candour and had submitted relevant statutory notifications to the CQC promptly as required.
- The registered manager acted in an open, honest and transparent way. Any concerns and experiences were reflected on, to identify what went well, and what did not. For example, when dealing with incidents, accidents and complaints within the service. Findings and outcomes were discussed with staff at team meetings to learn and change practice and approach when needed.
- The registered manager was committed to improving practice. For example, she attended the East Sussex County Council Behaviour Support Network Meetings following which she shared information on best practice and new ideas with the staff team.

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

- The registered manager understood the importance of receiving regular feedback from people and staff and, relatives, staff and visiting professionals.
- Feedback was sought from people and relatives and used to improve and develop the service.
- Day to day contact and discussion with people relatives and professionals secured regular, immediate and frank feedback. During the inspection people were comfortable providing their own views on care and support.
- Staff views were seen as important and were given opportunities to share these. The notes of meetings held confirmed staff were encouraged to speak up and share their views. Staff meetings were also used to inform staff of changes at the service.

Working in partnership with others

- The registered manager and staff were proactive in seeking out support and advice from other organisations to support people's well-being. For example, staff sign posted people to support organisations including those that helped with addictions or financial problems.
- Staff worked in partnership with health care professionals to promote people's health. They had recently worked closely with a community psychiatric nurse working with a person to follow agreed action plans to reduce the risk of overdose.
- The organisation that managed the service at 37 Lewes Road, held monthly managers meetings. In this way the managers of other services shared experiences and knowledge working in a collaborative way to benefit people. The organisation also arranged conferences to update staff on changes in legislation best practice and any organisational changes.