

Southdown Housing Association Limited

Clarendon Villas

Inspection report

Flat 1-4
57 Clarendon Villas
Hove
BN3 3RE

Tel: 01273774014
Website: www.southdown.org

Date of inspection visit:
20 January 2022
21 January 2022

Date of publication:
21 February 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

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

About the service

57 Clarendon Villas is a supported living service. At the time of the inspection four people were receiving the regulated activity of personal care. The service supported people with a learning disability and autistic people. Staff provided each person with support for life skills and with their individual health and wellbeing needs. This included specific communication requirements and support with emotional, physical and mental health needs.

The building had been converted into four individual flats, each with their own front door and address. For example, flat (number), 57 Clarendon Villas. Each person had a tenancy agreement for their flat. Staff provided one to one support and were available 24 hours a day. Staff had separate facilities which included an office, kitchen and sleep in room.

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

Right Support

Staff supported each person to have the maximum possible choice, control and independence. Staff focused on each person's strengths and promoted what they could do, so they had a fulfilling and meaningful everyday life. Two people told us they were able to make decisions about their own lives and everyday life choices and we observed this in practice. For example, one person was adding items to their food shopping list, they told us this included "beer" which was something they enjoyed. Another person was making plans to visit the local harbour later that day as this was a place they said they particularly liked to visit.

Right Care

All four people received kind and compassionate care that supported their needs and aspirations. There were enough appropriately skilled staff to meet each person's individual needs and keep them safe. During the inspection we observed each person using individual and specific communication methods to communicate with staff. This included British Sign Language (BSL), pictures, assistive technology and written text. For example, one person used body language and gesturing to let us know that they wanted us to leave their garden and another used a notebook and pen to communicate with staff when they began to feel anxious. Both communication methods were effective at letting those around them know what they wanted. We observed that all four people communicated comfortably with staff because staff had the necessary skills to support good communication.

Right culture

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities, people with a learning disability and autistic people may have. This meant each person received compassionate and empowering care which was tailored to their needs. All four people led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. For example, a person who had decided they no longer wanted to go to a day centre was being supported to seek supported employment opportunities. Families told us they were fully involved in planning their loved one's care and they felt valued and listened to. One family member told us, "We are involved in planning (name) care and staff are receptive to our support and knowledge, especially new staff".

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

Rating

This service was registered with us on 25 November 2019 and this is the first inspection.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of right support, right care, right culture.

We looked at infection prevention and control measures under the Safe key question. We look at this in all supported living inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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 section below.

Good ●

Clarendon Villas

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

One Inspector carried out the inspection.

Service and service type

57 Clarendon Villa's provides care and support to people living in four 'supported living' settings, so 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.

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

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 16 January 2022 and ended on 27 January 2022. We visited 57 Clarendon Villas on 20 and 21 January 2022.

What we did before inspection

We looked at the information we held about the service and information from other sources such as visiting professionals and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We communicated with three people who lived at 57 Clarendon Villas and three relatives about their experience of the care provided. People communicated with us in different ways including using verbal communication, BSL, written text, photos, and their body language. We spoke with six members of staff including the registered manager and care support staff.

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

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted four professionals who regularly visit the service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. Records held in the service demonstrated that staff had considered and reported concerns appropriately and in line with the providers policy and local authority safeguarding guidance. Accessible safeguarding information was available to people in text and picture formats. People's personal safety and wellbeing were reviewed regularly.
- Staff had training on how to recognise and report abuse and they knew how to apply it. Staff told us they received safeguarding training during induction and undertook refresher training annually. One care staff said, "We have plenty of opportunities to discuss how and when to report abuse". Another said, "I was new to care, and safeguarding training was invaluable to me. I feel confident that I know how to keep people safe and raise any concerns I or the person I am supporting might have".
- People and those who matter to them told us they felt the service was safe. People told us they would tell staff if they were not happy or were worried about something. We observed people to be relaxed and at ease in their own flats and with the staff supporting them. A person told us "I am happy", and another said, "Like my flat". One relative told us "Safety is not an issue; (name) feels safe and I feel safe with the way he is supported". Another said, "(name) feels quite safe and is well looked after. We have no concerns, (name) gets medical treatment when needed and any injuries and bruises we are told about".

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. This included assessing people's sensory needs and mitigating associated risks. For example, we observed a person used ear defenders at a local coffee shop when the background noise became too overwhelming for them. Staff had appropriately recognised the signs of the person's heightened anxiety and discreetly handed the person their ear defenders. The person put them on and gave the 'thumbs up sign'. The person was able to enjoy their tea and biscuits in a relaxed fashion and used a note pad and pen to communicate.
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions. People worked with staff to ensure choices they made were as safe as reasonably practical and supported positive risk taking. For example, one person had expressed an interest about undertaking a social event without staff support in the future. This was a long term goal and in preparation for this staff were supporting the person to learn about personal safety.
- People's care records helped them get the support they needed because it was easy for staff to access and keep good care records. Staff kept accurate, complete, legible and up-to-date records, and stored them securely. For one person, the accuracy and detail of staff recording what they were eating and changes in

their behaviour resulted the person being diagnosed with a health concern. As a result, the person received appropriate medical treatment in a timely way and changes were made to the persons diet to make it more comfortable for them to eat.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. Each person had 1-1 support during the day. This enabled people to plan their lives around their own needs and wishes. Three people had cars through the Motability scheme and the service ensured they recruited enough staff to drive these. The Motability scheme helps people to get mobile by swapping their mobility allowance to lease a car.
- We observed there were enough staff to provide the support people required and the rota confirmed this. During the inspection people received one-to-one support with aspects of daily living and personal care and we observed people were busy. For example, one person went shopping for food and another went for a walk to the local coffee shop. A person had a health appointment, and another saw a reflexologist. We spoke to someone who had been out for the morning and they were very smiley and happy and told us they had had "a good time". We reviewed people's daily records and saw that these were consistent with people's diary's and evidenced that people were leading full and active lives.
- Staff recruitment and induction training processes promoted safety. Safe recruitment checks were undertaken on all staff including bank staff to ensure they were safe to work at the service. People had one-page profiles with essential information to ensure that new or temporary staff could see quickly how best to support them. These included people's communication methods, important health information, how to build a rapport with the person as well as sign posting to key support plans.

Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- People had been supported by staff, families and medical professionals to reduce excessive use of medicines. Where appropriate the positive behaviour support (PBS) team also provided support. Positive behaviour support (PBS) is a person-centred approach to supporting a person with a learning disability. People had medicine plans that guided medicine reductions and provided time to observe any side effects. For example, with psychiatrist and pharmacy support a person had created a bespoke and long term plan to reduce a medicine at a pace they were happy with and at a reduction level that was clinically safe.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely. Staff who administered medicines were fully trained and had undertaken competency assessments. Medicines were administered discreetly to ensure that people's privacy was maintained. Medicine records were completed accurately and audited regularly.
- Each person had a 'my medication form' in place. This gave clear details of what each medicine was and why it was prescribed. People's individual preferences as to how they wished to receive their medicines and levels of independence were known and recorded. For example, staff told us that one person would point to the medicine cabinet and then point to a specific medicine and this was an effective way of communicating to staff that they were in pain. Protocols were in place for medicines prescribed 'as and when required' (PRN) and there were clear guidelines for each person as to when these should be considered and administered.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff

supported people to follow them. The service had good arrangements for keeping the premises clean and hygienic.

- The service prevented visitors from catching and spreading infections. Visitors were asked to show evidence of a negative lateral flow device (LFD) test and were required to wear face coverings.
- The service followed shielding and social distancing rules. People lived in their own flats and did not share communal facilities.
- Staff used personal protective equipment (PPE) effectively and safely. There was a separate area for donning and doffing and safe disposal of PPE.
- The service tested for infection in people using the service and staff. The service followed government guidelines on testing that were in place at the time of the inspection.
- The service promoted safety through the layout of the premises and staff's hygiene practices. Social distancing and restrictions were in place in the office and staff communal areas. Staff changed PPE regularly and disposed of it safely.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
- The service's infection prevention and control policy were up to date.
- The service supported visits for people in line with current guidance.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated accidents and incidents. Action was taken to mitigate a further occurrence and lessons learned were shared. The registered manager analysed accidents and incidents for emerging trends and there was evidence they had sought professional and medical advice appropriately.
- People received safe care because staff learned from safety alerts and incidents. The registered manager worked collaboratively with people, relatives and staff to continuously improve safety for people. For one person this was when they had used a screwdriver to unscrew parts of their washing machine to mend it. This had the potential to cause harm to the person. Guidance has been put in place to mitigate a further occurrence allowing the person to still have access to their screwdriver which was important to them. Lessons learnt from this was for staff to know how to isolate the electricity and water and how to refocus the person's attention along with pictorial signage and simple statements such as "broken, mend tomorrow".
- The service monitored and reported the use of restrictive medicine practices. Some people were prescribed PRN medicines to support them through times of crisis or heightened anxiety and when other calming strategies had failed. Guidance was provided for alternative things to try before administering medicines and this linked to people's PBS care plans. Medicine administration records (MAR's) and people's daily notes clearly recorded why PRN medicine was given and the outcome. This information was used to inform health and care plan reviews.

Is the service effective?

Our findings

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

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations and physical and mental health needs. People, those important to them and staff reviewed plans regularly together. A person showed us their care plan. This was in a format that reflected their preferences of personal photographs and bullet point text. The plan reflected what is going well now and things the person would like to achieve. Relatives told us they were involved in planning and reviewing their loved one's support and felt valued and listened to. A relative said "We have a meeting at least one a year and lots of catch ups in between, we are kept fully up to date and we plan for the year ahead". Another said, "We feel listened to and that is important to us".
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs. Care plans considered the sensory aspects of the environment such as light sensitivity and tactile stimulation. One person had a daily routine of therapeutic activities to meet their sensory needs including sweeping, moving large objects, posting, filling and loading containers. We observed the person sweeping their courtyard and posting debris into a letter box fitted into the side of their shed. The person was able to undertake this methodically and independently and was observed to be happy and motivated with the task in hand.
- Staff completed functional assessments for people who needed them and took the time to understand people's behaviours. People had PBS support plans which were based on the results of functional assessments. We reviewed the PBS plans for people, and these provided detailed strategies about how best to support each person including when additional behaviour support was required. We observed staff implementing PBS strategies with positive outcomes. For example, a comprehension assessment for one person indicated they could understand a maximum of three information carrying words per sentence. We observed staff speaking in clear and uncomplicated sentences which the person was able to respond to.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and autistic people may have such as; mental health needs, communication tools, positive behaviour support, human rights and restrictive interventions. The service used the Care Certificate as an induction tool for new staff who had not worked in care before. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers.
- People benefitted from reasonable adjustments to their care to meet their needs, and their human rights were respected. This was because staff put their learning into practice. Care staff told us they had a comprehensive induction which included a long period of shadowing more experienced staff. One said, "We

need to demonstrate we are 100% confident before we support a person alone and the person must be 100% confident with us". Another told us "We have assessments to check we are competent; this includes our knowledge of people and how they want to receive their support". Our observations supported what staff told us. We observed positive relationships between people and staff who were supporting them, and staff demonstrated a good understanding of people's needs, wishes and aspirations.

- Staff received support in the form of continual supervision, appraisal and recognition of good practice. The registered manager and provider ensured staff had good access to support and appraisal. They fostered the continuous development of staff skills, competence and knowledge to ensure all staff had the current skills and knowledge to carry out their role. Care staff told us they had access to very good training and development opportunities. One care staff said, "The PBS training is so good; it is invaluable to providing the right support". And "Because we all apply the same consistent approach (name) is doing amazingly, I am so proud of them".

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

- People were involved in choosing their food, shopping, and planning their meals. A person showed us the shopping list they had written. This included very specific items chosen as their favourites and we were told the person liked to choose the more luxurious brands rather than the supermarkets own when they went shopping. People were supported with online tools such as supermarket home shopping lists and pictorial prompts to enable them to create their shopping lists and meal plans. We observed people going to the local shops to buy produce. One person told us how he liked to go to the same supermarket at the same time each week because he liked to chat to one of the staff who worked on the till. They told us they missed seeing them when they were on holiday.

- Staff supported people to be involved in preparing and cooking their own meals in their preferred way. One person invited us to spend some time in their flat. This was over lunch time and we observed the person preparing and cooking lunch. The person was able to work at their own pace with staff verbally prompting them to choose their meal and set the table. The person did not want to cook on that occasion but shared with us photographs of them cooking their own home grown produce.

- Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight. Staff were aware of people's individual needs and received specialist guidance to support people to eat and drink well. During lockdown one person had been supported to grow their own vegetables in their garden to support their own health. The relative of a person who had a very specific emotional relationship with food told us "At the first sign I meet with staff and they are on it straight away. They have processes in place and it's in (name) support plans and I know they are being supported well with this".

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

- People were supported to attend annual health checks, screening and primary care services. People's health plans evidenced that people had regular health checks and had participated in health programmes such as bowel screening and national vaccination programmes. Staff worked with people to prepare them for such procedures including using desensitisation techniques. For example, one person had a step process which was developed at their pace and included various tasks such as visiting the surgery, spending time in the waiting room, getting to know staff, entering the treatment room and sitting in the consulting chair. This continued until the person was comfortable to undergo the procedure that was required.

- Staff from different disciplines worked together as a team to benefit people. They supported each other to make sure people had no gaps in their care. For example, a person's GP, psychiatrist and support team were involved in changes to a person's medicines. The pharmacy developed bespoke medicine administration record (MAR) which clearly showed when the changes in medicines needed to happen. Staff and the person were provided with a tick list of observations and symptoms to indicate if the person was experiencing any adverse effects. This joined up approach had been effective in reducing long term medicines for two people.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 and they were.

- Staff empowered people to make their own decisions about their care and support. We observed that people were able to make choices and decisions about their lives. One person had written to the registered manager to advise them of changes they wanted to make as the national lockdown had had made them re-evaluate some of their life choices. The person's decision was respected, and they were being supported to seek new day opportunities including supported employment.
- Staff ensured that an Independent Mental Capacity Advocate was available to help people if they lacked capacity and they had nobody else to represent their interests. For example, people lived in individual flats and these were refurbished last year. For one person their flat needed some specific work which meant the person would need to temporarily move to the flat next door. As a result of a best interests meeting an independent advocate was engaged to support the person with this decision and the move. The outcome for the person was that they preferred the flat they had moved into and asked to remain rather than moving back to their original one. This was respected and we observed the person to be happy and settled in their flat.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented. Staff had received training in MCA and demonstrated a good understanding of their responsibilities. Staff spoke of the need for presuming people had the capacity to make decisions and to ensure people were supported in the least restrictive way. People's care records and assessments included information about their capacity to make decisions and any best interests decisions made involved the appropriate people. For example, a multidisciplinary best interests' decision was recorded about locking a person's side gate at night for their security. For another person their care plan guided staff to support the person to make more informed choices around food, their health and activities using visual prompts and social stories.

Is the service caring?

Our findings

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

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

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

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. People were supported by a consistent team of staff who knew them well. Staff were compassionate and caring and shared a passion for ensuring people were happy and content with their lives. We observed positive relationships between people and staff; interactions were warm, friendly and pleasant. Staff spoke positively of people and told us the people they were supporting had enriched their own lives and they felt privileged to be part of their support team.
- Staff were calm, focussed and attentive to people's emotions and support needs such as sensory sensitivities. For example, staff were trained in effective support strategies to reduce a person's social anxieties which were triggered by a specific appearance of people. The way the person responded had the potential to cause a negative impact to the person and members of the public. Effective risk management strategies and staff training enabled the person to participate in activities they enjoyed in the local area. The person showed us photographs of themselves undertaking aspects of everyday living such as going to the shops or for a walk.
- People were given time to listen, process information and respond to staff and other professionals. Staff were skilled at helping people to express their views, preferences and make choices about their care. Throughout the inspection there were examples where people had the opportunity to make decisions. For example, with social activities, eating and drinking and with their care and support. Communication methods were varied and included signing, verbal speech pictorial prompts, written text and assistive technology. We observed that people engaged well with staff and were provided with time to process information and respond. One person took several minutes to make a choice about the flavour of a drink, they were not rushed and were able to make the decision in their own time.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were empowered to make decisions about the service when appropriate and felt confident to feedback on their care and support. People were involved in the recruitment of permanent staff. The registered manager told us "The feedback from people who live here is very important and we take this into consideration when we make recruitment based decisions". And, "There are times when we have not recruited someone because of feedback or observed interaction and we feed this back to the candidate".
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics. Staff respected people's individuality and supported each person in a non-discriminatory way. All staff had received training in equality and diversity and knew how to support people in a way that took account of their abilities and lifestyle choices. Care and support plan's reflected

people's abilities, what they were able to do for themselves and their preferences. People felt comfortable to share personal information with staff and received appropriate support to feel empowered to make personal lifestyle choices.

- For people living in supported living services, the provider followed best practice standards which ensured they received privacy, dignity, choice and independence in their tenancy. Staff knew when people needed their space and privacy and respected this. For example, support strategies had been developed to enable people to have private time alone whilst still ensuring they were safe. This ensured people's independence and personal choices were respected.

- People had the opportunity to try new experiences, develop new skills and gain independence. People were central to discussions about how they wanted to receive their care and support. There was an emphasis in supporting people to achieve their full potential through positive planning and listening to what people told them. People's support plans and reviews identified target goals and aspirations and supported them to achieve greater confidence and independence.

Is the service responsive?

Our findings

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

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

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

- Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans. The service had a strong visible person-centred culture. Support plans contained detailed information about people's preferences and what was important to them. Detailed information about people's personal histories enabled staff to get to know people and provided a means for positive engagement and communication.
- People learnt everyday living skills, understood the importance of personal care and developed new interests by following individualised learning programmes with staff who knew them well. For example, staff followed PBS guidance and active support to provide specific and consistent support to a person who for a long time had been reluctant to engage with aspects of their personal care and environment. Over time the consistent approach had enabled the person to feel comfortable and safe with the support they were offered. They were engaging in some aspects of self-care and had overcome some significant and emotional environmental challenges. Staff told us the positive changes in the persons wellbeing and appearance was "truly amazing" and "fantastic" because they were able to see the persons self-confidence and esteem growing.
- Staff used person-centred planning tools and approaches to discuss and plan with people how to reach their goals and aspirations. People's needs were listened to, carefully considered and planned for. Staff worked in partnership with people in creating their care and support plans. Care plans were comprehensive and reflected the values and principles of right care, right support and right culture. Records reflected people's preferences, diverse needs and independence and inclusion. For example, during the inspection one person had a meeting with the registered manager. This was a regular and scheduled event at the persons request and provided an opportunity for the person to share their thoughts and provide feedback to the registered manager about the support they were receiving and the service. The person liked to formalise this meeting with minutes, and we observed these were undertaken along with updates on outcomes.

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.

- People had their communication methods assessed and recorded in their support plans. This ensured people were able to make their needs known. Throughout the inspection we observed people engaging in conversations with staff using different techniques. Staff were fully proficient in each person's unique

communication needs and the provider ensured training was available to ensure people's communication needs were met.

- For example, when we arrived at 57 Clarendon Villas, we met one person outside who used BSL to tell us they were waiting for their relative to pick them up. This person is deaf, and it is important to them that staff can use BSL to communicate. The inspector was able to use BSL to introduce themselves and spell their name and the person responded with a smile and thumbs up gesture. In order to meet this person's specific communication needs, all staff who work at the service are required to undertake BSL level one during their induction.
- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations. We observed that throughout the inspection people engaged with staff using many different communication methods including body language. People's PBS plans provided clear guidance on how to communicate with people in different situations and we observed these in practice with positive outcomes.
- Information was routinely provided to people in a way they could read or understand. The provider was able to transcribe important information into pictorial and easy read formats. A person who was deaf had been provided with a text telephone in order to communicate with staff when they wanted to have time alone and away from direct support.

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

- People were supported to participate in their chosen social and leisure interests on a regular basis. Due to the global pandemic, England has been subjected to various restrictions on people's movement and social activities. This meant that people's regular social, learning and leisure pursuits were either restricted or stopped. People were supported to see this as an opportunity to try new experiences and develop skills at home.
- For example, one person was encouraged to grow herbs and vegetables in their garden. The person also had quite strong belief about wasting water which often led to them not wanting to use water in their home. Staff worked with the person to save wastewater into a watering can which was then used to water their plants. This was very successful, and the person proudly showed us photographs of their vegetable patch and them using their watering can.
- For another person they had been provided with a shed in their garden where they could undertake their hobby of deconstructing electrical items which they had sourced from charity shops. During the inspection the person had returned to their favourite charity shop for the first time since lockdown. We were told the person received a cheer from volunteers working there to welcome them back. The volunteers had also put by some electrical items which they knew the person would like. The person was encouraged to sort electrical components they had dismantled into containers which formed part of their sensory plan. Once full the person was supported to take the items to their local recycling depot.
- Staff provided person-centred support with self-care and everyday living skills to people. We spent time with someone in their flat whilst they prepared lunch and played a game of darts with care staff. They showed us pictures of things they had been doing and when asked about their favourite they pointed to the picture of the BBQ in the garden. Staff told during lockdown the person was missing their trip to the pub for lunch, so they brought the pub experience to the person's own garden. The person told us they had beer and we saw that a patio table and BBQ had been set up in their garden to recreate a pub beer garden.
- Staff were committed to encouraging people to undertake voluntary work, employment, vocational courses in line with their wishes and to explore new social, leisure and recreational interests. One person had recently undertaken a supported employment opportunity delivering PPE to the providers other services in the area. This was an outcome driven by the persons decision to no longer be a member of a local day service for people with a learning disability.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. People knew how to make a complaint if they wanted to. Easy read information was available to help people understand the complaints procedure. People told us they would tell the registered manager if they had a complaint another said they would tell staff.
- Complaints were recorded and responded to in line with the organisations policies and procedures. Relatives told us that any concerns they had, had been dealt with swiftly and professionally.
- Investigations into complaints were thorough and improvements had been made as a result of learning from reviews. The provider shared learning with staff to ensure improvements were sustained.

Is the service well-led?

Our findings

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

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. There was a clear vision and strategy to provide people with the very best care and support. The ethos of person-centred care ran throughout the organisation. People were at the centre of everything the service did; the registered manager ensured people were involved in their care and staff understood the need to treat people as individuals and respect their wishes.
- The registered management was visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. People told us they liked the registered manager and he was important to them. We observed some very warm engagement between the registered manager, people and staff. Relatives and staff told us they felt listened to and valued for their feedback and opinions.
- Management and staff put people's needs and wishes at the heart of everything they did. People were really valued and treated with compassion and kindness, dignity and respect by a dedicated, motivated and committed staff team. This was driven by a devoted and empowering management team.
- The service apologised to people, and those important to them, when things went wrong. Staff gave honest information and suitable support, and applied duty of candour where appropriate. Lessons learnt were shared and used to drive service improvement.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and good oversight of the service.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. There was a strong governance framework in place, with clear lines of accountability and processes to drive quality. Quality assurance checks were undertaken regularly by the registered manager and provider. These included checks on people's medicines, care plans, finances and monitoring the care being delivered. Any issues identified were cascaded to the team and prompt action was taken to address these. This demonstrated robust management oversight of the service by the registered manager and provider.

- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service. The provider was totally focused on improving the quality of the service through the skills and knowledge of staff. Staff told us they received an enormous amount of support and encouragement to develop their skills. Staff told us they felt valued by the support and development opportunities provided to them.
- Staff delivered good quality support consistently. The registered manager demonstrated an in-depth-knowledge of people's needs and the needs of the staff team. They ensured staff had a clear understanding of their roles, responsibilities and contributions to the service. The staff team worked effectively together and were truly focused on meeting the needs of people.

Continuous learning and improving care; Working in partnership with others

- The registered manager sought feedback from people and those important to them and used the feedback to develop the service. They routinely engaged with people, families and staff and valued their input in the continuous development of the service. For example, one person raised concerns about their safety when using the shower by raising this with the registered manager and sending photographs to the housing provider. The outcome for the person was a fitted shower grab rail which provided them with a safer experience and promoted their independence.
- The provider kept up to date with national policy to inform improvements to the service. The provider and registered manager and ensured staff, people and those important to them had been kept up to date with the many changes in government guidelines since the start of the global pandemic. Staff were knowledgeable of current guidelines in place and we saw evidence of how the provider ensured changes were cascaded to staff in a timely way. During the inspection we observed the service to be following the most up to date government guidelines on infection control, visiting and undertaking activities in the local area.
- The service worked in partnership with advocacy services and other health and social care organisations, which helped to give people living at 57 Clarendon Villas a voice and to improve their wellbeing. The registered manager and staff worked in partnership with other professionals and community groups. They engaged with provider forums and registered manager network groups. Information was shared through team meetings and where new ways of working had been introduced these were reviewed through discussions at team meetings and the providers quality assurance processes.