

East Sussex County Council

Hastings Community Support Service

Inspection report

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Ratings

Overall rating for this service

Outstanding 

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?

Outstanding 

Summary of findings

Overall summary

This announced comprehensive inspection took place on 6 February 2018.

Hastings Community Support Service was registered with the Care Quality Commission in June 2015 as a domiciliary care service. It provides personal care to a range of older adults and younger adults living in their own houses or flats in the community. These included older and younger adults who may have a learning disability or an autistic spectrum disorder. The provider was East Sussex County Council. There were six people using the service.

At our last inspection in October 2015 we rated the service as good in safe, effective, caring and well led with outstanding in responsive. This gave an overall rating of good. At this inspection we found the evidence continued to support the previous ratings of good in safe, effective and caring, with outstanding in responsive. However, well led had also now improved to outstanding. This made the service overall rating had now improved to outstanding.

There was registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Hastings Community Support Service was run with people at the heart of the service. It was outstanding in the way it responded to people's changing needs and put people first at all times. There was a strong focus on encouraging people to become independent and this was the ethos of the organisation which was embedded in the service.

The service supported people to live as able a life as possible by trying out new hobbies, activities, interests and form community links. People and staff felt a sense of well-being when people had achieved this.

There was outstanding engagement with partner agencies and the service demonstrated seamless working, transparency, responsibility and accountability by working with them. People received care and support that was seamless as a result of this. People were supported and encouraged to achieve challenges and goals. Extreme close working between other partnership organisations enabled people to be supported in the wider community. People were helped and supported to achieve a more independent way of living that meant they relied less on help and support from the service.

People's care and support was well planned, with comprehensive plans in place to guide staff. Care was personalised and individual to meet people's differing needs. Risks were identified and as least restrictive as possible. All the necessary actions were taken to reduce risks while maintaining people's independence.

People had a 'communication passport' which detailed their communication needs and any assistance that

may be required. All documentation used within the service had been transcribed into easy read versions for people to access and understand.

People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible; the policies and systems in the service support this practice. Staff had an understanding of the Mental Capacity Act 2005 and how it applied to their day to day roles. Any decisions made in people's best interests were carried out and recorded with all the appropriate people involved.

Staff rotas were regularly changed to accommodate people's daily lives and all staff willingly changed to support people as they considered it part of their job role.

People were protected by a safe and effective recruitment process. Staff were very motivated, passionate and very proud of the service they delivered. They enjoyed their jobs, felt valued and that their opinions mattered. They received training, support and supervision to do their jobs properly and felt included and listened to. Staff had a good understanding of what constituted abuse and what they needed to do to raise concerns. Medicines were given out safely.

There was a complaints policy and procedure in place which was in a suitable format for people to use. No complaints had been received in the last 12 months. The service had received 39 compliments.

The service was very well led and there was a very strong management structure in place which staff supported. Staff were encouraged to develop their skills, take on leadership roles and involved in developing the service.

There was a strong emphasis on continuous improvement. Systems were continually and robustly monitored. Any incidents that occurred were used as a learning tool to continuous improvement. There were a large number of processes in place to support this and provide improvement.

There was an open culture and the service worked closely with staff, relatives and professionals to get the best outcome for people using the service.

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 remains safe.

The service was safe.

Risks to individuals were assessed and recorded to reduce risk in then least restrictive way possible.

People received their medicines safely.

People were protected from the risk of harm by staff who had been trained and knew how to recognise abuse.

There were sufficient numbers of staff on duty to meet people's needs fully.

People were protected from a safe and robust recruitment process.

Is the service effective?

Good ●

The service remains effective.

Staff worked within the principles of the Mental Capacity Act 2005 which promoted people's rights.

Staff undertook training and supervision to carry out their roles properly.

People were supported to access health and social care professionals.

People were encouraged to eat and drink a nutritious diet.

Is the service caring?

Good ●

The service remains caring.

People were treated with respect and dignity.

Staff were kind, caring and passionate about their jobs.

Staff knew people well and had built up good relationships.

Is the service responsive?

The service remains outstanding.

The service remains outstanding.

Support plans were based on people's individual needs and assessed and reviewed regularly.

Complaints were dealt with effectively.

People were encouraged to undertake activities in the wider community and encouraged to develop their skills.

The service was extremely responsive to people's needs and staff rotas were changed daily to achieve this.

The service complied with the accessible information standard and all documents used within the service had versions all people could read and understand.

Outstanding 

Is the service well-led?

The service has improved to outstanding.

The service is very well led. The manager was well thought of by people and staff. They encouraged staff to develop their roles.

There were extensive links with partnership organisations and very close working relationships which benefitted people using the service by providing them with support, education and varied activities.

The culture of the service was open and staff felt involved in decision making. They were proud of the service and celebrated people's achievements.

There were robust systems in place to monitor the quality of the service to effect continuous improvement. People and staff were included in the development of the service and their opinions sought.

Outstanding 

Hastings Community Support Service

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This service is a domiciliary care service. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger adults.

Not everyone using Hastings Community Support Service receives a regulated activity; the Care Quality Commission only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion.

This inspection site visit took place on 6 February 2018 and was announced. Inspection site visit activity started on 29 January and ended on 23 February 2018.

We gave the agency 3 days' notice of the inspection visit because the manager is often out of the office. We needed to be sure that they would be in. We visited the office to see the manager and office staff, review care records and policies and procedures. Two people and one relative came to the office to speak with us and share their experiences of the service.

This was a routine comprehensive inspection carried out by two adult social care inspectors.

The inspection was informed by feedback from questionnaires completed by a number of people using the

service prior to the inspection taking place. The Care Quality Commission sent surveys to: four people and their relatives, we received a response from three people and none from relatives; four staff and received three responses, and nine to community professionals and received three responses.

We met and spoke with the service co-ordinator, registered manager, team leader, the administrator and two care staff. We also received further written feedback from five care staff and six social care professionals. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service. This included previous inspection reports, safeguarding alerts and statutory notifications. A notification is information about important events which the service is required to send us by law.

We reviewed information about people's care and how the service was managed. These included: two people's care files and medicine records; three staff files which included recruitment records of the last staff to be appointed; staff rotas; staff induction, training and supervision records; quality monitoring systems such as audits, spot checks and competency checks; complaints and compliments; incident and accident reporting; minutes of meetings and the most recent quality questionnaire returned.

Is the service safe?

Our findings

People felt safe being cared for by staff of Hastings Community Support Service. They knew care workers well. We spoke with one person who told us they felt safe with staff. When we asked why, they said, "I'm definitely looked after ... they (staff) keep me safe ... they've been very supportive to me".

People were protected from harm or potential abuse. The registered manager confirmed there had been no safeguarding concerns reported in the last twelve months. They were aware of the correct processes to follow as described in their up to date local safeguarding policy and procedure. Care staff were trained in safeguarding and demonstrated they understood their responsibilities and how to report suspected abuse. Staff were aware there was a whistleblowing policy and procedure in place which they could access confidentially.

People were supported to take risks to retain their independence and enhance their well-being whilst any known hazards were minimised. Staff had worked closely with one person over a period of time to support them to use public transport with minimum risk. This was important to the person so they could pursue their individual interests. They said, "They'd meet me at home, help me to the bus, go on the bus ... now I can go on one by myself ... the train too. It means I don't stay indoors much, now I go out more to the shops or to eat or football." Another person's care record showed that they may show behaviour which may pose a challenge or a risk to others. However, it was not totally clear in the risk assessment what the trigger factors were for this behaviour and the steps staff needed to take to manage the situation. This was discussed with the registered manager and service co-ordinator who agreed the risk assessment needed to be clearer and contain more guidance for staff to follow. They agreed to update this immediately. Other risk factors, such as those relating to safety, nutrition and the environment were assessed and managed where necessary.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. This included undertaking checks of identity, qualifications, gaps in employment, seeking appropriate references and undertaking a Disclosure and Barring Service (DBS) criminal record check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People's needs were met by sufficient staff who had the right skills, knowledge and experience. People knew the names of the staff supporting them, had a regular team of care workers and had built up meaningful relationships. Two people spoke fondly of their care workers and how they supported them. There was a keyworker system in place where staff were matched with people who had similar hobbies and interests. One person said, "I'm going to a rock concert about the 80's in the spring with (two staff members) ... I like everyone and they like me". Both staff members told us they were looking forward to taking this person to an event such as this for the first time.

People, relatives and staff knew who to contact if they needed help. The service had an out of hour's telephone service where staff could contact a senior manager for advice or guidance. This meant people and staff were supported by a senior person, who was available at all times for guidance and advice.

There were arrangements in place to keep people safe in an emergency and staff understood these. In cases, such as poor weather and flooding; the registered manager and care workers knew which people required a priority visit. For example, this may be because they had no relatives or were isolated.

Staff had completed infection control training and had access to personal protective equipment, such as gloves and aprons to reduce cross infection risks. Care workers said there were always plentiful supplies of gloves and aprons available.

Staff supported people to take their medicines. Records showed staff had received training in medicine administration. They showed staff had competency checks carried out to ensure they were safe to support people with their medicines. However, at the time of the inspection, people were able to take their own medicine and did not require support from staff.

People were supported to stay safe from accidents or incidents. Where these did occur, a 'physical injury form' was completed where necessary. The incidents were discussed and investigated to see if there were any trends or patterns. Where any action was required, an action plan or risk assessment was put in to place and shared with staff. This helped to prevent any further injury or harm to people or staff.

Is the service effective?

Our findings

Staff had received appropriate training and had the experience, skills and attitudes to support the differing needs of people using the service.

Staff underwent induction training which gave them the skills to carry out their roles and responsibilities effectively. They then worked alongside (shadowed) an experienced member of staff until they felt confident to work on their own. One staff member said they shadowed staff for five weeks. New care workers who had no care qualifications were supported by the registered manager to complete the 'Care Certificate' programme (introduced in April 2015 as national training in best practice). One person had recently completed this and said, "Really enjoyed the Care Certificate with lots of training days."

Staff had completed the provider's required training which included: food hygiene; infection control; moving and handling; safeguarding of vulnerable adults; fire safety; Mental Capacity Act (MCA); Deprivation of Liberties Safeguards (DoLS); first aid; medicines; health and safety, and equality and diversity. As well as the provider's mandatory training, staff had received other specialist training to help them perform their roles. This included training in: autism; epilepsy; learning disabilities, and dementia. The registered manager used a 'training log' which operated on a traffic light system of when training was due. For example, yellow before training was due, red when was overdue and green when completed. One staff member said, "I am trained to do my job to the best of my ability ... I am always willing to improve on my knowledge and do this by attending training courses. I will attend a course that I feel will improve my knowledge that has been recommended to me." Another said, "We are encouraged and supported around training."

Records confirmed staff received regular supervision and an appraisal (one to one meetings). One staff member said, "I receive supervisions monthly and an observation ... appraisals are reviewed quarterly." The registered manager said they had an open door policy and that they were available at any time. Staff confirmed this was the case and one said, "I can contact (registered manager) any time if I wish to discuss any issue and feel my experience is appreciated and my opinions listened to."

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. We checked whether the service was working within the principles of the MCA and found they were. Care workers had received training on the MCA and were aware of how it applied to their practice. People said staff gained their consent before carrying out any care or support. People had signed consent forms to record and confirm their agreement to this.

Where decisions had been made in people's best interests, a 'best interest/supported decision making form' had been completed. All information had been recorded and the appropriate people involved in the decision. The best interest decisions (BID) were reviewed regularly and updated if necessary. For example, one BID related to one person's inability to fully understand the care plan and included information on how

staff managed the decision.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications for this must be made to the Court of Protection. The registered manager was aware of the procedures necessary if a person was subject to a Court of Protection order. Nobody currently using the service had such an order.

Care workers supported and encouraged people to maintain a balanced diet by encouraging them to have a meal of their choice and type. Some people were supported by staff to undertake 'cooking skills'; this gave them the confidence to make a larger variety and different types of meals.

People were supported to have access to healthcare services and on going healthcare support. Excellent links had been made with local health and social care professionals who worked alongside the service to ensure best practice was implemented where necessary. During visits, care workers monitored people's health and welfare conditions whilst reporting any changes to the relevant professionals.

Is the service caring?

Our findings

People, relatives and professionals spoke very highly of the staff and their approach to providing support. They described it as caring, kind and based on the person's individual needs and wishes. When we asked a relative why the staff were caring, they said, "They (staff) are friendly and have a good sense of humour ... they notice signs if he's (family member) not right ... he goes quiet ... they do notice."

The registered manager spoke positively about the commitment, dedication and motivation of staff. Three people told us how the staff had made a difference to their lives and wrote "(Staff member) worked really hard to arrange the day out at the festival ... I really enjoyed it ... it was a good day out", "I think you guys do a great job ... you give me confidence to try and get out safely on my own" and "If it wasn't for you (staff) taking me, I wouldn't have gone, I was too scared."

One person and their relative said how their staff team had worked with them to encourage and support their independence. Staff had worked closely with the person so they could have the confidence to go to places on their own. They said, "I felt confidence travel training ... between home I have tried two different routes ... works wonders ... might go to Eastbourne soon ... the girls say I am better on the buses now than they are." This person told us they had learnt new social skills and made new friends by being supported to try out new hobbies.

People told us they were treated with kindness and respect when receiving care and support. Care staff demonstrated a good knowledge of the people they cared for. Two relatives gave examples of the positive impact staff had on their family member in enabling and supporting them to achieve good outcomes. One relative explained how their family member had gained confidence and tried out new hobbies. When asked how they would score the service out of ten, they replied "Ten and could not be improved."

All staff spoken with showed commitment to the principles of enabling and respecting people's wishes, in how they wished to receive support to live an independent a life as possible. Staff spoke about this with a sense of pride and achievement. One staff member commented "When you have supported someone from start to finish and observed them develop their skills along the way and watched all the hurdles they have overcome it's very satisfying ... so rewarding ... something I personally thrive on."

Where necessary, care records showed the registered manager had involved the use of independent advocates or representatives to assist people in expressing their views and making decisions.

The service cared for the well-being of its staff. Two examples of this were that staff were supplied with a 'kitbag' and a lone working policy had recently been introduced. The kitbag contained safety equipment, such as a torch, reflective arm bands, hand gel and gloves. The lone working policy 'Go agile agreement' was introduced for those night staff working alone. Night staff regularly kept in touch with staff members of other services within the organisation, to make sure they had no problems and there were no issues. This meant the organisation took steps to make sure their staff were safe when alone at night.

Is the service responsive?

Our findings

People received personalised care and support which was specific and responsive to their changing needs. Whilst the staff rota had been planned in advance, it was checked and changed each day to respond to any required changes. Staff were informed of these changes via email so they always had the most up to date version. One staff member said, "It (staff rota) is not written in stone" and another said, "We change it to accommodate people's choices." For example, recent changes had been made to the rota because three people had needed to attend a dentist, visit the crematorium and go to London on a trip. All staff knew their rota may be changed at short notice, but all said it was part of the personalised service they gave.

Staff understood the needs of different people. During our visit, an incident occurred where a staff member found one person they had visited in a distressed and unsafe manner in their home. The office was informed, the staff rota immediately changed and the staff member was able to stay at the person's home to support them. The office ensured other staff covered their planned visits. The service responded to this change in a professional, calm and effective way with good communication between all concerned. This had a positive impact on the person as the staff member remained with them for several hours to ensure they were safe and not at any unnecessary risk. On another occasion, staff supported one person following a visit to the dentist. They responded by telephoning them on two consecutive days to see if "all was well." They made sure the person knew what to do if they felt unwell and make sure they knew when to take the medicines the dentist had prescribed.

The service had a systematic approach to working with other organisations to improve care outcomes and ensure people were put at the heart of the service. All professionals we contacted unanimously agreed that the service delivered person centred care and support which achieved outstanding results. One professional said, "I see both services working in a person centred approach and linking the service for the benefit of the client". Partner organisations included the local authority transition service, day centre, community learning disability team, supported employment service and neighbourhood support team.

One person had been supported to purchase and programme a mobile telephone. This allowed the person to have the freedom and independence they wanted, but they had a telephone to use if they needed help. This meant the service could respond immediately. Their relative said, "I'm getting used to him getting on the buses he goes to the social club and we meet half way on the way back to be safe. (Person) enjoys the club ... the staff will contact (person) by text or by telephoning."

Professionals gave us two examples of where personalised care had led to people achieving positive outcomes. One of these examples involved one person who had recently left the service as they no longer required the support needed and they were now able to live in a more independent way. Professionals said, "... the programme of support was set up with the adult's wishes at the centre taking into account their hobbies, wishes, preferences and emotional needs. The team worked seamlessly with our service and were professional" and "The service manager and staff team are person centred in their approach and conduct themselves professionally and we continue to work closely together at all levels to support the needs of adults who use both our services."

People achieved a high level of engagement in activities which were important in their lives. Plans reflected the service's values that people should be at the heart of the planning of their support. Staff worked with people to find the different things they were interested in and challenged them to stretch their skills and emotional capabilities. People set goals for themselves and tried new skills, for example how to travel safely on public transport, how to cook and how to manage their money. These skills supported people's wellbeing and their sense of value. During our visit, one person was being supported by a staff member on the computer. The person was actively engaged and motivated; there was positive and effective interaction between both of them to achieve learning. Another person had been supported to successfully pass their driving theory test.

People were supported by staff who took a pride in their work and supported people to achieve accomplishments in their lives. Two staff members explained two specific instances where this had occurred and people had achieved realistic goals which had been challenging but fulfilling. Both people involved told us they had achieved a sense of accomplishment. "They taught me to cook, travel, use buses and mix with other people ... I really enjoyed it and now they're helping me to do money skills". The person went on to explain how they now had the confidence to support other people on buses and said, "I now work with MENCAP (UK charity for people with a learning disability), I am an expert on the buses and I wear a yellow outfit". When a staff member was asked why they liked their job, they said, "I love my job and am very proud of what I do ... I make a difference to vulnerable people in our community ... to see clients gain independence is wonderful to be part of."

Relationships and social connections were encouraged by staff. They understood the importance of developing strong relationships with the people they supported. Staff supported one person whose parent had been their main carer. Following the family member's illness, roles had now been reversed and the person now cared for their parent. The service had responded by supporting, facilitating and assisting the person to make this transition, whilst still recognising the person still needed on going support themselves. Staff were particularly offering support to the person to enable them to look after their family member's dog which had become difficult to manage. They were working with the person closely and advising how to do this. The person spoke fondly of the dog which meant a lot to them and gave them a sense of well-being even though they were finding it difficult to undertake.

One person was being supported to undertake new skills and hobbies to widen their interests. Staff worked very closely with the person's relative to do this by joint working and setting milestones for the person to reach. This family member felt valued and included in the person's care and support. They said, "We work together as I still worry about him but the staff are great." The person themselves said, "I felt confident travel training, it was good, really good and it is working wonders ... I've tried two different routes."

People took part in a variety of activities and spent time in the local community, being encouraged and helped to use public transport, attend social groups, attend football matches, go dancing, dine out in restaurants and going to concerts. When asked how staff supported people's choices, one staff member said, "By knowing the people as well as we do." The service had developed a 'support group' for people. Activities took place in a pub/restaurant in the local areas twice a week. This gave people a chance to mix with others socially and was of particular benefit to those who lived in isolation. This was currently being run and organised by the staff of the service. However, it was hoped in time people would be able to manage it themselves with minimal help from staff and enjoy recreational time together. After each activity had been undertaken, people were asked for feedback using an easy to read card system. This meant the service was responsive to people's choices. For example, 'How did it go today?' From information given in this feedback, changes were made if people did not enjoy their activities or wanted to try different things instead. Comments on the cards included, "I'm happy ... the staff are nice, I enjoy it" and "I am very happy with

today's support."

People were encouraged to take part in community activities and become part of the local community. This was supported by staff to help people become more independent. The service worked with community organisations to raise awareness, promote skills development and reduce social isolation, such as Bexhill College, the Recovery College (Mental Health), the Salvation Army and Star (drug and alcohol service).

People had the benefit of travelling in staff's cars to take them to and from appointments or social visits. Each member of staff had undertaken extended driver training by an external driving instructor. This included a theory test and an hour's formal driver assessment (even though they held an officially legal driving licence). Training was refreshed regularly to ensure their standard of driving was maintained at a high level in order to keep people safe whilst in the vehicle.

At the first face to face meeting an 'initial meeting assessment' was carried out. This included information about the person, their family, their support details, their work and the level of need required. A 'home visit pack' was given to the person and the contents explained. These included: service contract details, client guide, initial risk assessment, cover arrangements and complaints procedure. Along with this information a 'home visit checklist' was completed and other helpful information leaflets given to the person. For example: 'What to do if someone is abusing you', 'Never deal with cold calling doorstep traders', 'Battled by benefits' and 'Your life, your future, your choice.' Specialist information was also given if required, for example information relating to the autistic spectrum condition. The home file also included a 'Welcome to Hastings Community Support Service' which gave a one page summary of what the service did, how they could help. Pictures of the staff team, along with their names and their roles, were also included.

Following the initial assessment, a support plan was then developed which identified people's health and support needs and any risks to the individual person. Care records showed all the relevant people had been involved in planning each person's support where appropriate, such as family and care professionals. They included people's choices, the important people in their life and how they would like to be supported.

The service had worked hard to comply with the Accessible Information Standard (AIS). They met people's individual information and communications needs in ways to achieve independence. The AIS is a framework put into place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can understand information they are given. All those currently receiving support had a learning disability and varying communication abilities.

Staff were able to communicate with and understand each person's requests. They were aware of people's changing moods and their communication preferences. Each person had a 'Communication passport' in their care records. These contained clear plans explaining how each person communicated and information about how they expressed themselves, such as using picture cards or large type fonts. All documentation used within the service had been transcribed into easy read formats which people had access to and were used by staff. These were written in a way people of differing communication levels could understand and included policies and procedures, information and advice leaflets. The service shared information with partner agencies. One professional said, "Hastings are very proactive in creating up to date documents that they kindly share ... enables us to contribute towards the same vision."

There were opportunities for people to raise issues, concerns and compliments. There was a complaints policy and procedure in place which was in a format people could read and used pictures and clipart. This contained all the information and contact details necessary for people to use if necessary. The Provider Information Return (PIR) showed the service had received no complaints in the last 12 months, but had

received 39 compliments. All documentation and records looked at showed a high level of satisfaction with the service. The theme of most of the compliments was how supportive the staff and service were and that people received "good" support.

Is the service well-led?

Our findings

A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.' Since the last comprehensive inspection in 2015, a new registered manager had been recruited. They were registered by the CQC for this service and a second one belonging to the same provider. They were supported by a team leader who managed the day to day running of the service.

People's needs were at the heart of the running of this service and the service was managed accordingly. As the service was very small, the emphasis was on the quality of care delivered. The vision and values of Hastings Community Support Service centred on those people they supported. The organisation's statement of purpose stated "The Community Support Service provides support to people living in the community whether on their own or within the family home. Our aim is to improve the quality of life of the people we support by enabling them to live as independently as possible." We found this ethos and focus was embedded in the running of the service. Records showed the extensive support one person had recently received over a period of time. The service had worked closely with the person and other partnership organisations. The service set objectives for this person that were challenging but achievable. Excellent communication took place between all organisations in a collaborative way. The effective partnership working enabled this person to actually be in a position to no longer require the needs of this service as they moved to a more independent way of life. The entire staff group were extremely proud and passionate of this achievement.

The service also had a "What our value statements mean to us" document which included their vision and values. Five statements were headed; Client feedback makes us a better service; Clients have the right to make their own choices and make unwise decisions; A happy staff team is a happy service; Personal safety is of paramount importance for both clients and team members, and Clients are treated as individuals at all times." Under each statement was a shared list of reasons to explain how the values were reflected. The inspection found the organisation's statement of purpose and vision and values were reflected, embedded and promoted by all staff at the service.

Partner organisations demonstrated how they thought Hastings was an excellent role model organisation. They spoke positively about the management of the service. All staff worked with people to achieve the same goal of 'Achieving independence together'. This was done by helping people to become more independent and support them to move on with their lives. One professional said, "They have worked well with two of my previous clients and achieving further independence and reaching goals set out." Another professional wrote of another person, "I would just like to say again that it was a pleasure working with you to support (person) ... we all clearly wanted the best outcome for him." Two staff members commented, "To go from little steps to big steps is such an achievement and being there to support clients along the way is so rewarding" and "To see a client gain independence by being able to travel independently and access shops, college to name a few is wonderful to be part of."

When we asked how effective the management team was, a professional said, "My experience of Hastings has been one of a positive experience. I particularly want to commend (team leader) and (registered manager) ... we have met in times of concern and these times have come up with solutions and strategies to enable onward support ... the staff work tirelessly and provide a high level of service." Two other professionals commented "I can be quite confident in stating that Hastings have been one of the most friendly and professional teams that (organisation) has ever worked with" and "Hastings are very proactive in sharing information and ideas with each other regarding different services ... we are always working as though we are one team, we share the same values and we both strive to provide the best outcome that we can deliver for our clients ... Hastings staff are good ambassadors for adult social care in the community."

The management team were accessible at all times and staff felt supported, motivated and were very enthusiastic about their jobs. When three staff members were asked what it was like to work for Hastings, they said, "... is a wonderful team to work for ... team are truly amazing ... such a great team bond ... everyone works together and supports each other", "I have said to anyone that will listen that this is the best group of people that I have ever worked with before and that the work is extremely enjoyable ... basically the best job I have ever had and I really can't say fairer than that" and "As a team we all care for our clients ... there is not one of us who would not go the extra mile."

The registered manager ensured they were kept up to date with their own knowledge and leadership skills, such as attendance at a registered manager's forum. They also encouraged staff to develop their own leadership skills. One example of this was the introduction of lead roles and become 'champions' in their preferred area of expertise, such as wellbeing, medication, nutrition and equality and diversity. The 'champions' fed back to the rest of the staff any changes or new initiatives.

Staff confirmed there was an open door culture at the service and two said, "... if I had any concerns and needed to speak to them (management team) before supervision, they are more than accommodating and the office door is always open as we like to say" and "My managers are very supportive and always listen to me and allow me to express my concerns". Staff were kept updated with any changes by emails, text or meetings and described the communication from management as good. Staff meetings took place every other Wednesday; the last one took place on 31 January 2018. Minutes showed meetings discussed a variety of subjects such as attendance, accidents, complaints, medicines and staffing. Staff and clients wellbeing is also discussed at team meetings. Staff were supported in their roles by a wide range of resource tools available. For example, the recruitment process, equality and diversity toolkit and staff training. These resources were used to promote equality and inclusion in the staff team.

The service recognised and celebrated staff good practice. Staff were encouraged to develop innovative ideas to measure and show success. One of the ways the service had done this was by putting together a notice board full of relevant information, compliments and positive comments. It showed up to date information, what had gone well and any events that had occurred. People, staff, social care professionals and relatives were encouraged to use it. Staff were encouraged to 'tell your team mates how much they mean to you' and there was lots of positive feedback displayed. For example, "Best team leader that listens", "She (staff member) is a gem" and "Always helpful, kind and supportive." Staff also took part in celebrating the staff member of the year award.

People were encouraged to take part in community activities and become part of the wider community. They were supported by staff to help people become more independent. The service worked with community organisations to raise awareness, promote skills development and reduce social isolation, such as Bexhill College, the Recovery College (Mental Health), the Salvation Army and Star (drug and alcohol service).

People benefitted from a service which had a strong emphasis on continuous improvement. Views and opinions of people were constantly sought through informal chats, meetings, the service newsletter, compliments and complaints, annual surveys, meetings, telephone calls, feedback cards and yearly reviews. These ideas and suggestions were used in to develop the service. An example of this was the social group that had been created. The venues for these twice weekly meetings had been chosen and trialled. However, in view of potential problems and unnecessary risk to the people and staff who went to the group, one of the venues was changed to a safer and well-lit area where people would enjoy themselves and remain safe. The last quality survey sent to people in December 2017 included the comments "All (staff) good, very good" and "(Staff member) is good to me." Professionals had commented, "I want to thank you for the thorough notes on the system which have given me clear updates on (person's) situation and development."

Following changes in the regulatory framework, the service's quality assurance team held 'awareness sessions' to ensure all staff were aware of their roles and responsibilities in delivering a quality service. The registered manager worked with the compliance officer to put together a document relating to the new CQC's Key Lines of Enquiry (KLOE). This was to ensure the service met the changes and additional requirements required to maintain compliance with CQC. The document also highlighted where further improvements were needed. All improvements were transferred to a service development plan, which the registered manager used to demonstrate continual improvements in the service.

The quality performance and regulatory requirements of the service were effectively managed and undertaken. There was a number of robust quality monitoring systems in place. For example: audits of people's care records; finances; medicines; the environment; fire, and health and safety. Any deficits found were fed back to staff and improvements monitored. Spot checks and competency checks were carried out regularly. Accident and incident forms were completed, analysed and used to improve practice. For example, one recent incident involved a person using inappropriate language to staff. The registered manager and team leader supported staff to discuss the incident, share any concerns and reflect on their communication practice. This led to an improvement in their practice.

Systems were monitored daily, weekly, quarterly or annually as required for compliance. Any actions required were documented and monitored in an action plan to make sure improvements were made. The quality assessment framework included looking at the compliance of the service under the CQC's five key areas, together with the KLOE.

The management team were supported by a service co-ordinator, a quality assurance manager and compliance officers. The last compliance visit took place in January 2018. Records showed this visit was focussed on reviewing practice in relation to the CQC fundamental standards and to look at a selection of records. This ensured the quality of the whole service was monitored and pertinent information gathered from each area of support delivered.