

Southdown Housing Association Limited

Sackville Gardens

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Sackville Garden is a supported living service providing personal care and support for people with a learning disability and/or autistic people. At the time of the inspection the service was providing support to five people at one site in Hove.

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

We found areas of outstanding practice in caring. Staff were exceptionally caring and valued what was important to people, ensuring that people were the entire focus of their own care. People were supported by staff to challenge discrimination and championed the importance of equality and diversity. Staff always worked in partnership with people and their families to ensure that people received the support they wanted. Staff were entirely focused on what people could achieve and how they could support people to reach important life goals. Staff consistently thought innovatively about how to support people to be as independent as possible.

We observed staff communicating and interacting with people. People were comfortable and confident around staff that were supporting them. Staff spent time finding out what was important to people and ensuring that all other staff knew how people wanted to be supported. Staff were passionate about supporting people in line with their individual preferences and unique abilities.

The service was well led by leaders who inspired their staff and ensured that people, staff and those important to people worked in partnership together. The culture of the service empowered people to make to their own decisions about how they wanted to spend their time and live their lives.

People were supported safely by staff, risks to people were assessed and well managed. Staff supported people to live full and busy lives. Infection control measures were in place to protect people. People's medicines were managed safely.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- Model of care and setting maximises people's choice, control and independence. People were in charge of their own lives and care. Staff focused on supporting people to make their own decisions and people were supported to be involved in the running of the service.

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights. People were supported in exactly the way they chose and were treated as an individual by staff. Relatives were consistently positive about the impact the service had had on their loved ones. For one person who had been moved around several services in and out of the county, their family told us, "now [they're] here I have no worries at all. [They've] finally found [their] home. It's wonderful and I can't knock it."

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. The registered manager and staff were passionate about supporting people to be as independent and live as least restrictive lives as possible. Staff regularly reviewed how they supported people to ensure that the support they provided promoted people's independence as much as possible.

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

Why we inspected

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Is the service effective?

Good ●

The service was effective

Is the service caring?

Outstanding ☆

The service was exceptionally caring

Is the service responsive?

Good ●

The service was responsive

Is the service well-led?

Good ●

The service was well-led

Sackville Gardens

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector

Service and service type

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

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

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We also reviewed some support plans for people using the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We met and spent time with four people who used the service and met the staff supporting them. We spoke to four members of staff including the registered manager. We reviewed a range of people's records which included medication records. We reviewed records relating to the management of the service.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and recruitment files. We spoke with four relatives about the service and five members of staff.

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, Learning lessons when things go wrong

- People were protected from the risk of harm and abuse. Safeguarding concerns were raised by the service when appropriate.
- Staff were able to identify signs of abuse and told us they would specifically look for changes in people's behaviour and how people responded to other service users, staff and visitors. Staff were confident that they could raise any concerns with the registered manager.
- We discussed a recent safeguarding concern with the registered manager and spoke about how this had been investigated and what actions had been taken. Staff had followed correct procedures in raising the concern and ensuring the person was safe. Learning had been taken from the incident and staff had received supervisions and competency checks where required.
- Learning was shared between different services of the same provider. Where issues were raised at other locations, learning was shared through the company and the service had taken action to address the issues at their own service.

Assessing risk, safety monitoring and management

- Some people needed to have their food, drink and medicines given to them through a tube directly into their stomach (percutaneous endoscopic gastrostomy (PEG) and jejunostomy (JEJ)). There were clear and detailed guidance plans in place for staff to ensure that this was done safely. This included information on how to identify any issues and what action to take if an issue was identified. Staff told us they had received training and felt confident in how to support people safely.
- People had risk assessments for their particular support needs. Some people needed support from staff using equipment such as hoists and wheelchairs to move around. The guidance for this was clear and included pictures for staff to identify the correct positioning for equipment such as slings.
- People had risk assessments for both going out alone and being in their home alone. This assessed risks to the person and what the person was able to do for themselves to determine what support the person may need.
- Where people required medical interventions they may find distressing such as having their blood pressure taken, guidance was in place to ensure the stress for this person was limited.
- People with epilepsy had clear plans in place for staff to follow to keep the person safe in the event of a seizure. This included guidance on what was usual for the person to experience during the seizure and at what point to call health professionals. The plan detailed what action to take to protect the person in different scenarios such as in the bath, out in the community and in the car.

Staffing and recruitment

- There were enough staff to support people safely. We observed that staff were not rushed, and people received the amount of support hours they were allocated.
- People using the service were involved in the recruitment process. Potential new staff were invited to the service to meet people before being offered the position. The registered manager told us that if people fed back that they didn't get the right feeling about the potential staff member, this would be factored into the decision-making process.
- Staff were recruited safely. The provider undertook checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Using medicines safely

- People's medicines were managed and stored safely.
- People had risk assessments for all aspects of their medicines which detailed potential risks to the person and how staff should support the person to receive their medicines safely whilst involving the person in the process as much as possible. Staff had also completed mental capacity assessments to determine whether people could administer their medication without support.
- We saw that staff spoke to people about their medicines and encouraged people to identify what each medication was for.
- Medicines were regularly audited by the registered manager and staff received regular competency checks and training before being able to administer medication.
- Some people had medicines that were prescribed for 'when needed' (PRN). People had PRN protocols in place which detailed how staff would know if the person needed this medicine if they were unable to tell them.
- Some people had medication that was administered through a transdermal patch applied to the person's skin. These patches needed to be applied to a different area of the body each time to avoid skin irritation. The medication record did not state where on the person's body the patch had been applied to. This meant that if the patch fell off, staff would not be able to tell which side of the person's body to apply the patch to and therefore would not know if they were placing the person's patch in the same place. We discussed this with the registered manager who told us they would look into methods of recording this.

Preventing and controlling infection

- We were assured people were supported to minimise the risk of catching and spreading the infection.
- We were assured people were supported with safe visits.
- We were assured that staff used personal protective equipment (PPE) effectively to safeguard staff and people using the service.
- We were assured there was adequate access and take up of testing for staff and people using the service.
- We were assured that people were supported to maintain safe levels of hygiene to minimise the risk of infection.
- We were assured that staff training, practices and deployment show the provider can prevent transmission of infection.
- We were assured the provider's infection control policy was up to date and implemented effectively to prevent and control infection.

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 comprehensive and detailed support plans which focused on what the person could do for themselves and how staff should support people to be as independent as possible. People also had positive behaviour support (PBS) plans, PBS is a person- centred framework for providing support to people with a learning disability or autism who may display behaviours that may be challenging or distressing for themselves or others.
- People's support plans and risk assessments were reviewed regularly and updated when people's support needs changed.
- People's physical health was regularly monitored by staff at the service and staff used recognised national tools and guidance to support the assessment of people. Staff used disability distress assessment form (DisDat) forms for people with limited verbal communication to identify if the person may be in pain or distressed.
- People had hospital passports with contained important information on how to support each person should they need to be supported in hospital.

Staff support: induction, training, skills and experience

- Staff received regular supervisions. Staff told us, "We have supervisions every month where we can raise any problems if we need to or anything we want to discuss."
- Staff received regular training that was specific to people's needs. For example, one person had recently developed symptoms associated with dementia, the service had ensured that all staff were provided with dementia training in order to support the person. Staff had also received training in supporting autistic people and people with a learning disability. We observed that staff knew about people's conditions and put their training into practice when supporting people.
- Staff felt well prepared and trained to support people following the induction process. One staff member told us, "The training especially when you first start is very detailed and extensive it happens at head office and teaches you all about different conditions, different procedures and how to put it into practise it's also nice opportunity to meet staff from other services."

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

- Where people were at risk of choking, staff had referred people to the speech and language therapist (SALT) team who provided staff with guidance to follow to ensure they were supported to eat and drink safely.
- For people who required specialist equipment to eat and drink safely, guidance was in place to support

staff to do this safely.

- Due to the associated health risks of people, staff monitored and recorded people's food and fluid intake. The registered manager told us that they were working to improve their recording of people's food and fluid requirements to ensure that people's fluid goals were clear.
- People were supported to be involved with cooking and food preparation.

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

- Staff supported people to access healthcare services and support where needed. Some people had complex health needs and required input from health professionals. We saw that staff were pro-active in sourcing support for people, such as the speech and language therapist (SALT) and dietician.
- Where people required support with their mobility, they were supported to access physiotherapy services.
- People were supported to receive support from their GP when required. We received feedback from the GP surgery that staff were proactive in advocating for the people using the service.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Restrictions in place for people's safety were regularly reviewed. For example, for one person who had restrictions in place to support them with medical interventions, this had recently been reviewed to ensure the person was being supported in the least restrictive way possible. Staff had begun the process to ensure that where people had restrictions in place, an application was made to the Court of Protection.
- The management team spoke passionately about trying to ensure that the least restrictive practices were being used for people and about keeping this under constant review. One person had previously had their household items locked away in order to ensure the person's safety. Staff had reviewed this with the person and their family and deemed that due to changes in the person's behaviour, furniture such as cupboards no longer needed to be locked.
- Staff told us, "We support people to make their own choices, we make sure they know the potential good and bad parts of their choice and respect their decision if they choose to do something."

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 outstanding.

This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- Staff championed people's equality and diversity and supported people to challenge when they felt discriminated against. For example, one person was supported to write a letter to their MP regarding having to fundraise for a power wheelchair due to not being able to self-propel. This person felt that this was discrimination as those who could self-propel would be funded. Staff supported the person to write a letter to their MP to challenge the allocation of funding for those who were not able to self-propel. Staff and the person's relative told us how important this was for the person to be supported to have a voice and challenge unfairness. Although the person did not receive a response, staff supported the person to crowdfund and save up money for this equipment, which the person now has. The person was away from the service at the time of inspection, the registered manager told us that upon the person's return, they would continue to pursue this issue with the person.
- Staff consistently ensured that people were supported exactly how they wanted to be. For one person using the service, staff had worked in partnership with the person to create a video of the person with a member of staff showing the active support the person received. This video was shown to new staff during the induction process. This meant staff were aware of exactly how the person wanted to be supported and the person was assured staff understood their needs.
- Relatives were all extremely positive about how staff treated people. One relative told us, "It is the best place that [they've] ever been, they treat [person] with respect and dignity and they really care."
- Staff were extremely kind and caring, all staff we spoke passionately about the people they support. One staff member told us, "the guys are all so different with so many interests. We support people to go out and do whatever they want. Perk of the job is seeing the joy that supporting people can bring."

Respecting and promoting people's privacy, dignity and independence

- Staff spoke about people without mentioning barriers, limitations or conditions that may impact on their abilities, only focusing on what people could achieve and how best to support them to do so. Relatives told us, "They've selected such an amazing bunch of staff, it can be hard to find the emotional intelligence needed to be a great carer, and they've done it so well. They see everyone's potential and what they can do, then they think of ways the person can do it."
- Staff worked hard to ensure that people were able to be as independent as possible and to ensure people's privacy. One person had been externally assessed by the local authority as needing constant support at all times due to their medical condition. This person's relative told us that they felt this was intrusive to the person and impacted on their privacy. The relative had raised this concern with staff who

researched to find and support the person to obtain a watch which would alert staff if the person had a medical emergency. Staff then worked with the person to introduce wearing the watch, by slowly increasing periods of time the person wore the watch. This meant the person could spend time alone in their flat for short periods of time. The person's relative told us, "I think this is really important to [person], no one likes to feel that they're being watched all the time and when left on her own, [person] will initiate things [themselves] and feel more comfortable to do things. The watch means [they] have a bit of [their] independence and certainly [their] privacy back."

- People were supported to initiate and maintain relationships with others, staff told us how they had gone above and beyond to support someone to achieve their relationship goals and be able to express their own identity.
- One staff member told us, "We support clients to make their own decisions about what they want to do with their day, all the clients have different preferences for how they like to have their day structured." We saw that people's entire day was chosen and initiated by the person, where possible and that staff responded to people's choices in a receptive and open way.
- Staff respected people's privacy and dignity. We saw that staff knocked on people's doors and check it was okay to come in before entering their flats and referred to people by their preferred names. Staff got down to the same level as people when speaking to them and spoke to them with kindness and laughter. Staff celebrated people's success and spoke proudly about the things people had achieved.

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

- Staff involved people's advocates in decisions around their care. One person's advocate told us, "They invite me to [their] reviews and look at the statements [they] have made with my support, reviewing [their] goals and requesting new ones or to continue with ones [they] have enjoyed."
- People chose their own key workers; these were specific members of staff assigned to support that person with agreeing and designing their goals. Staff told us, "The clients feel closer to their key workers, it helps to develop relationships and they know they have someone special that they can ask or talk to if they ever need anything."
- Staff supported people when they raised concerns or shared ideas. For one person who told staff they wanted to get more involved in meal preparation, staff had supported the person to purchase and build a table in their flat that would make it easier for the person to get involved. The person told us they were looking forward to doing some baking.
- People's support was reviewed regularly, and people's views and experiences were the focus of these reviews.

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

- People's care and support was personalised to their individual needs and choices. People were supported to have control over their lives and how they spent their time. People's choices were always respected by staff. Staff told us, "To help people make their own choices we tailor how we ask questions to different people, for example, whether we ask open or closed questions depends on who we're asking."
- For one person who received their drink through an enteral tube, they had informed staff that they would like to have the occasional glass of wine as they had done before having the enteral tube fitted. Staff discussed the person's wishes with the dietician and GP and had written guidance on how the person could be supported to do this safely.
- Review meetings regularly took place people and those that were important to them. In meetings people were supported to review their goals and what they would like to do. The outcomes of these meetings were written up for people in a method they chose. For example, one person had their goals written on a large piece of paper on cut out elephants, another preferred a more formal typed up review.
- For one person who spent a lot of their time at a day centre, staff told us that they invited the day centre staff to the person's reviews in order to work together to support the person to decide on their goals and aspirations.
- Staff meetings regularly reviewed the support people were receiving and showed staff discussed the best way to support people and identified actions going forward to improve the care people received.

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 using the service had a range of communication needs. Some people had varying levels of verbal communication, some used Makaton and some people used pictures to aid communication. Some people used a form of communication called intensive interaction. This is a physical form of communication where staff respond with imitating or joining in with movements and sounds the person makes.
- We observed that staff were able to easily communicate with people in their preferred methods. People's communication preferences were detailed in their care plan. All relatives we spoke to were confident in staff's ability to communicate with their loved one, one relative told us, "Staff are confident in

communicating with [person], they pay close attention to both [their] verbal and non-verbal cues."

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 be part of the local community. Staff supported one person to attend political meetings and protests, as well as attending local Church services and Church groups. Staff told us how important this was to the person's identity to be actively involved in community groups.
- Before the pandemic, staff had supported people to attend Disability pride events in the local area.
- People were supported to continue and expand their hobbies and interests. Staff had supported one person to expand their interest in being a disk jockey (DJ). The person had a regular slot on a local radio station and was very proud of this skill and the equipment they kept in their flat. Staff had supported the person to soundproof their room and celebrated the person's success and abilities.
- Another person told us how much they enjoyed attending shows, they told us staff had supported them to attend shows in Brighton and London which they had loved.
- One person's relative told us, "They (staff) are so caring, and there's always someone to take [person] anywhere [they] want to go."
- Staff had worked with people to adjust their activities during the COVID-19 pandemic. Staff supported people to focus on the positives and plan for the future. For people who particularly enjoyed going on holidays, staff worked with people to create their post-pandemic bucket lists, focusing on saving up money for their dream holidays.

Improving care quality in response to complaints or concerns

- The service had not received any recent complaints but explained that complaints were dealt with by the provider and then learning was shared with staff at the service to improve the service for people.
- The registered manager told us that anonymised complaints were used during the staff induction process in order to give staff real life examples of how to respond to complaints and any learning taken from concerns or issues raised.
- People were encouraged to express any concerns they had. Staff supporting people spent time checking that people were happy.
- People's relatives told us they felt confident to raise concerns if they needed to, one relative told us, "I feel perfectly comfortable with raising anything I consider an issue and I know that I will be listened to because we are all on the same page, all trying to get the best for [person]."

End of life care and support

- The service had not yet discussed people's end of life plans with them. This was something staff were discussing together in order to identify who this would be appropriate for and how to approach the subject. The registered manager told us this was something they would begin conducting with people.
- One staff member told us how they had supported a person through the passing of a family member. This included supporting them with funeral arrangements and property issues. Staff told us that this was an important part of the bereavement process for that person.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The culture of the service was open, honest and focused around supporting people to live their lives the way they wanted to.
- Staff showed that they were always trying to keep an open mind about the support they provided to people. One staff member told us, "You get to know people and what's been successful for them and what has not necessarily been successful in the past, but we don't want to be still, we are always changing and just because something's not worked before doesn't mean it won't work in the future, we like to have an open mind about whatever people want to do"
- Relatives told us that staff were extremely kind and caring and treated people with love and respect. One relative told us, "We know that when we are unable to visit, [person] has [their] other family looking after [them], the staff are [their] family.
- Another relative told us, "We have regular reviews where we share ideas together on how they could encourage [person] to do more and unleash more of [their] potential. Staff are always trying to think of new ways to support [person] to get more involved and be more active."

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

- Relatives were positive about the management and staff. One relative told us, "[Registered manager] and the team are so brilliant we couldn't praise them enough, [person] is so happy"
- Staff told us they were very well supported and felt inspired by the leadership of the service. One staff member said, "[the registered manager] has very high standards and that encourages us to have high standards." All staff told us about the open culture of the service and felt they could always raise any concerns with the management team.
- There were robust quality assurance processes in place to monitor the quality of the service. Quality assurance processes included regular checks of people's equipment and their environments. There were overall action plans in place which brought together areas of the service that staff had identified as needing improvement, with key responsibilities and time scales recorded for actions to taken.
 - People's records were also regularly audited by staff, the registered manager checked people's daily records to identify any gaps in recording. Medicine records were also audited twice a week.
 - The provider had its own specialist positive behaviour support (PBS) team. This team visited the provider's

services and spent time with people, ensuring their PBS guidance was relevant and followed best practice. The registered manager told us that having this external support allowed for a different insight into how the staff team supported people and ensured people's support was constantly reviewed.

- The registered manager was aware of their responsibilities of regulatory requirements, including duty of candour.

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

- People's relatives told us that they felt very involved in the service, one relative told us, "The staff always make us feel welcome we are able to talk to them about anything and ask any questions we need to."
- People were involved in the running of the service. For example, one person supported staff to create the weekly staff rota and attended staff meetings to remind staff about keeping emergency exits clear and to allow enough room out the front of the service for emergency vehicles. This was something the person was passionate about.
- The registered manager told us how they had advocated for one person to ensure that they were receiving money that they were entitled to, this had involved discussions with various agencies.