

Sense

SENSE - 89 Hastings Avenue

Inspection report

89 Hastings Avenue
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Ratings

Overall rating for this service

Outstanding ☆

Is the service safe?

Outstanding ☆

Is the service effective?

Outstanding ☆

Is the service caring?

Outstanding ☆

Is the service responsive?

Outstanding ☆

Is the service well-led?

Outstanding ☆

Summary of findings

Overall summary

About the service:

89 Hastings Avenue is a small residential care home for people with a range of sensory, physical and learning needs. The service was providing personal care and support to four people at the time of the inspection. The home 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. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. These values were seen in practice at the home. For example, staff did not wear uniforms and people lived their lives in the ways they wanted.

What life is like for people using the service:

- Since the last inspection in July 2016, the home has made several improvements and now meets the characteristics of outstanding in all areas and overall.
- By talking to people, observing interactions and looking through pictures, it was clear that people were living happy and fulfilling lives at the service. They had great relationships with staff who knew them intently and had a genuine passion for providing people with the best opportunities in life.
- Relatives commented; "They deserve an outstanding rating, as a parent as a professional. It is an amazing, amazing place," "They really are outstanding in my eyes. They are brilliant. [Our loved one] is definitely in the best place."
- Staff shared a common vision for the service and for the people it supported; to enable them to live as independently as possible. We saw that staff were dedicated to improving people's communication, mobility and confidence and the care and support that was provided to people were guided by peoples' own aims and goals.
- People were challenged and encouraged to achieve their goals and there had been remarkably positive and consistent outcomes for people. One person had lost significant amounts of weight through healthy eating and exercise and was enjoying a range of activities they could not enjoy before; including swimming and a range of sports at a local sports club. Another had been supported to significantly develop their communication by increasing their signing skills and vocabulary. They were now able to communicate their choices and decisions using their own and recognised British language signs. One person who at one point was a wheelchair user, decided they want to go on the bus more and to become more mobile. Staff worked with the person and we saw that they regularly travelled on public transport to go to the gym. The person showed us their exercises that they did each day with staff and physiotherapists told us how impressed they were with the person's progress.
- Staff worked closely with people, health professionals and families to reduce the use of 'mood stabilising' psychotropic medicines and had introduced innovative methods tailored to people to reduce their anxiety. Staff and relatives told us that the new method had been working well and the person was now on half the dosage, with a continued reduction planned.
- People had developed friendships with one another and with people they had met at different clubs and

groups locally. Relatives told us that their loved ones used to feel isolated, but now they had lots of friends and determined what they wanted to do each day and with whom.

- People chose who they wanted to support them, by taking part in interviewing new members of staff and staff used a matching tool, that matched potential new staff with people by shared interests and personalities.

More information is in Detailed Findings below.

Rating at last inspection:

Good overall and in all domains except caring, which was rated as outstanding (report published 28 July 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection. We found improvements had been made since our last inspection and the service has met the characteristics outstanding in all areas. The overall rating is Outstanding.

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 exceptionally safe.

Details are in our Well-Led findings below.

Outstanding 

Is the service effective?

The service was exceptionally effective.

Details are in our Well-Led findings below.

Outstanding 

Is the service caring?

The service was exceptionally caring

Details are in our Well-Led findings below.

Outstanding 

Is the service responsive?

The service was exceptionally responsive.

Details are in our Well-Led findings below.

Outstanding 

Is the service well-led?

The service was exceptionally well-led.

Details are in our Well-Led findings below.

Outstanding 

SENSE - 89 Hastings Avenue

Detailed findings

Background to this inspection

The 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.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

89 Hastings Avenue is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

What we did:

Before visiting the service, we looked at previous inspection reports and information sent to the Care Quality Commission (CQC) through notifications. Notifications are information we receive when a significant event happens, like a death or a serious injury.

We also looked at information sent to us by the manager through the Provider Information Return (PIR). The PIR contains 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 reviewed one person's care plan. We also looked at a variety of different sources of information relating to these people, such as; risk assessments, learning logs, activity logs, communication books. In addition, we looked at; surveys, staff rotas, training records, recruitment files, medicine administration records, audits and incident/accident logs. We asked the deputy manager to send us some documentation via email after

the inspection. These were received on the days following the inspection.

On inspection, we spoke with one person and observed interaction between staff, the deputy manager and people. We also spoke with the deputy manager, the operations manager, three members of staff, three relatives and three professionals.

Is the service safe?

Our findings

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

Outstanding: People were involved in developing a comprehensive and innovative approach to safeguarding, including positive risk-taking to maximise their control over their lives

Systems and processes to safeguard people from the risk of abuse

- People continued to be protected from abuse and people signed to tell us that they felt safe. One person commented, "Yes I feel safe. When I go out with staff they keep me safe. If I was worried I would always tell you [the deputy manager] and [the registered manager]. They would always believe me and make sure they checked."
- The service had developed innovative new ways to ensure people knew what safe care should look like. 'Safe guides' were produced with people, in a way that was meaningful to them as individuals. Some had safe guides in picture form, whilst others were in video form, where staff used British sign language (BSL) and people's own signs to explain who to talk to if they were worried or concerned, what to expect and what not to expect. These were then uploaded to their tablets or in DVD form for people to watch. The deputy manager told us that the safe guides are reviewed by the person monthly, or whenever someone wants to view it on their tablet. "One [person] learns well from written guidance but has learnt even more with it being signed. We test them after they watch it to make sure that they understood, and the person signs back answers to our questions. We just need to keep going with it, so they know what to do if and when a situation arises."
- A relative told us; "We have fought so hard for [our loved one] over the years, [name] is so special, but now we can relax as we are so happy and comfortable in the knowledge they are safe. If something happens to us, we know they are in safe hands."
- Staff could tell us about different types of abuse and were knowledgeable of the safeguarding and whistleblowing procedures.

Assessing risk, safety monitoring and management

- Risks to people continued to be identified and mitigated. Staff promoted a culture that empowered people to challenge themselves by taking part in activities they know and love, alongside other activities to promote their knowledge, skills or wellbeing.
- People expressed that they wanted to go on holiday in places there were not 'disability friendly.' As a result, the service sourced a mobile hoist for a person so that their holiday choices were not limited. Staff told us; "Rather than only having choice of disabled access holidays we made all holidays accessible. [Name] had never been on holiday without their parents before moving in, [name] has now been on four holidays in three years without their parents. Each time enjoying new experiences." We saw pictures of the person smiling and laughing whilst taking part in a range of activities and experiences whilst on holiday.
- A member of staff told us about a recent activity they introduced to a person; rock climbing. "We did our research and I went along and assessed the risks. Then we took [name], and we could tell from their body language, vocalisations and facial expressions that they loved it. It was a brilliant day, I went home feeling very happy, sometimes nervous about new risky activities, but it is worth when you see people are enjoying

themselves."

- Risk assessments were extremely thorough and gave detailed guidance, incorporating professional's advice, with pictures and sign language for staff to follow.
- Staff knew what to do in the event of an emergency. Two members of staff recently visited a local fire station to learn more about fire safety and equipment. 'Personal Emergency Evacuation Plans' which were thorough and tailored to each person and fire drills took place regularly. The registered manager sought the fire service's advice on best practice ways to evacuate wheelchair users. Their suggestions had been implemented and staff had been retrained.

Staffing and recruitment

- People were supported by staff of their choosing, that matched their personalities and interests and had the time and flexibility to support them in whatever they chose to do.
- People took an active role in recruiting the staff to support them. After a period of unsuccessful recruitment, the registered manager teamed up with a local charity to run recruitment fairs and open days. To promote the events, people living at the service took leaflets and posters about the open days to local cafes and shops. Before open days, people were supported to come up with questions to ask potential new staff and these were written in accessible picture forms for them to use on the open day.
- One person told us; "I listen to [potential staff], show them around including my bedroom, show them my things, talk to them and find out what things they like." People then fed back to staff on who they would like to support them.
- Staff rotas were formed around the people's needs. If people wished to take part in activities further afield or late at night, then staff rotas were written to reflect this. For example; staff had been rostered later on a specific evening when people choose to attend a nightclub. A relative commented, "There are enough staff, my loved one is not funded for 1:1 care but they always manage it. [The registered manager] is very good at meeting [loved ones] needs."
- There was a 'Who is working' board on display in the service. People and staff changed this daily, and a person showed us the board, talking us through each staff member and they told us that they come down to check the board regularly. There were also pictures of the member of staff supporting a person that day displayed in their room to help to reduce anxiety.

Using medicines safely

- Medicines were managed safely, and staff were innovative in supporting people to be independent with their medicines and to reduce the use of unnecessary medicines.
- For example, staff had recently introduced an innovative new way to support one person who was prescribed a mood stabilising drug to reduce their dosage and eventually remove it all together. Staff also sought advice and guidance from an NHS England project called STOMP, STOMP stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines.
- Staff understood that mood stabilising medicine was not the right option for the person, so researched other options to help to reduce their anxious behaviour. Recognising the importance of smells to the person, staff introduced a 'Smells box' containing pouches of their favourite smells, such as; coffee, curry, cinnamon and washing powder. The person could take a pouch out with them which could be used to comfort them they started to feel anxious. Staff told us; "It is a distraction and it is really helping. If they are anxious, we ask them where the box is and go through the different smells. It does not necessary stop the anxiety, but it calms it down quicker."
- The smells box project had been running for two months and staff were waiting until it had run for a quarter before sending their findings to the provider's behaviour support team for them to analyse its impact. However, working together with the GP, the person is now on half the dose they initially were, and they planned to slowly reduce this further. A relative told us; "[loved one] had a tremor on the drug, that had

now been reduced. The smells box is managing their anxious feelings well."

- Each person had their own medicines file which contained guidance in written and pictorial form for staff to follow. Only permanent staff who had been through the appropriate training and competency checks were able to give people medicine. Two members of staff worked together to administer people's medicines.
- There was a Medication Champion amongst the staff team. This staff member was responsible for overseeing the medicine processes and procedures and researching the latest and best practice. For example; ensuring training was up-to-date, ordering and checking in medicines, conducting monthly spot checks and audits and reviewing new projects, guidance and research in relation to medicines in care home settings, such as STOMP.

Preventing and controlling infection

- People continued to be protected from the spread of infection. Staff had regular training and the Infection Control Champion conducted competency checks to ensure that staff were wearing the right personal protective clothing, were washing their hands appropriately and carrying out the cleaning schedule.
- People were encouraged to keep the premises clean and tidy, through prompting and with the support of staff. We saw one person smiling as they were going to clean their bedroom.
- There was good food hygiene practice guidance displayed for staff to follow, and staff encouraged people to do the same when handling food. We saw people following staffs good practice whilst baking on the day of inspection.

Learning lessons when things go wrong

- There was an open, transparent and reflective culture within the service, where people and staff felt a duty to raise areas for improvement and incidents and accidents. When accidents and incidents occurred they were recorded, investigated and analysed thoroughly by staff, management and specialist teams under the provider.
- For example; following an incident relating to a hoist the service updated their manual handling risk assessment and guidelines, including new guidelines with step by step pictures and text guidance which were displayed in the person's room for staff to see. A member of staff told us; "Competency assessments are based on what could happen here and what has happened here. We had incident where [person] slipped from the sling, we all went through the training again, competency checked, and there is new guidelines and communications in place."
- The staff team also reflected upon every day activities using 'learning logs' whereby they question if and why they did or did not work and how they could be improved upon for that person. For example; one person was being supported to become more independent when swimming. Staff were taking steps back to allow the person to have more space and freedom whilst swimming. Then staff completed a learning log detailing what worked and what could be improved to ensure consistent support. Staff told us; "There is an element of risk, but this is managed and calculated and the benefits to the individual who is gaining the independence outweighs the risk."

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

Outstanding: People's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- The service had introduced a new system for care plans after noticing people did not engage in conversations about certain aspects of their care and support. They separated files by information 'important for' and 'important to' people and staff worked with people to develop their own 'important for' person-centred care plans. The deputy manager told us that one care plan was awaiting more information and pictures because the person wanted to take the photographs and choose the pictures for it themselves.
- Each file was highly detailed and described how the person wanted to be supported, alongside step by step guidance with pictures and signs for staff to follow. Records included information and guidance about the person's physical, mental, communication, emotional, spiritual and sexual needs as well as their likes, dislikes, preferences.
- Best practice developments were adopted and embedded in every day practice at 89 Hastings Avenue. The staff team consisted of a variety of different 'Champions' whose responsibility was to research innovative techniques and technologies to support the people living at the service. For example, to achieve people's objectives of becoming more independent, the communications champion researched communication aids to support them in the community. They developed pictorial and electronic communication booklets for people to use when shopping, eating and drinking out and taking part in activities. Relatives said; "When [our loved one] came home we could see they were asking for things, it used to be trial and error. [They] have more confidence now, [our relative] chooses where they want to go, what they want to do, they are more involved."

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

- People were encouraged to maintain a healthy diet and to achieve their weight loss goals. With the support of staff and professionals, one person was supported to develop a healthy living programme, which included an exercise plan and education on how to eat healthily. As a result, the person had lost a significant amount of weight. A relative commented; "[Our loved one] has lost a lot of weight, they have done brilliantly through healthy eating, they cook everything from fresh." Staff told us; "It is now important that we support this person to maintain their healthy weight." The person was now able to do a range of activities that they had not been able to do before. Staff told us; "They really enjoy swimming. When I first started supporting them, they swam about 20 to 25 lengths. They will now regularly swim between 40 to 64 lengths, 64 lengths being 1 mile!" The person also expressed a wish to swim for a cause of their choosing and staff were researching sponsorship opportunities.
- Research and training took place to support people to reach their goals or when there were changes to people's dietary requirements. Staff found that there was a difference in how people and staff perceived portion sizes. As a result, the food and nutrition champion worked with people's keyworkers and staff to

educate people and staff on what portion sizes looked like, so people had consistent meal sizes as recommended by the dieticians.

- Staff were extremely knowledgeable of people's food and nutritional needs. When a person developed a health condition and was losing weight, staff researched different foods the person could have and worked with dieticians to develop a high calorie diet, compatible with their health condition to boost the person's weight. A relative said "My [Loved one] lost a lot of weight, they got a dietician in, made sure [name] had enough calories. Checked out foods that are not good to have too much of. I write down all the foods [relative] has had with me, so they can see – we are always communicating." The person's weight has now increased, and the dietician is happy with their progress.
- The food and nutrition champion developed innovative methods to educate people, staff and relatives on how to support people to maintain a healthy diet. Staff produced easy read guides for parents for when the people visited them at their home with regards to their specific diets. A relative commented; "We didn't realise the risks before [loved one] went in to full time care and had the choking assessment. Staff have convinced us that we have to be more aware of what [our relative] can and cannot eat." Another relative told us that they followed specific guidance developed by staff when their loved one came to stay.
- Staff also used food as an educational tool to develop peoples' understanding of the world. Each month the service ran a 'round the world day,' where people were supported to follow international recipes. A member of staff told us "They try different flavours from around the world, we talk about the cultural aspects, like religion and how it influences what people can and cannot."
- Staff used innovative ways to ensure people with specialist dietary requirements could eat independently, wherever they chose to eat. Staff had created a food communication booklet which enabled people to choose where they wanted to go and what they wanted to eat and purchased equipment to take to restaurants to ensure that the person could go out and eat in restaurants when they wanted to.

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

- People were supported to live healthy, full and active lives. Staff worked closely with various professionals to develop people's mobility, and to promote their health and wellbeing.
- One person was leaving to go to the gym as we arrived at inspection. The same person had a series of health problems which had significantly limited their mobility, but the person was determined to be as independent and as healthy as possible and staff supported them to do this. Staff worked with physiotherapists and rehabilitation personal trainers to strengthen the person's muscles. This involved the use of orthotics, micro stimulation and splints, alongside a programme of exercises to be carried out daily. Staff also worked with the person to rebuild their confidence, staff told us; "[Name] mourned that they could not walk, that was a battle trying to get them to gain their confidence. But [person] has improved massively, they went skiing last year, and regularly goes swimming, to nightclubs and the gym." The person smiled as they described what they did at the gym and then showed us their physio book containing the exercises they do each day." A relative commented; "[Our loved one] wouldn't be where they are without [the staff]. They are consistent, it is their support that is benefitting my relative." A physiotherapist also commented "[Person] is doing so well. I am overwhelmed with how well they manage to keep all the rehab so focused at home and away."
- Another person had a fear of needles which was having a negative effect on their mental and physical wellbeing. Staff worked with the person and various professionals to develop a desensitisation programme. This involved building the person's knowledge and familiarity with the doctor's surgery and blood taking process. The person has since had a blood test and flu jab. The family told us "[Person] would not even go to doctors, now they can go in have their blood pressure taken, and had flu jab, it's a massive achievement." We saw that staff celebrated their progress and had displayed a 'Wow moment' on the wall stating, "Today I [person] went to the doctors for a blood test and for the first time in my life I let them try."

- One person was anxious around new people and would not engage with them, which could be challenging for visiting professionals. Staff requested that a professional visited the person prior to any assessments they needed to complete to build up a relationship with the person. A professional had visited the person on multiple occasions to take part in their favourite activities (baking, pub, work) to build a relationship. Staff also worked closely with professionals and the local GP surgery and made sure that people saw the same staff and had double appointments to reduce anxiety.

Staff support: induction, training, skills and experience

- People were supported by staff with the knowledge and skills to support them to live active and fulfilling lives.
- Staff were encouraged to be self-reflective and critique their own practice to learn and develop. The management conducted competency assessments and video practice supervisions (VPS) which recorded staff taking part in everyday activities or tasks with people. They then watched the video back together and the member of staff critiqued their practice on areas they could improve. A staff member told us "[The registered manager] and I set out targets based on the VPS, for example; at my last one I was recorded helping a person to make tea and found that I didn't give the person enough time, I was pointing to things, but I need to ask the person instead"
- Training was described by staff as "Interactive and engaging" and was tailored to people and their different needs and abilities. For example; staff had spoken to a trainer due to deliver sex and relationships training requesting that the training focus around situations that have and may arise at the service. This was carried out and the trainer plans to carry out sessions with the people living at the house and their partners. Staff found this training particularly helpful, one commented; "Before the training I did not understand how much [a couple] needed their space. I used to book a table in restaurants for four, I now book two tables of two, so they have their space. They have to have independence around their relationships, they are entitled to privacy."
- Staff felt extremely well supported by management. Staff had regular supervisions, appraisals and meetings where they felt able to raise ideas, suggestions and personal development opportunities. Each member of staff had their own one-page profile, written by them, describing how they would like to be supported at work. Including areas such as; 'What do people appreciate about me', 'What is important to me' and 'How to support me at work'.
- Training was developed around staff and their specific needs. One member of staff told us about the measures management had put in place to ensure that they were supported and could operate as effectively as possible, including the purchasing of communication aids. The staff member commented; "When I first came here, I was concerned I would not be able to do what I needed to do, but they have been really supportive, I don't feel excluded in any way."

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

- The premises continued to meet people's needs and staff made innovative use of technology and adaptations to the building to promote people's independence and dignity.
- People decided how they wanted their rooms to be decorated. One person had their favourite cartoon character on the wall, another had their favourite animals; butterflies and all had the furniture, decorations, paint and wallpaper they chose when going through samples and catalogues with staff.
- Ceiling hoists were fitted in one room to enable a person to move around from the bed to the bathroom with ease.
- Staff had fitted a special handle to the front door and a key holder to enable people in wheelchairs and with limited dexterity to open the door independently. We saw people greeting visitors on inspection. People were also able to see when people wanted to enter the house or their rooms, as flashing light switches had been fitted to indicate that someone was knocking. We saw people responding to the light and

it ensured that person felt included and involved as much as possible despite their hearing impairments.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met and they were.
- Staff used creative ways to support people to have the knowledge and understanding to make their own decisions and choices. For example; staff sourced information from government health organisations and developed a communication booklet to explain flu jabs. Staff went through this with the person, using the booklet, pictures and signs. The person decided to have the flu jab.
- Staff had a good understanding of the MCA and DoLS and told us how any restrictions they put in for people, should be the least restrictive option. For example; one member of staff told us how one person had to have a special seatbelt for their safety whilst using the wheelchair. However, the person wanted to have as much freedom as possible, so they reviewed different options and chose a smaller seatbelt, not a full seat belt, so it was less restrictive to the person.
- In addition, restrictive practices were reviewed annually to see if there are any less restrictive options available. This information was collected and reviewed by the quality team who reduced any unnecessary restrictions.

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

Outstanding: 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; equality and diversity

- Staff promoted an inclusive, supportive and positive culture at the service. Staff were enthusiastic about their roles and could tell in great depths about people and what made them, them. Staff signed with one another at all times so that people were included and knew what they were saying. If people did not understand, staff responded with kindness and patience by explaining with signs or using visual or written prompts.
- A relative told us; "We get the impression that [staff] think [loved one] is special, like we do." They continued; "[Name] feels special. We did want [name] to move closer to us, but that has gone out of the window because they love it so much there. We are much more inclined to move back to Kent than ask [loved one] to come up here." Another relative commented; "They are on the ball all the time. They know [our relative] as much as I do."
- People were relaxed in the company of staff, they were engaged, and the service was filled with laughter. We had a conversation with one person, signed and translated by the deputy manager. The person told us that they had a great relationship with staff and missed the registered manager and other member of staff who were on annual leave. They joked that they should not be allowed time off because they missed them and pretended to cry, shortly followed by smiles and laughter.
- We read people's positive behaviour support plans to familiarise ourselves with the signs that people were happy, sad or unwell and staff explained these signs to us in greater detail. When we walked around the property, we heard those positive noises whilst people and staff interacted.
- A member of staff commented; "If there is just one little tiny thing in a day, one achievement, one moment of joy, it makes the day worthwhile"
- It was clear that people had a close relationship with staff and this was very important to how people were recruited. People and staff used a 'matching tool' to link new staff to people. People had written '[Staff member] loves learning new skills and loves a challenge, just like me!' 'Just the same as me, [Staff member] likes some praise when things go well.'
- A relative told us; "The most obvious change for us is their general happiness. [Name] didn't have particular friends where they lived before, they were a little isolated, what they really needed was friends. The ladies in the house are all friends and [our loved] has developed friends in the community. [Our loved one] gets excited about coming home and then gets excited about going back."
- The service had a Sexuality and Relationships champion who held a workshop that included topics; sex, relationships, friendships, and LGBT to identify and break down barriers and ensure that staff are aware of how to support people. People celebrated events such as gay pride and had been to gay pride parades. Staff told us it was important to celebrate as they did not know people's sexual orientation and felt it was important to show people that whatever their sexual orientation it would be celebrated by them.

- Staff worked intensively to support people to overcome fears and anxieties. One person had never been on a train before and this generated a lot of anxiety. So, staff worked with the person by watching videos online, visiting train stations and having a look around a stationary train. Staff also developed a book of pictures that explains what would happen. After a long build up they got the train to another town to go shopping. Staff told us; "The train ride went fantastically. [Name] loved every second and we supported them to celebrate after, writing a WOW moment and putting up a post on the intranet." We asked staff how they knew how the person was happy, and they told us; "When they are happy, [name] is more open to having strangers around. Got the train and [name] was so happy they blew a kiss on stranger's hand. That was real sign of how much they enjoyed it."

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

- People were supported to be as active and involved in their support as possible and the staff used innovative ways to make this possible. Each person had a 'decision making profile' which described what support people needed to be able to make informed decisions. Sections included 'How I like my information,' 'How to present choice to me' 'When are the best times to ask me to make a decision.' A member of staff told us " [Name] has limited movement in their hands, so we have come up with signs that work for them and communicate these with staff. These are the person's signs and this is how they want us to communicate with them."

- A relative told us; "One of the main improvements we have seen is [loved ones] signing. [Name] used to be quite passive, we thought [name] understood more than they did, but [staff] are very good at putting the onus on [relative] to sign back. When [our loved one] came home we could see they were using signs to ask for more things."

- Staff developed technologies to encourage people to communicate. People used a tablet that was tailored to them; including pictures of places and activities they liked, their favourite foods and the different options were constantly tweaked to reflect the persons' wishes and preferences. Staff told us; "Every time I think of something we put it on [the tablet]. It is a learning process. If the person doesn't respond, we try a different tact, we are always thinking of different options." A relative told us; "[Our loved one] uses a tablet for communication, we always encouraged it, but they used it for games, now they use it to communicate. [Staff] seem to have taken it one step further." The person's key worker told us; "They are so much more decisive lately, come on leaps and bounds."

- People worked towards communication goals, and achievements were celebrated and shared through 'Wow moments' and using the service intranet (internal internet).

- Staff were extremely knowledgeable of people's communication needs and worked with them to develop and enhance their communication skills.

- People had advocates and staff worked closely with people's family and friends. One person had an advocate who was visiting during the inspection. Advocates are independent people who help people to express their views and wishes and help them to stand up for their rights.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible and staff were passionate about developing people's independence. A relative commented; "Independence is the number one priority [at 89 Hastings Avenue]."

- A person told us; "I have the responsibility to develop my independence." They then used the sign for responsibility and told us; "It is my responsibility to take my medicine and to be happy." A relative told us the sign for responsibility is a new way to promote people to take charge of their own independence. "When [name] comes back from visiting me, they ask; 'Did you make your own bed at home?' I am learning as well, it is too easy to do things for [loved one]." They joked, "Otherwise I get told off by staff."

- At a person-centred care plan review, one person set a goal that they wanted to be more independent

with personal care and medicines. Staff told us that they had looked at different options and supported them to buy a medicines alarm to remind them when to take their medicines and a waterproof bag to take to the shower. The person told us; "I know to get my shower gel, and my cap, staff have helped me to learn what I need. I put what I need in the basket, then in bag, I do not need staff." The person showered independently, without the support of staff during the inspection.

- Staff were respectful of people and protected their dignity and privacy. Since joining 89 Hastings Avenue, one person was no longer incontinent. Staff told us; "Before coming to the service [name] was incontinent, now they can be dry all day. We have helped them to use the commode properly. They now have more freedom over the clothes they want to wear, which is really important to them."
- People had developed friendships whilst living at the service and taking part in different groups and activities. A person told us about their boyfriend and showed us pictures, we saw pictures of another person having lunch with a friend they had met at a club.
- Staff were very conscious of data protection, and records were stored safely.

Is the service responsive?

Our findings

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

Outstanding: Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- A relative told us; "[Our loved one] has such a busy life, it's wonderful. They meet her needs, [name] has a job which no one would have thought was possible. [They] go to clubs and have a wonderful life."
- People had person-centred plans which were reviewed monthly or if there was a change in their needs. People chose who they wanted to attend, where they wanted the meeting to be held, what food and drink they would like at the review, what they wanted to talk about and what goals they wanted to set. One person chose to make cakes and coffee for the review, in their favourite place the kitchen table and with surrounded by their favourite smell – coffee. We saw pictures from this person-centred review (PCR) and saw the person engaging with pictures laid out on the table.
- The new process evolved when staff realised that some people did not engage in reviews. So, staff worked with people to ensure they were totally person-centred. For one person who did not engage, they worked together with staff to prepare for the meeting; they decided where they wanted to have the meeting and the food they would like to make for it. On the day of the meeting, they saw that the person was engaging as first but then displayed some unhappy gestures. Staff told us; "[Person] took everyone up to their room, where we carried on, on the floor and they were engaged and signing the whole way through. It was a much more positive experience." Relatives told us; "We were all down on the floor writing on bits of paper. It makes you think, it involves [loved one] totally. [Name] had to write things down too, it is really interactive, I feel so positive about it." Another told us; "They put up a slide show of all the different activities they have taken part in and [our loved one] gets so excited when they came up on the screen, jumping around in the wheelchair."
- People were supported to work towards multiple goals that they had identified as important including undertaking everyday tasks, taking more control of their medicines, using technology more independently, and undertaking new activities with less support. People were also working towards more long-term goals such as; losing weight, improving their mobility and developing friendships.
- Staff organised 'culture days' for people, where the house learnt about and celebrated cultures and tradition from around the world. They kept pictures and objects from these days in a book that people looked through, information was accessible, and pictures showed people wearing traditional clothing and enjoying themselves.
- People were supported to try new things and learning was promoted by staff. Each person had different goals and aspirations and key workers were responsible for keeping learning logs and communication books to reflect upon activities to refine future experiences for that person. One member of staff was passionate about the importance of learning logs and delivered training to staff in a staff meeting to share their passion.
- Some people went to college and three people had jobs in the community which reflected their interests; one person loved children so volunteered at a 'Mother and Toddler group.' Their key worker told us that they

had set a goal to learn a nursery rhyme, so the person could join using sign and teach others.

- People attended different clubs. One person expressed an interest in archery and staff researched different options, purchasing a soft set to use at home and by joining a weekly sports club for children and adults with learning disabilities. We saw pictures of people enjoying themselves taking part in a host of different sports, including archery.
- People went on holiday and chose where they wanted to go. Holidays were not restricted to specialist learning disability holidays, as staff found equipment to support people to travel wherever they wanted to go. Meetings allowed people to narrow down the options until they came to a decision. A relative commented; "[Staff] are very thoughtful with holidays, they found an amazing place. The residents love swimming, playing games, it was very special."
- Each person had a 'What makes my day great' book. People chose pictures, items and textures that would remind them of their day, what they had done, what they enjoyed and what they were proud of. Relatives told us; "Staff send us photographs and things [our loved one] has made at craft club, so we celebrate them together, [name] is very proud."

Improving care quality in response to complaints or concerns

- People and their families were aware of how to raise complaints and these continued to be thoroughly investigated and analysed for patterns and trends.
- There was a complaints procedure in an easy read, pictorial form and staff were in the process of filming a version of this in British Sign Language to be shown to people.

End of life care and support

- Staff understood the need to consider peoples' end of life wishes and had spoken to people's families about it. However, they understood that it was a sensitive topic and were in discussion with their quality team on how best to approach the area with people.

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

Outstanding: Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The management led by example and their leadership skills were praised by people, staff and health professionals alike. A relative told us; "[The service] is led from [name] the manager, any institution is as good as its boss, and the registered manager is excellent. It is an excellent environment, the manager emphasises to staff that it is [loved ones] home and people can do whatever they set their minds to."
- The provider's vision for; 'A world where no one with complex disabilities is isolated, left out, or unable to fulfil their potential, this is something that the service embodies in everything they do' was embraced by all, families and staff could tell us about the vision and the values that the service operates by.
- All staff at 89 Hastings Avenue were passionate and worked as a team to encourage and support people to challenge and stretch themselves to be the best they can be. A relative told us; "It is an amazing, amazing place. We are extremely happy. [Loved one] is challenged and thrives on being down there. They have brought out the best in [name]."
- People, staff, relatives and professionals felt part of one team working together to improve the persons' quality of life. A relative described a recent person-centred plan review; "Everyone sits and puts forward ideas and suggestions. It is a very positive step forward, as a team we are looking at what is the best way forward for [loved one]."
- Care and support was flexible, responsive and truly person-centred; the service revolved around the people it supported. For example; staff training, and rotas were tailored to meet people's different needs.
- Staff told us; "There is a great sense of satisfaction, we have a great team. Not experienced anything like it before. We all work really well together as a team, important when looking after four vulnerable adults. We have the freedom to help to develop the people." Another said; "We leave our personal lives, and any negativity at the door, this place is all about them."

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

- The service used thorough and robust quality monitoring systems. Staff, the registered manager and the provider carried out detailed self-assessments, compliance audits and mock inspections on all aspects of the service. They then rated each aspect outstanding, good, requires improvement or inadequate in line with CQC key lines of enquiry and characteristics. When areas were identified as anything less than outstanding actions were put in to the service's service development plan and seek feedback on improvements that can be made in order to progress to outstanding.
- For example; audits identified that areas to improve such as; training on sexuality and relationships, revamping the garden and setting up a device to remind person when to take their medicines. We saw that

training had been put in place and was tailored to people at the service. Following a period of showing a person how to use the device, the person was now using the device independently to remind them to take their medicines. Staff had also applied for funding from several organisations to develop a sensory garden and schools had held fundraising events to raise money for the cause.

- Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries, deprivation of liberty safeguards (DoLS) authorisations and deaths. The registered manager was aware of their regulatory responsibilities, had notified CQC about all important events that had occurred and had met all their regulatory requirements.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed a copy of their inspection report and ratings in the reception area and it was on the provider's website

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

- People, relatives, professionals and staff were asked for their feedback annually and there was a feedback box by the door for comments, compliments or concerns which were analysed by the management and quality team. Comments from surveys included; 'The service provided is always first class as it has been for all the time our daughter has been there'. 'Communication is always first class' and 'I would like to say a big thank you to all the staff for their support and hard work that they have given my family member to help [our loved one] with their rehabilitation. [Our loved one] loves Margate and their life there.'
- Feedback was also sought from relatives if there was a particular incident or event, to ensure that they were happy with the services response. One comment wrote; 'I do not think you could [improve on how the service responded], you dealt with this situation very well.'
- A relative told us; "If I had any worries or concerns I would just ring and speak to them. [Name] is the manager, they are lovely, all of the staff are lovely and very helpful." Another commented; "If we had a concern, or idea have no hesitation in raising it and feeling it would be dealt with appropriately."
- Staff were encouraged to come up with new ideas and had the freedom to develop them. One member of staff told us; "[The management] are really open to all sorts of different ideas. For example, [name] has communication sessions, when [name] came here they only knew a few signs, their vocab has been really come on. They have now developed their own signs. They have one for their favourite sensory item, I've taken a picture of the item and the sign and added it to their list of signs – so that staff know what it means and what the person wants."
- Another member of staff commented; "Management are really good here, very approachable, any problems or issue we can go to them, problems always dealt with quickly."

Continuous learning and improving care

- Staff were passionate about learning and embraced the latest and best practices. Champions ensured that all aspects of care and support reflected the most current and approved methods and practices. People and staff were encouraged to speak up and share their ideas on how to improve upon the service and the support given to people. A member of staff said; " and a relative commented; "We couldn't ask for more, they are very proactive, we make suggestions they take on board, and they think of other things we haven't thought of."
- Team meetings were held regularly, and staff discussed ideas, improvements and reflected upon things that had not gone so well to see how they could handle similar situations better in future. Champions discussed developments in the area of their interest at team meetings to ensure learning was disseminated amongst staff and as one champion told me; "to spread the passion."
- The management and quality teams also attended a variety of forums discussing the latest and best

practice which was disseminated to staff through training and staff meetings.

- The registered manager, deputy, and team leaders attended a five day 'embedding and coaching approach' leadership training. This supported management to change their management style and staff were extremely happy with the support and development opportunities offered by management.
- The provider's intranet enabled services to share best practice ideas and suggestions for other services to see and learn from. There was also a 'What makes me proud' forum where services celebrated people and staff achievements.
- The service invited a student specialising in the support of deaf-blind people to offer advice and tips on how to improve the service. However, a feedback slip from the student read; "I was hoping to bring some ideas or adaptations to you from my research but everything I've suggested you have or are in the process of having. It is a fantastic service here."

Working in partnership with others

- Staff worked closely with a range of different professionals, authorities and charities and were innovative in how they engaged with local organisations.
- Some members of staff had been to deliver talks to local schools, guide and scout groups to teach children about the provider, sensory impairments and communication needs. We saw pictures of the children looking engaged and enthusiastic whilst taking part in a range of different activities, including learning basic British sign language. Following such sessions, they had run fundraising events for 89 Hastings Avenue. Money raised had been used to buy sitting weigh scales for two of the people as the only ones available were 23 miles away from the service and took up time that could be better spent in a sensory session.
- The service was also working with colleges and volunteer bureau to see if there were any volunteers who had similar interests to the people they supported in order to increase the unpaid people in their lives, with the possibilities of leading to friendships.
- Staff had recently enlisted support from a group of government workers who volunteered to help to redecorate the kitchen for people. Staff told us this was a huge success and the people enjoyed preparing a lovely thank you lunch for the volunteers and engaging in conversation with them. The volunteers fed back to the service that they learnt a lot about care and stated that the service had dispelled any preconceptions/stigma that they had previously had.