

West Sussex County Council

Stanhope Lodge

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?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Stanhope Lodge is a residential care home providing personal care to people with a learning disability and/or challenging behaviour and other complex needs. The service accommodates people across nine buildings, each of which has separate adapted facilities. People have access to gardens surrounding the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was registered for the support of up to 28 people. 18 people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with, or who might have, mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of the thematic review, we carried out a survey with the provider at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles. Where interventions were used the registered manager agreed to record where lessons could be learnt to reduce the likelihood an incident would occur again.

The service supported people to learn new skills and maintain their independence. People planned and took part in activities that met their needs and preferences and they were supported to follow their interests.

There was a visible person-centred culture at the service. Staff had a clear understanding of people's needs and had developed positive relationships with them and their family members. Staff were very supportive

and sensitive when supporting people to follow their diverse wishes and preferences.

One person described themselves as a "very happy man." A relative feedback, 'The staff that support [person] are so dedicated to him nothing is too much trouble, they are always trying to improve and introduce new ideas in to his accommodation and daily routine, so his quality of life is more fulfilled and interesting.'

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensured people who used the service can live as full a life as possible. This had resulted in exceptional achievements and outcomes that included control, choice and independence for people. People planned for activities that met their needs and preferences and they were supported to follow their interests.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Risks to people had been assessed to ensure their needs were safely met. One person said, "I am very safe." The service had procedures in place to reduce the risk of infections. A relative feedback, 'The service provided is extremely safe, they take into account every aspect of [person's] needs making it a priority in ensuring he is safe throughout the day.'

The service had safeguarding and whistleblowing policies and procedures in place and staff had a clear understanding of these procedures. Appropriate recruitment checks had taken place before staff started work and there were enough staff available to meet people's care and support needs. People's medicines were managed safely.

People's care and support needs were assessed before they started to use the service. Staff had the skills, knowledge and experience to support people appropriately. Staff were supported through induction, training and regular supervision. People were supported to maintain a healthy balanced diet and had access to health care professionals when they needed them.

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.

People and their relatives (where appropriate) had been consulted about their care and support needs. The service had a complaints procedure in place. There were procedures in place to make sure people had access to end of life care and support if it was required.

The registered manager had worked in partnership with health and social care providers to plan and deliver an effective service. The provider took people and their relatives views into account through satisfaction surveys. Staff enjoyed working at the service and said they received excellent support from the registered manager.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 12 September 2018) and there were three breaches of regulation. The provider completed an action plan after the last inspection to show what

they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Stanhope Lodge on our website at www.cqc.org.uk.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Stanhope Lodge

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

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Stanhope Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 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

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. 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 spoke with five people who used the service about their experience of the care provided. We spoke with

six members of staff including the service manager, quality assurance lead for in house social care quality, two senior support workers and two support workers.

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

After the inspection

We looked at other quality assurance records including minutes of team meetings. We continued to seek information from relatives to validate evidence found, regarding their experience of the care provided.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the registered manager had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the service was no longer in breach of regulation 12.

- Improvements had been made to how risks and harm to people were assessed and minimised. There were more robust individual risk assessments that identified potential risks and provided information for staff to help them avoid or reduce the risk of harm.
- People and their families said they felt safe and the service provided staff who kept them safe. One relative feedback, 'I feel the service offered and provided by staff is safe.' We observed people were safe in the service and comfortable with the staff who supported them.
- Staff understood people's risk assessments which were monitored and reviewed monthly. These included environmental risks and any risks due to health and support needs of the person. This included helping people to mobilise using appropriate equipment and ensuring they had access to their walking frames to reduce the risks of falls.
- Staff promoted people's independence and they were able to choose what they wanted to do. This helped people's well-being and supported them to take risks that would aid their development and skills. For one person we viewed their risk assessment around how they accessed the community. The person liked to walk in the wood's after dark. The person was provided with a torch to ensure they could see where they were going and to reduce the likelihood of trips. Staff waited for the person in the car and agreed on a time the person would return using a watch. Staff ensured the person's torch, watch and mobile phone had batteries, were switched on and fully charged.
- Positive behaviour support plans were in place for people, should they need them. One relative feedback, '[Person] needs a one to one (staff supervision) at all times, sometimes two to one. All staff that deal with [person] are trained in coping with his challenging behaviour.' The person had a detailed positive behaviour plan identifying these risks and how staff could support the person to safely reduce the risks to them and others. This had reduced the number of behavioural incidents they experienced.
- People had individual emergency evacuation plans which highlighted the level of support they required to evacuate the building safely.

Systems and processes to safeguard people from the risk of abuse

- People were protected against the risks of potential abuse. A safeguarding policy was available and support staff were required to read this. Staff knew how to keep people safe and protect them from harm; they were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them.
- When concerns were raised, the management team notified the local safeguarding authority in line with their policies and procedures and these were fully investigated.

Staffing and recruitment

- Staffing levels remained appropriate to support people's assessed needs. Staffing was well managed, and the team was coordinated to meet the changing needs of people.
- People and their families said there were enough staff to meet their needs and they were reliable. One relative feedback, 'Staffing levels look fine to us, we have no concerns.'
- Recruitment processes remained robust and ensured staff were safe to work with people before they started work at the service.

Using medicines safely

- Peoples' medicines were managed and administered safely. There were effective systems for ordering, storing, administering and monitoring medicines.
- Staff administering medicines were trained and had their competency assessed. We spoke with one senior support worker regarding medicines practice. They were knowledgeable about people's medicines and why they took them. They knew how to support people within their medicines in the way they wished.
- Where people had their medicines 'as required' there were clear protocols in place for staff to understand what these medicines were for as well as signs that would indicate when people might need these, if they could not verbalise their needs.
- There were up to date policies and procedures in place to support staff and to ensure medicines were managed in accordance with current regulations and guidance.
- We saw safe systems were in place and followed by care staff to support people who were prescribed topical creams. This information was included in care plans and on medication administration records.

Preventing and controlling infection

- The service was clean. Staff had training in infection control and information was readily available in relation to cleaning products and processes. We observed staff use personal protective equipment (PPE) such as gloves during the inspection.

Learning lessons when things go wrong

- Where accidents or incidents occurred, these were logged and reviewed. This helped to identify any patterns or trends and to reduce the risk of future injury.
- Lessons were discussed and disseminated to staff through team meetings, so prevention strategies could be used to prevent others experiencing similar events. Staff had acted to minimise risks to people. This included when medication administration errors had occurred. Each incident had been reviewed by the registered manager or a senior support worker to ensure appropriate action was taken.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs continued to be assessed prior to them receiving the service and regularly thereafter. This meant their preferences were known by staff. This involved meeting with the person, their relatives, if appropriate, and relevant health and social care professionals.
- Protected characteristics under the Equality Act (2010), such as disability, religion and sexual orientation were considered as part of people's care assessments and reviews, if people wished to discuss these. This demonstrated people's diversity was included in the assessment process.

Staff support: induction, training, skills and experience

- Staff undertook training that the provider considered essential. The registered manager monitored this to ensure staff's knowledge and skills were up to date, enabling them to provide effective care. Additional training was available to staff in specific conditions such as epilepsy. Staff received on-going refresher training to keep their knowledge and skills up to date.
- A staff member said, "We are all trained in epilepsy which is online and physical (face to face). They show us how we would administer emergency medication and then we practice using props. There's learning about it online and then experiencing it in practice. I find it beneficial and gives me more empathy to how the person might feel through that process."
- People and their relatives were complimentary of staff skills and knowledge. One relative feedback, 'All staff are very well trained and competent, they provide a very high standard of support to all residents at Stanhope.' Another relative stated, 'Staff are always competent and well trained in supporting [person].'
- The registered manager recognised the importance of training and had introduced 'staff champions' for certain areas of care. For example, one staff member was the infection control champion and received additional training in this area which they then shared with other staff to upskill them. This had improved practices around hygiene.
- Staff continued to receive regular support and supervision. The management team completed observations of staff practice regularly to ensure people received safe care, in line with their needs. A senior support worker explained the purpose of supervision, "We go through the needs of each individual, and I am able to give my input about how I work with the person and offer ideas on how to make their life nicer. The manager is interested in my wellbeing and how they can make my experience working here better." The staff member said, this led to feeling valued.
- New staff received a full induction which included training, accompanying senior staff and getting to know people before they supported them alone.

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

- People continued to be supported to maintain a balanced diet. Staff were aware of people's individual dietary needs, their likes and dislikes and this was reflected in people's care plans. One person said, "The food is great, very good," and another person said, "I love the food." One relative feedback, '[Person] has always had a very limited diet, Stanhope have worked very hard to encourage him to try new things. By doing this, it has help expand his choices and give him more variety. They pass this information to us, so we can give him more variety at home.'
- Where people had specific dietary needs, these were known by staff and well planned for. For example, one person was living with diabetes. Their care plan gave staff good guidance to support their nutritional and health needs, and this guidance was known by staff who had a good understanding of the person's diabetes.
- Staff used professional guidance to safely support people's nutritional needs. For example, two people was at risk of choking when eating. Staff had sought professional guidance from the speech and language team and followed this to maintain the person's safety. We observed staff follow this guidance when supporting the person with their lunch.

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

- People had access to healthcare professionals and the service worked in collaboration to ensure their needs were met. Staff monitored people and picked up on changes in their health. Records confirmed people had been supported to meet with a variety of healthcare professionals including the GP, hygienist and chiropodist.
- One relative feedback, 'Over the past two years at Stanhope [person] has experienced some extreme pain. As [person] does not talk it is very hard to determine how they are feeling. The only way [person] can show you is with anger. With guidance from us, all staff at Stanhope have seen these signs and deal with each situation very well making sure no harm comes to [person], they act quickly and professionally in order to calm [person] down.'
- Each person had a Health Action Plan (HAP) in place, which had been reviewed with the GP. A HAP details information about the person's health needs and the professionals involved.

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

- People's individual needs were suitably met by the adaptation, design and decoration of the accommodation. There was sufficient communal space in the dining room and in the lounges. Everyone had their own bedroom that was laid out as a bed sitting area, so people could spend time in private if they wished. People said they had been encouraged to personalise their bedrooms with ornaments, personal memorabilia and photographs.
- The service had policies and procedures to support the principles of equality and human rights. This meant consideration was given to protected characteristics including: sexual orientation and religion or belief. Records showed the registered manager's assessment had suitably considered any additional provision that might need to be made to ensure people did not experience discrimination. For example, clarifying with people if they had a preference about the gender of the care staff who provided them with close personal care. Another example we observed were gender neutral toilets which were available to people who did not identify as male or female.

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. 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, and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's choices were respected and encouraged. People were asked for their consent before being supported. We observed staff asking people what they would like to do before assisting them.
- Staff and the management team had a good understanding of the principles of the MCA and how to support people in line with these principles. Staff supported a person to answer some questions by giving prompts and encouragement, without controlling them or putting words in their mouth. The staff member said, "Its supporting individuals to make decisions, we shouldn't judge this, and it can change from one day to the next."
- If people lacked capacity to make specific decisions, best interest meetings were organised. The process involved a multidisciplinary team which supported good outcomes for people. For example, one person required an operation to assess an ear infection for their safety but was unable to make an informed decision about this. The registered manager organised a best interest meeting with other professionals and the person's relatives. The outcome of this meeting resulted in an infection being able to be treated and the person making a full recovery.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People received good care from staff who knew them well. They had developed positive relationships over time as they were supported by the same staff on a regular basis. A relative feedback, 'Routine to [person] is very important and all the staff are aware of this and support him in the way he is most happy. Our son has become very familiar with a large number of staff, he has begun to build up a good relationship with them making him more relaxed when he is around them and will trust them.'
- One person described staff as "always caring." Another person said, "They care very well, it's their duty to care for us." Another person said, "they are very kind to me."
- Staff spoke in a respectful tone, did not rush people's speech and gave people time to respond. Staff said they had sufficient time to listen to people and spend time with them. A staff member leaving to go home, said to a person, "Thank you for a lovely day [person]." This member of staff had supported the person out to lunch and to have a haircut. The person responded positively and indicated to us, they had enjoyed the staff member's time.
- Staff we spoke with demonstrated a caring approach to people and expressed they wanted to provide care that met people's needs to improve their quality of life. For example, while one person received treatment from a visiting healthcare professional, the staff held the person's hand and reassured them. The staff member tried to use humour as a distraction as the person looked in pain and uncomfortable. This resulted in the person being able to receive their treatment.
- During shift changeovers and community activities, we observed staff greeting each person when they walked into the room, whether it was coming on shift or just come back from an outing with another person. For example, two staff had come on shift in the afternoon and immediately said 'Hello [person] how are you? What have you been doing today? How's Benjie? [person's name of bear] whilst giving her time to answer. Staff were interested in people's responses and engaged in conversation. One person returned from a health appointment, staff were observed asking how the appointment went. Staff asked, "How did it go, what did the nurse say." Staff listened and responded to what the person said.
- Staff were considerate of the equality and diversity needs of people in the service. Staff said they tried to ensure people received same gender support when this had been requested by people. Staff informed us the assessment process is setup to address equality, diversity and cultural needs of people. Records confirmed this.

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

- People were involved in shaping their outcomes and care. The registered manager held monthly meetings for people to discuss the support provided. With regards to engaging with people about their care, one

relative feedback, 'All the staff are aware of the likes and dislikes of [person] and respect them. There is an open-door policy where I can always discuss over the phone or visit Stanhope to discuss any planning.' Another relative feedback, 'We work very closely with all the staff at Stanhope, if we have any worries with [person] they will keep us updated at all times either by email or in person. We attend regular meetings to discuss any problems that are occurring and the best way they can be dealt with and plan for the future.'

- The staff approach and values of the service was focused on people's strengths and abilities. People were treated as individuals and had outcome focused care plans in which, they and people important to them, were involved in completing and reviewing on a regular basis. One person said, "Staff listen to me." Care plans included information about people's areas of strength, interests and choices. We saw people's goals had been agreed with them and their choices respected. This was recorded in a format easily understood by people using the service. People were supported in making decisions by staff and relatives, who acted as advocates when important decisions were required.

- Staff knew people's individual communication skills, abilities and preferences. For example, one person used sound to communicate. Staff understood what each sound meant and what the person was trying to communicate. Staff said this was based on working with the person over a period of years.

Respecting and promoting people's privacy, dignity and independence

- Staff ensured people's privacy and dignity. Staff were diligent and patient when supporting people to eat. We observed staff knocking on people's doors, toilets and bathrooms or enquiring whether they could enter before doing so.

- One staff member who had noticed a person required personal care, protected the person's dignity by encouraging the person to the toilet in a discreet way. The person was reluctant to go to the toilet, so the staff member put their walking frame in front of them and sat with them. After two minutes, the person got up on their own accord and with the assistance of staff went to the toilet. When the person was walking out of the communal area, the staff member discreetly informed the person their clothing was wet. When the person returned from the toilet their clothing had been changed.

- People were supported to maintain their independence, as far as possible, and were encouraged to participate in the cleaning and tidying of their bedrooms and the communal areas and participate in meal preparations. One staff member said, "We are here to enable and not to disable. We have an individual who needs support putting on their bra, but they are able to dress the rest of themselves. Some individuals are able to get dressed but are reluctant and require more encouragement. We offer this rather than doing it for them." Care plans identified people should be encouraged to do as much as possible for themselves, in relation to their personal care.

- A relative feedback, 'The interests of [person] is always put first, they (staff) try very hard to give [person] his privacy and independence making sure he does not come to any harm due to his complex needs. With the time our son has been at Stanhope he has made it quite clear to all staff what his likes and dislikes are and all staff respect this.'

- Staff we spoke with understood about confidentiality. They said they would never discuss anything about a person with others and when they have handovers or meetings, they do so in a private area, so they would not be overheard. Files were kept in locked cabinets in the office, which was accessible to staff only.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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 follow their interests. One person described staff as, "amazing." Another person said, "they (staff) know me very well." One staff member said, "The interests of the person is at the heart of what we do. Their interests are so important. Its one of the first things we ask them. And continue checking using aids and pictures. Quite simply people have a way of talking to us when you get to know them. [Person] communication is limited but, in the community, if he wants to go to a certain place you can judge by his reaction. When excited that means he likes it, if he is quiet and pensive, you will see him thinking about it, which means he is not keen on the activity."
- In June 2019 a person expressed an interest in jumping off the Spinnaker Tower in Portsmouth, an activity called 'The Drop'. With a great deal of risk assessment and planning this person's aspiration came true in August 2019. The person first had to get used to wearing a harness. The staff supported the person by practicing on large trampolines in Brighton, using the harnesses. The person was very attached to their waist bag, by using the harness this meant the person needed to take this off. Picture stories were used to ensure the person understood what would happen when it was off and that by taking it off, he could do something he dreamed of doing. To support the person getting used to the height of the activity, staff supported the person on the Worthing wheel, this enable the person to check if they felt comfortable with heights. The person chose which staff to go up with him. This made the person feel safer. There were many hurdles the person had to conquer and with the dedicated support from relatives and staff the person's dream was achieved.
- The service manager said, "The team have been enabled people to flourish. Team members have emailed to say they are grateful for the manager and how they are managed. That they have been freed up to spread their wings, with people they are supporting. I think it's an amazing thing (Spinnaker Tower – 'The Drop'). People who knew [person] very well could have been too protective, but the team listened to him. He said he wanted to do it, this was a special thing to him and now I am thinking, what next [person]. If people's goals and aspirations involve risk, then it should be further explored and people enabled to do this."
- The service supported people to learn new skills and maintain their independence. One staff member said, "Independence is paramount. If a person is assessed as at risk to go out on their own due to a disability, it is making sure we are empowering them in every way possible to maximise their independence, supporting their autonomy. We do that really well here. We empower people to push themselves. If a person wants to do something, we should always be thinking seriously how to make it happen."
- A relative feedback, 'We are very happy with the support the staff give [person], they go above and beyond in making sure he is happy, and he has whatever he requires. [Person] is very much a loner and likes his own space, every effort has been tried to involve him in day care off site, but he was unable to cope with the environment. Staff at Stanhope have worked so hard with [person] to provide a friendly and calming daily

routine he likes, they have achieved so much with him by introducing new things into his accommodation that will help stimulate him, and he is now beginning to trust them."

- One person who had a history of not wanting their hair cut, due to not liking the proximity of people near them. Through the dedication of staff through encouragement and assurances, the person had started to trust one particular hairdresser in the local area. The person returned from an outing with staff in the afternoon, we observed they were very excited to share with staff they had a haircut. Staff were also eager to share with other staff what the person had achieved. Staff complimented the person's new haircut. Staff explained how important routine was to the person, they go on a bus journey where they get off at the same stop and like to walk the same route. Staff knew the person's routine well and understood it was important to the person.
- One person had set themselves a goal of losing a little weight. To support this, they said staff helped them monitor their weight each week to ensure they reached their target. The person told us how staff were helping them to choose healthy options, walking and accessing a gym. The person had successfully lost weight since trying and stated, "this is great." This had a positive impact on their health and wellbeing.
- Staff had thought about how they could support a person using the service to gain some level of independence. For example, one person wanted to go out independently. Staff worked with them to develop the skills to travel safely on their own, they did this in small steps over time. The person now travels independently to and from activities. Staff explained the person enjoyed doing this alone and they all felt a sense of pride in this achievement.
- People went to day centres, clubs and places of interest throughout the week. When we arrived for the inspection 12 people were already out for the day, with the remaining people participating in activities of their choice. One person said they were about to leave to go to the gym and have a haircut. Another person said they were going out at lunchtime to the café to eat and take a walk along the sea front.
- There were several separate garden areas which were accessible and were welcoming with things to do. For example, there were trampolines, swings, benches, raised flowerbeds which some of the people managed. There was an unused small bathroom that had been adapted into a sensory room for people to use. One person liked to sit in there with staff and read. Although it was small, the space had been utilised well with bright objects, soft bean bags and lights.
- Photos of people participating in their hobbies and interests were displayed in the service, for example, bowling, swimming and people gardening.

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

- A senior support worker attended a training course, regarding how to encourage people with their independence with the use of a walking frame. The staff member explained it inspired her to start a project in the service that enabled people to 'Pimp their Zimmer's'. The frame was decorated to match the seasons of the year, which aided the person to recall times of the year, as the person was showing signs of early onset dementia. At Christmas 2018 the frame was decorated in a Christmas tree, flowers were wrapped around it for the summer and for autumn a wooden plaque has been made with the person's name, with autumn leaves around it. The person said they were excited it belongs to her. The staff member said, "[Person] is enjoying it and takes pride in it." Another staff member said, "It had an amazing reaction from people and people were taking pride in their frames and making it about them." The person has started using their frame more frequently than before which has encouraged them to mobilise, improving their physical wellbeing.
- People had care plans that described their health and social care needs and included guidelines for staff on how to best support them. Care plans reflected the principles and values of Registering the Right Support. They referred to promoting people's independence, their diverse needs and inclusion within the local community. Care plans focused on supporting and encouraging people to learn new skills and

maintain their independence. The care plans were kept under review and changed as people's needs changed. One relative feedback, 'I am always invited to the review meetings and involved if the care needs to be changed.'

- Care plans detailed people's personal history and family backgrounds, their ability to work, travel and follow their diverse needs. They referred to people's medical or mental health conditions [where appropriate] and detailed how people needed to be supported with these conditions. For example, there were guidelines in place advising staff how to support a person if they were feeling unwell or confused and for another person when they became anxious.
- A staff member said, "Person centred care is what is personal to the individual. One person may like close proximity, but others don't. Others like their space. Not knowing the boundaries can cause behaviours. We observed staff respond to people in a proactive way that enabled them to predict people's mood and behaviours and reduce the likelihood of any behaviour that may challenge the service."

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.

- The service followed AIS and people's communication needs were effectively assessed and documented within their care plans. Staff had a very good understanding of people's communication needs. For example, we observed a staff member using Makaton with a person. Makaton is a language programme that uses symbols, signs and speech to enable people to communicate. The staff member said and signed to the person who we were and why we were there, when introducing us. The person was using Makaton and words to reply. They used Makaton to ask who was on the night shift to which the staff member replied using Makaton.
- People were given information in a way they could understand. For example, some people responded well to picture cards when making decisions. We saw that staff used these with people when making daily decisions such as meals, clothing and activities. One person had limited verbal communication and their care plan guided staff to use body language and the person's physical gestures when communicating with them. We observed a Picture Exchange Communication System (PECS) being used with one person. This allows people with little or no communication abilities to communicate using pictures. Staff had brought out a sheet of paper with PECS on and was using them to show and explain to the person what appointments were happening that day, what staff were in and when. Staff seemed very confident in using this method of communication and did so with enthusiasm and kindness.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure in place which provided guidance on actions the service would take when a complaint was received including the timescales for responding. The complaints procedure was readily available in different formats to meet people's needs, including an easy to read version.
- People and their relatives said they were aware of the complaints procedure and they knew how to make a complaint. One person in response to being asked if they have ever made a complaint, was, "never" and another resident said "no." We asked people who they would feel comfortable complaining to if needed and without exception people said, if needed they would make a complaint and one person said, "I'd go to any of the staff." One relative feedback, 'I do know how to make a complaint and would be comfortable to do so if needed. I have never needed to raise a complaint. I cannot fault the care, sensitivity given and the promotion of independence within a safe environment.' Another relative feedback, 'If I have any concerns I'm always happy to talk to the manager or his key worker, I have no worries in doing this as they are always

approachable. No complaints have been made.'

- We were shown a complaints and compliments folder. This held a number of thank you cards and compliments. Since the last inspection the service had not received any complaints. However, the quality assurance lead for in house social care quality said, if they did, they would write to the person making a complaint to explain what actions they planned to take and keep them fully informed throughout.

End of life care and support

- Staff were not supporting anyone who required end of life care during this inspection.
- The service had explored people's preferences and choices in relation to end of life care. Their care plans outlined their wishes in the event of them becoming unwell and requiring end of life care. These included people's cultural and spiritual needs.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the registered manager had not notified the CQC of incidences where a person suffered abuse or an allegation of abuse had occurred. This was a breach of regulation 18 (Notifications of other incidents) of the Registration Regulations 2009

Enough improvement had been made at this inspection and the service was no longer in breach of regulation 18.

- We set a requirement and asked the provider to take action. In the months since our last inspection, we have received notifications from the registered manager. The service manager and quality assurance lead for in house social care quality demonstrated an understanding of their responsibilities.

At our last inspection the registered manager had failed to ensure systems and processes operated effectively to assess and monitor the service. Systems were not effective in monitoring and managing risks. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the service was no longer in breach of regulation 17.

- Improvements had been made to the quality auditing systems to include the areas of concern found at the last inspection. This ensured all aspects of the service delivery were being monitored. These included monthly audits carried out by the registered manager. These covered areas such as care plans, medicines, health and safety and infection control. Audits were effective and identified areas for improvement. For example, where care plans had needed reviewing and updating, they had been. Staff personnel files had been audited and where particular training was going to expire, arrangements had been made for staff to attend refresher courses.

- Roles and responsibilities were clearly defined and understood. The registered provider was supported by senior staff. Staff were key workers and had an oversight of named individual's care planning.

- The registered manager was very involved in the day to day running of the service including working hands on, alongside staff where required. The provider had a defined organisational management structure and there was regular oversight and input from them.
- Staff felt respected, valued and supported and said they were fairly treated. There was a positive attitude in the staff team with the aim of trying to provide the best care possible for the people living at the service. One staff member said; "[Registered manager], is the best manager I have had. She is very open, very supportive." Another staff member said, "I really like the staff here. We are all good team players no one is unapproachable, they are amazing."

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

- Staff and relatives were positive about the management of the service. Staff said the registered provider was very approachable and always available for advice and support. One relative feedback, 'I believe the service is managed excellently by [registered manager].' Another relative feedback, '[Registered manager] manages the residential home extremely well and deals with any concerns we might have.'
- The service had clear visions and values in place focusing on community inclusion and supporting people to live fulfilled lives. These values, and any organisational changes, were communicated to staff regularly for example through meetings and discussions. One relative feedback, 'It was a big decision to put [person] into a residential home, but the support and guidance we have had and continue to have by the staff at Stanhope has made the transition that much easier, seeing how happy [person] is when we pick up and drop off is so encouraging. I would definitely recommend the home.'
- Staff communicated information about people's needs effectively. Staff had a handover before they started work, from staff who had worked the previous shift. The handover kept staff up to date with any changes in people's needs or how their support was provided. Staff were expected to read the communication book at the beginning of each shift to make themselves aware of any updates or changes to people's care.
- Staff met regularly as a group and used these meetings to review people's needs and to consider how the support they received could be improved. A staff member said, "Once a month we have a team meeting where we all gather round together. This makes me feel more valued working here. Good communication which is key."
- Staff said the management team encouraged their suggestions to improve the service people received and valued their contributions. Staff used team meetings to discuss the provider's values, such as promoting dignity in people's care and ensuring people were valued as individuals, and how these could be implemented in practice.
- The provider had a duty of candour policy in place and the provider was aware of their responsibilities to be open and transparent when things went wrong. They used this as an opportunity to promote learning.
- The provider and staff team were open, honest and receptive to feedback to enable them to bring about further improvements within the service.

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

- People, relatives and other stakeholders had opportunities to give their views about the service and these were listened to. The provider carried out an annual survey of people, relatives and other stakeholders such as professionals with an involvement in people's care. The results of the most recent annual survey all provided positive feedback about the service, including the care people received and the skills and attributes of the staff team.
- People had monthly 'people meetings' to discuss any concerns, activities and menu planning. There was a notice board with the minutes of these meetings for people to view, in easy read format. People said they

could choose not to join in these group meetings and meet with the registered manager one to one. Records confirmed for one person this is what they chose to do. In September 2019, six people attended, two were absent and one had declined. It listed questions they were asked and showed each person's response. For example: 'Are you feeling okay? Is there anything you would like to talk about or that I can help you with?' 'What makes you feel better when you are upset or anxious?' People said they felt listened to as a result.

Continuous learning and improving care

- The registered manager kept up to date with developments in practice through working with local health and social care professionals.
- The providers policies and procedures were designed to support staff in their practice.

Working in partnership with others

- Staff worked well in partnership with other agencies to ensure people received the care and support they needed. These included GPs to provide joined-up care and support.
- The staff team had established close links with the community learning disability team to support some people.