East Sussex County Council

Milton Grange

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

Milton Grange provides intermediate care for up to 37 older people who require a period of rehabilitation or assessment into their abilities and need for support. People who meet the admission criteria usually stayed for up to six weeks. The service was divided into four separate units which specialise in different areas. Two units were for low level nursing and personal care for people who require a period of rehabilitation to recover from an injury or illness. For example following a fall, infection or other illness which makes it unsafe for them to be at home but does not necessarily warrant a hospital admission. The third unit supported people who had a mental health need such as anxiety, depression, schizophrenia or substance misuse, which could result in hospital admission if not resolved. The fourth unit supported people living with a dementia type illness for a period of rehabilitation. Although the units specialise in these areas, people may have more than one condition which means some overlap is needed. There may be clients on the low level nursing unit who also has a dementia diagnosis or there may be a person on the mental health unit with a low level nursing need. Allocation to units is decided upon within the assessment process and depends on which need is paramount at the time.

The aim of the service is to maximise people's ability to live independent lives, improve their health and prevent admission to hospital. In addition to short term intermediate care the service could also provide a place of safety for example if a person's home situation changed suddenly and immediate alternatives could not be found. For example if their main carer is hospitalised and the person would be unable to care for themselves or if a safeguarding concern had been raised and it was unsafe for the person to remain in that situation. Milton Grange is run by East Sussex County Council. There was a Day Centre at Milton Grange which was also run by East Sussex County Council for people living with dementia. This was used by some people at Milton Grange and, if it is felt they may benefit from this, after their discharge to avoid social isolation.

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

This was an unannounced inspection which meant the provider and staff did not know we were coming. It took place on 17, 18 and 19 October 2016.

We found Milton Grange to be a value led service where staff fully engaged with and promoted the values of the provider. This was evident throughout our inspection. People were supported by staff who had a strong understanding of them as individuals and their needs. They were empowered and encouraged to plan and meet their rehabilitation goals to enable them, as far as possible, to return home. Staff worked closely with community health professionals and therapists to maximise people's well-being.

People's choices and wishes were at the heart of the organisation and the aim was for people to return

home. They received excellent care in a way that was personalised and responsive to their changing needs. Staff treated people with kindness and respect. They spent time with people and encouraged them to make their own choices. People's dignity was fully respected and maintained. People benefitted from a person centred service, which actively sought their views and promoted individual well-being, inclusion and openness.

People told us they felt safe whilst staying at the service. There were systems in place that ensured medicines were well managed and people received their medicines when they needed them. These systems were regularly audited and action taken to rectify shortfalls and prevent a reoccurrence.

There were enough support staff, nurses and therapists on duty to meet people's needs and ensure they received the person centred care they required. The staffing levels ensured people had the opportunity for social interaction with staff on a regular basis throughout each day and not just for task based care such as personal care. People's mental well-being was also a key priority for the manager and the provider. .

Staff had been robustly recruited and were suitable to work at the home. They had a clear understanding of what constituted abuse and told us what actions they would take if they believed someone was at risk.

Risks to people's safety were thoroughly identified, assessed and managed. Assessments identified people's specific needs, and showed how risks could be minimised whilst allowing people to live independent and fulfilling lives.

Staff had a clear understanding the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. They were knowledgeable about the requirements of the legislation and knew how to support people in the least restrictive ways.

The manager and chef worked hard to ensure people were supported to eat and drink food of their choice and maintain a healthy diet. Nutritional assessments were in place and helped staff to identify people who may be at risk of malnutrition.

Staff knew people exceptionally well and recognised when they may need to be referred to an appropriate healthcare professional for example the GP or district nurse.

There was a robust induction programme for all staff to ensure they had the appropriate knowledge and skills before they commenced working unsupervised. Staff received on-going training and support they required to ensure people's needs were met. They enjoyed working at the service and felt well supported in their roles. They had access to a wide range of training which equipped them to deliver their roles effectively. We could not tell the difference between agency and permanent staff which demonstrated the highly effective training and support provided.

The registered manager recognised that they also needed to continually learn and develop and worked with a wide range of professionals to continually develop the service.

The vision and values of the service were constantly demonstrated by staff in their interactions with people and with each other. Staff had a clear understanding of their responsibilities. They were always well supported by the registered manager and their colleagues.

The registered manager had created an open, transparent and inclusive atmosphere. There was strong oversight of the service and the registered manager worked with staff to promote continual learning and

development to improve people's lives.

There was a robust system of quality assurance in place. Audits were analysed to identify where improvements could be made. Action was taken to implement improvements and drive the service forward.

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

Milton Grange was safe.

The management and storage of medicines was safe, and people received their medicines as prescribed.

There were enough support staff, nurses and therapists on duty who had been appropriately recruited to safely meet people's needs.

Staff were able to recognise different types of abuse and told us what actions they would take if they believed someone was at risk.

Risks assessments were in place and risks were well managed.

Is the service effective?

Good

Milton Grange was effective.

Staff were trained in the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and were knowledgeable about the requirements of the legislation.

People were supported to maintain a healthy diet. There were nutritional assessments to identify people who may be at risk of malnutrition.

Staff knew people well and recognised when they may need to be referred to an appropriate healthcare professional for example the GP or district nurse.

There was an induction programme in place and staff received the training and support they required to meet people's needs.

Is the service caring?

Outstanding

Milton Grange was exceptionally caring.

People were supported by staff that were wholly committed to providing high quality care and had an excellent understanding of their needs.

Staff worked with people to ensure they were always actively involved in all decisions about their care and treatment.

Staff communicated clearly with people in an extremely caring and supportive manner.

People were encouraged to make their own choices and had their privacy and dignity respected.

Staff consistently supported people to enable them to remain as independent as possible.

Is the service responsive?

Good

Milton Grange was responsive.

People benefitted from a person centred service, which actively sought their views and promoted individual well-being, inclusion and openness.

Staff knew people well and they received the care and support they required to gain their independence and confidence.

People were involved in planning their own goals and identifying what support they needed to return to independent living.

People had the opportunity for social interaction with staff on a regular basis throughout each day.

Is the service well-led?

Outstanding

Milton Grange was exceptionally well-led.

The vision and values of the service were consistently demonstrated by staff in their interactions with people and with each other.

The registered manager had created an holistic, open, transparent and inclusive atmosphere. She had an exceptional oversight of the service and worked with staff to promote continual learning and development to improve people's lives.

Staff were aware of their responsibilities and told us they felt completely supported by the registered manager and their colleagues.

There was a robust system of quality assurance. Audits were analysed to identify where improvements could be made. Action was taken to implement improvements.

Milton Grange

Detailed findings

Background to this inspection

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

This was an unannounced inspection on 17, 18 and 19 October 2016. It was undertaken by one inspector, a specialist advisor who had specialist knowledge of working with rehabilitation services 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.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service, including previous inspection reports. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we reviewed the records of the home. These included staff training records staff files including staff recruitment, training and supervision records, medicine records complaint records , accidents and incidents, quality audits and policies and procedures along with information in regards to the upkeep of the premises.

We also looked at seven support plans and risk assessments along with other relevant documentation to support our findings. We also 'pathway tracked' people who used the service. This is when we looked at their care documentation in depth and obtained their views on the service. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection, we spoke with fourteen people, four visiting relatives, and twenty six staff members including the registered manager and a visiting healthcare professional. Following the inspection we spoke with a further two healthcare professionals. We also spoke with senior managers from the organisation who

visited the service throughout the inspection.

We met with people, we observed support which was delivered in communal areas to get a view of care and support provided across all areas. This included the lunchtime meals.

We previously inspected Milton Grange in May 2013 and no concerns were identified.

Good

Is the service safe?

Our findings

People told us they felt safe whilst staying at the service. One person told us, "I feel safe here, there's no difference day or night." Another person said, "If I have to go out the staff are with me all the time." People told us they received their medicines when they needed them. We were told, "They (medicines) are always sorted out for me, half of them have changed, but they always explain what they are. I know what they are for." The service at Milton Grange was based on values which included; 'Making vulnerable people feel safe' and this is what we observed throughout the inspection. Feedback from people via forums and feedback surveys confirmed people felt safe. Comments included, "It couldn't be a safer, secure environment yet the freedom to move around as if you are in your own home is there," and "The atmosphere and calmness of the unit help me feel safe."

People were protected from the risks of abuse and harm. Staff received safeguarding training, regular updates and competency assessments to ensure staff had the appropriate knowledge. Safeguarding information was displayed on noticeboards around the service which included a flow chart to follow if staff had concerns that someone was at risk of abuse. This included contact details to report outside of the service. Staff were able to tell us about abuse, they knew how to report it both in and outside the service and were aware of their own individual responsibilities in relation to reporting abuse. One staff member said, "I'd tell the senior carer or nurse on duty." Another staff member told us they would report it to the most senior staff member on the unit but if they weren't happy with the actions taken they would tell the deputy manager or registered manager. A further staff member said they would have no hesitation in reporting any concerns. They told us, "I can't stand the thought of anyone being hurt or abused, I don't care who it was I would report it straight away." There were posters on notice boards and in people's bedrooms reminding them that if they felt unhappy to tell someone. These included details of the local safeguarding authority telephone numbers. Detailed safeguarding information was given to all agency staff when they worked at the service which reminded them of their responsibilities and how they should report concerns. Staff said any concerns reported would be dealt with appropriately and in confidence.

People told us there were enough staff deployed at the service to meet their needs and support their rehabilitation. People were attended to promptly when needed. One person said, "They are very quick to come if my buzzer goes off." Another person told us, "They are always there but they don't overcrowd you." There was a nurse on each of the nursing units, there was a senior care officer on each unit and three or four care officers depending on people's needs. These were reviewed daily. For example there was an emergency admission to the service during the evening and the usual full pre-screening assessment had not taken place. A comprehensive risk management plan had been drawn up which clearly identified the control measures put in place to ensure the person's support needs were safely met. Therefore an extra care officer was on duty to ensure this person could be safely admitted to the service and theirs and other people's needs would be met. Clinical staff were on duty each day, this included physiotherapists, occupational therapists (OT), occupational therapy assistants. There was a rota is in place to ensure the appropriate clinical staff were available to carry out assessments. The therapists were assigned to either the nursing units or the mental health and dementia units which meant people were supported by staff with the appropriate knowledge and skills. Mental health nurses were responsible for assessment of people prior to

admission to the mental health or dementia unit. They then provided ongoing clinical support to these people. There was a nurse responsible for assessment of people prior to admission to the nursing units and a social worker who worked at the service Monday to Friday to support people's discharge home or to other services. There was a strict admission criterion for all units to ensure there were enough staff to look after people. For example units would only admit two people who required two staff to support them to ensure their needs could be met effectively and safely each nursing unit could only admit two people who required support to walk independently. There was a staffing risk assessment which was reviewed by the registered manager each day. This identified the staffing levels and skill mix, for example how many agency staff were working and on what unit. We were told staff would be moved around to ensure there was an appropriate skill mix across all the units.

When people transferred to the service the nurse or senior care officer obtained a copy of the medicines they were taking prior to their admission from their GP or the hospital. They then transcribed the medicine to the Medicine Administration Record (MAR) chart. Staff who signed in medicines had received appropriate specific training to ensure they were competent to do so. Once the information had been transcribed it was checked and signed as correct by a second member of staff who had also received the appropriate training. One staff member told us, "Part of the training is that we need two pieces of evidence to show that is the medicine the person is taking before we record it." There was a safe system to order, store, administer and dispose of people's medicines and this was in line with the provider's policy. Medicines Administration Records (MAR) charts had been completed fully and signed by staff and medicines had been administered as prescribed. Some people had been were prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example if they were experiencing pain. There were clear protocols for their use. Staff who administered medicines had received training and regular updates, they underwent regular competency checks.

People were assessed to identify if they were able to take their medicines themselves or whether they needed prompting or support. Risk assessments were in place and these were regularly reviewed. One person showed us their medicine chart which was very clear and they were pleased about that. They felt ready to administer their own medicines when they went home.

When medicines had been given on the units without nurses the MAR charts were checked by a second staff member to ensure all medicines had been given as prescribed. If, for example, a medicine had been omitted this could be addressed immediately. Weekly medicine audits were undertaken to identify any discrepancies or shortfalls and actions taken to address. There had been some shortfalls identified on the nursing units and action was being taken to address these. For example the registered manager had introduced a new style of MAR chart which nurses were more familiar with. There was regular analysis of the audits to identify trends and prevent a reoccurrence.

People were protected against the risk of poor care and support. Staff knew people well and had a good understanding of the risks associated with supporting them. There were a range of environmental and individual risk assessments in place for example in relation to people's mobility, risk of falls, skin integrity and nutrition. The risk assessments were used to inform care plans and contained guidance for staff to follow. Risk assessments were used to protect people from harm but they did not prevent people from remaining independent. Staff understood people's rights to take risks, except in circumstances where the risks were not fully understood. One person was assessed as being at risk of falls but wished to have the door closed when in their bedroom during the day. There was a 'falls mat' in place and staff developed a plan which helped keep the person safe whilst maintaining their independence. Where people were at risk of falls there was a small picture of a falling leaf on their bedroom door to inform staff the person may be at risk.

There was a range of assistive technology used at Milton Grange to keep people safe and help them maintain their independence. This included room sensors, continence sensors and chair sensors. These were used following assessment and consultation with the person, or following a best interest meeting where appropriate. In a feedback survey one relative had remarked on the use of assistive technology, "I know my dad is safe with the sensors in his room, the mat on the floor and the attentive staff it's such a relief."

Incident and accident forms had been completed when required. These included information about what had happened, the action taken and measures in place to prevent a reoccurrence. Following an incident that had previously occurred at the service everybody was assessed to determine if they were able to use the bed controls to raise and lower the bed. If people were assessed as not being able to do so safely there was information in the care plans and a small picture of a bed control with a line through was attached to their bedroom door. This provided information for all staff. For example housekeeping staff were aware bed controls should not be left in a position that was accessible to people. Where appropriate accidents and incidents were cross-referenced with safeguarding referrals which enabled the registered manager to identify further actions that were needed.

There were systems in place to deal with an emergency which meant people would be protected. There was guidance for staff on what action to take and there were personal evacuation and emergency plans in place. Staff had received fire safety training which included fire drills. To assess staff reaction in case of a fire there were unplanned fire drills when the registered manager would inform the fire brigade about the test and set off the fire alarm. She would then contact the fire brigade to determine if they had received any calls to demonstrate staff had taken individual responsibility for contacting emergency services.

The home was clean and tidy throughout. One person said, "It's always spotless." The home was staffed 24 hours a day with an on-call system for management support and guidance. Regular environmental health and safety checks were in place and these included water temperature and fire safety checks. There was regular servicing for gas, electrical installations, lifts and hoists. Equipment used for people's care such as suction machines were regularly checked to ensure staff could use them immediately in an emergency. The registered manager was pro-active in ensuring cleanliness and maintenance issues were addressed in a timely way.

People were protected, as far as possible, by a safe recruitment practice. Each member of staff had a disclosure and barring checks (DBS) these checks identify if prospective staff had a criminal record or were barred from working with people. Records seen of staff recruited directly by the provider included application forms, identification, references and a full employment history. The nurses and therapists had been recruited and interviewed through the local hospital trust therefore their application forms and references were not in staff files. However, these were available if required. Prior to commencing work at the service the practice manager ensured relevant information which included checks to ensure nurses and therapists were appropriately registered with their governing bodies, for example with the Nursing and Midwifery Council (NMC).

Good

Is the service effective?

Our findings

We asked people about how well they thought the staff were trained and the feedback was wholeheartedly positive. One person said, "Staff get me back to reality and are very attentive. I get what I need". People told us food was very good. Comments included, "The food is excellent. Brilliant," and " Not even The Grand (Hotel) could match it." The service at Milton Grange was based on values which included, 'Valuing staff and promoting their development' and this is what we observed during the inspection. Feedback from people via forums and feedback surveys said staff were excellent in terms of their skills and ability to do their job. The service had received feedback from a visiting professional who said, "I am impressed by the level of organisation and professional skills evident here. This is much more evident here than in every other similar place where I visit."

The provider valued staff and supported them to be the best they could be. There was a bespoke training programme in place which ensured staff received training to meet the specific needs of the people. There was a dedicated on site trainer who supported staff with their individual training needs and provided extra support where needed. Staff told us this person was, 'brilliant,' 'really' and always there to help them. The registered manager had identified in the PIR a plan to introduce observations of staff and provide feedback to improve staff practice and this was working well.

Competency assessments and observations of staff in practice were undertaken by senior support workers to identify any areas where further training was required. All learning was accompanied by case studies and workbooks, where staff provided evidence of their knowledge and learning. It was clear staff were used to being monitored. Throughout the inspection staff were confident in our presence, and our being there did not impact on the high level of care being provided. Staff, including housekeeping, administrators, nurses, therapists and managers, had attended 'Brief bite' sessions. These sessions were used to confirm staff knowledge and understanding of their learning. It also demonstrated how they as individuals could use their knowledge to make a difference to people's lives, improve the service and meet the regulations. The registered manager recognised that all staff made a significant and valuable contribution to the overall quality of the service. Following these sessions, staff were required to complete a workbook which was then discussed at supervision and used to plan and develop further training.

An occupational therapist at Milton Grange had undertaken specialist assessment deafblind training. Following feedback on how useful this training was, the service has planned to provide the training for all care staff. The OT had written a paper on the effectiveness of this training and this article had been published nationally. This demonstrated the service was keeping up with up to date with research and training and used it to improve the service.

The registered manager had identified some staff needed support with their core skills in English. This included staff whose first language was not English. They had been supported to complete an English language programme to improve their knowledge and skills. One staff member told us completing the programme had an enormous impact on them. They said it had improved their confidence both in themselves and in their work especially when writing in people's records. They told us said, "I know how

important it is to write things down, these are legal documents and could be used in court. I feel so much better knowing how to put things in writing." The staff member said although they had completed the course they continued to receive ongoing support to further improve and develop their skills.

The registered manager had recently included the re-ablement assistant programme (REAP) as part of staff's essential training. REAP training teaches staff how to support people back to living independently. Therapy staff and nurses received their clinical training and updates through the local NHS trust. They told us they received the training they required to support people appropriately.

When support staff started work at the service they had an induction period where they shadowed other staff to get to know the day to day running of the service. They also completed the Care Certificate. The Care Certificate is a set of 15 standards that health and social care workers follow. The Care Certificate ensures staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. One staff member told us the induction had been "fantastic." They said, "It's very thorough, each piece of learning was presented with an appropriate handout, it contained everything I needed to know." Regular supervisions through the induction period identified where staff required further training and support.

Staff received regular, useful and engaging supervision from the registered manager, deputy manager or senior support worker. Supervision included an opportunity to discuss training and development opportunities and review practice. Staff told us they felt supported by this process and they had individual goals they were working towards. These were based on the providers objectives and staff goals contributed to achieving these objectives. The nurses and therapists received their clinical supervision from the local NHS trust and confirmed they regularly received this along with annual appraisal. They also received managerial supervision from a senior manager at the service. This supported them with the development of the service and understanding of individual issues related to people who used the service. Nurses and therapy staff confirmed they had the support of the registered manager and other staff at Milton Grange. A senior manager for the service also held one to one reflective practice sessions with individual care staff .This supported staff to celebrate good practice and identify areas for further learning.

There was a robust induction program for agency staff. Based on their knowledge and understanding, it was difficult to differentiate between agency and regular staff this included information about the service, fire procedure and staff roles and responsibilities. Before giving medicines all agency nurses undertook a competency assessment to ensure they were following the provider's policy. If agency staff worked at the service for more than five shifts they completed safeguarding and mental capacity competencies to ensure they had the appropriate knowledge and skills to support people. They also received regular supervision to identify any support or learning needs. The provider was pushing the boundaries for agency staff and ensured they were able to provide the outstanding care permanent staff were able to provide.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 authorisations to deprive a person of their liberty were being met. Where people lacked capacity to make certain decisions appropriate measures had been taken and DoLS referrals had been made appropriately. Where decisions were required,

for example the use of covert (hidden) medicines, staff told us how these decisions were taken in the person's best interests. They said discussions took place with the person, their relative and other appropriate professionals which could include their GP, pharmacist and staff who worked at the service. People were fully involved in making decisions. Although they lacked full capacity one person made it clear to staff about a person who they did not want to support them with their finances. Staff supported this person to ensure appropriate arrangements were put in place and this person was happy with the outcome. These were recorded and demonstrated why the decision had been made. Staff told us how they supported people to ensure restrictions were kept to a minimum. Throughout the inspection we observed staff asking people's consent before offering any care or support.

People received a choice of meals that were nutritious and healthy which were freshly cooked each day. One person said, "The food is cracking, beautifully cooked. I've put on weight here." Another person said, "It's not like hospital food here, it's more homely, I have a choice of two main courses and three or four sweets." This included a cooked breakfast if people chose. People were asked each day what they would like to eat. There were two main meal options and alternatives were always available. One person told us, "Staff will always cook me an alternative if I didn't like the meals on the menu."

The chef and staff had an excellent understanding of people's dietary needs in relation to specialised diets for example diabetic and individual preferences and allergies. The chef told us they followed National Association of Care Catering (NACC) Recommended Standards for older people in residential, day care and community meals. These standards include recommendations for providing food that is appropriate to meet a complex range of individual tastes and nutritional requirements. There was information about the nutritional content recommended for each meal, this included calories and protein and recommended fluid requirements. This was followed which ensured people received the nutrition they required to promote and maintain good health.

There was a 'breakfast club' on each unit. The aim of the breakfast club was to support people to choose, prepare and serve their own breakfast. People were actively involved and enjoying the process, clearing and laying tables as appropriate which re-enforced their rehabilitation programme. People were assessed and appropriate support was provided. This also helped identify areas where people may require support at home, for example, carrying their breakfast to the dining table. This helped people regain their independence for when they returned home and gain confidence in daily living skills following an illness or an injury.

The registered manager and staff promoted innovative measures to ensure people's nutritional needs were being met. There was a 'nutrition and hydration champion' who regularly reviewed people's nutritional assessment. They had introduced new and innovative ideas to assist people with nutrition and visual difficulties for example the introduction of presenting food on a blue plate which encourages appetite. Research has shown that people are more likely to eat more from a blue plate than a white plate; possibly because no food is blue and it creates a contrast with the food on the plate.

The service had been designed to meet people's needs and help them maintain their independence. All bedrooms were en-suite and were easily accessible with wide doors and appropriate equipment such as raised toilet seats. There was a lift which provided level access throughout. Staff areas, clinic rooms, and fire doors to stairways required a security card to open. This meant people were able to freely and safely access relevant areas of the building. There was a secure garden which people were able to access when they wished. The building was clearly signposted throughout. There was a café in the building which people were able to visit for example with friends or family. People walked freely around the building during our inspection. There was a good selection of equipment available which was used as required. Staff told us if

specific equipment was identified as being necessary there were no difficulties in accessing it. There was a new gym and relaxation room which had been introduced following feedback from staff.

There was a proactive approach to help people improve and maintain good health. People were supported to maintain their physical and mental health. Before people started using the service staff obtained information about them from a range of sources. This included the person, GPs, hospital staff and mental health clinicians. The service also spoke to a person's relatives and friends to gain further information where appropriate. This gave them background knowledge of the person's health needs before admission. This included their past medical history and medicines they were prescribed. People on the nursing units were supported by a local GP surgery. A GP visited the service three times a week, or more if necessary; to discuss changing health needs and for example review medicines they may be taking. People on the mental health and dementia units were supported, as far as possible, by their own GP, community mental health nurse and district nurse. This was to ensure people received support from people who were familiar with their needs.

There was a distinctive commitment to support people to return home. Following their rehabilitation people required a variety of on-going care and support to enable them to live as safely and as independently as possible. There were systems in place that ensured people returned to homes that were safe and appropriate to their needs. The registered manager had worked relentlessly with external organisations over an extended period of time to ensure all possible measures had been taken to support one person to return home. A person was due to go home with live-in support. There were arrangements in place for the support worker to spend time with the person at the service before returning home to enable the relationship to develop. There was a comprehensive discharge checklist to guide staff through the process and ensure all support was in place. This included going home with support from a domiciliary care agency or requiring residential care. People's progress was reviewed regularly and discussed at weekly MDT meetings which involved all professionals and care staff. Planning for discharge was a fundamental part of the service to ensure people's needs continued to be met once they left the service.

Outstanding ☆

Is the service caring?

Our findings

People praised very highly the caring nature of staff and highlighted the kindness that had been shown to them. People were treated with exemplary kindness and compassion in their day to day care. One person told us, "The staff are very good and caring, they give you help when you need it." Another person who was due to go home soon said, "I have mixed feelings about going home, the staff are so kind here and so marvellous." Visitors were equally complimentary of the care their relatives received. They said staff regularly went "above and beyond" what was required of them to look after their relatives. One relative said, "This is more like a five star hotel. The staff are all really friendly and they have looked after my relative' really well." A professional told us, "Staff treat people with kindness, respect and dignity." The service at Milton Grange was based on values which included, 'Maintaining people's dignity and respecting their individuality' and this is what we observed during the inspection. One relative had commented, "The care staff on the unit have given mum an excellent level of care and are always willing to go above and beyond."

Even though there was a lot happening throughout the day there was an extremely calm and relaxed atmosphere at the service. People and visitors commented on this. One visitor said, "It's better than hospital, not so much hustle and bustle." Interactions and conversations between staff and people were positive and there was friendly chat and good humour between people and staff. Staff had time for people, to talk and spend time with them. Staff acknowledged people when they came into a room for example when they got up in the morning. We observed a staff member talking to a person from another unit to where they worked. The staff member stopped and spoke to them, they used the person's name and ensured they were alright before they carried on with their task. Throughout the inspection we heard plenty of friendly banter and chatter. Although people were generally at the service for a short time staff took the time to get to know them in order to be able to provide the very best of care.

One person followed a diverse faith and had very specific needs. Staff had taken their own time to research the faith and identify how this may affect the care the person required. They had researched information and printed this off for all staff to read. For example, due to their beliefs the person would not accept medical interventions and medicines. When the person needed to go to hospital, staff had provided all the information required to the healthcare professionals to ensure the person's specific wishes were respected. When they returned to Milton Grange they were in pain but declined to take pain killers. Whilst respecting the person's beliefs they offered the choice of medicine if the person wished. The multi-disciplinary team worked with the person at their own pace to ensure their rehabilitation continued. Staff told us they had spent time talking to the person to gain more understanding about both the person and the religion. One staff member said, "It's important to know what the person's own choice is and what their religious beliefs are. That way we know what they want and need." Staff gave us an example to demonstrate this difference. They told us the person ate a vegetarian diet but this was their choice and not based on their religious or cultural needs. The staff had worked exceptionally hard to be able to respond fully to this person's holistic needs.

People knew staff extremely well and were happy to approach them if they had concerns, worries or just wanted a chat. This high level of engagement empowered people to express themselves and receive the

care and support they needed. One person said, "I can ask any member of staff anything, everybody is very friendly and approachable." The registered manager told us about one person whose first language was not English. Staff told us they were always mindful of the person and their non-verbal behaviours to ensure they could support their communication. To ensure this person received the appropriate support agency staff who spoke the person's first language were engaged to work at the service as often as possible. Staff also used apps on their phones to translate when agency staff were not working.

Throughout our inspection people were treated in a caring and kind way by staff who were committed to delivering high standards of care. Staff took time to speak with people and reassure them, always making sure people were comfortable and had everything they needed before moving away. Staff were aware how people's needs may change. They were sensitive to their moods, checking on people's wellbeing while respecting their space and privacy. We observed one person walking in a communal area a member of staff stopped to speak to them. The person appeared concerned. The staff member bent down to maintain eye contact, they spoke quietly and in a reassuring tone. They listened to the person and put their arm round them as a comfort and suggested they went somewhere where they could sit down in private and talk. Staff identified what gave people comfort. One person found comfort from letters sent to them by their family and liked to carry these around with them. Staff laminated a copy which the person kept with them and took further copies of the letters in case the person should lose the original. Another person, who was living with dementia, had become attached to a soft toy which belonged to the service. Staff told us although this person was returning home soon they had been at the service a long time, therefore they were going to take the soft toy with them as it was something they were familiar with.

We observed staff spending time with people. The registered manager and all staff recognised how extremely important it was to spend time with people, talking and engaging in activities that met the individual needs. One person supported a specific football team and staff worked closely with the person and produced a folder of his club. This also encouraged the person to reminisce and maintained their interest.

The registered manager told us staffing levels always took into account the amount of time staff needed to engage with people on a meaningful level and not just based on the personal care they needed. They understood the significance of staff being available especially where people had been admitted due to their mental health needs as this made it easier to come forward and get the support they needed. Staff told us this helped build people's confidence to regain their independence. One person said, "The staff listen and talk to me, I feel that they know my needs and they are very friendly, they know what they are doing. It's a happy place." One person was visually impaired and had hearing difficulties told us, "Staff chat to me, I'm not isolated they are very good, kind and considerate." Another person said, "I'm not at all lonely here, it's perfect." People received the social support and personal interactions they needed and this made them feel valued and respected.

People told us their choices were taken into consideration at every step and were always actively involved in decisions about their care. One person said, "I get my care plan and staff explain it, they always ask for my consent." People were aware they were at the service to regain skills to help them return home. They clearly understood their individual rehabilitation goals and what they needed to achieve. They told us they were at the service for a purpose and although they were encouraged and supported to improve they were, "Never pushed beyond their limit." One person, who was telling us about their improvement said, "I was allowed to rest for four weeks and then they got me on the running machine." A visitor told us about their relatives concern coming into the service. They said, "The physios are letting her settle, she was terrified at first but they are very considerate of her wishes." People knew they were at the service for rehabilitation and this meant there was some routine and structure built into each day to enable them to achieve their goals and

independence. However, people were still able to choose what they did during the day and were able to decide if they did not want to participate in their care. We observed people getting up at times that suited them and spending their time where they chose. Most people spent time in the lounge but one person told us they preferred to stay in their room. They said, "I like the peace and quiet and looking out into the garden."

Relatives and visitors were encouraged in the home at all times. Family told us they were able to call in at any time and always made to feel extremely welcome. One person's family were concerned about the change in their relative's health. As a result staff had arranged the person's bedroom so their relatives could stay at night. This offered support and comfort to the person and their family and demonstrated the importance the provider had given to ensure person centred care is truly person centred.

When people's needs changed staff were agile in their response to and continued to meet their needs. Although the aim of the service was rehabilitation the registered manager had recognised that on occasions people's health needs may change and they may require more complex or end of life care. The registered manager told us although this was a rehabilitation service people's best interests were paramount and everything was done to ensure those needs are met. One person's condition had changed and it was identified the person required end of life care. Sensitive discussions had taken place with the person and their relatives to determine their wishes about where they would like to spend their last days and ensure their choices were met in a dignified and caring way. It was clear that the registered manager took every step possible to deliver this wish and allow the person to pass away comfortably with the people who knew and cared for them. Staff worked with healthcare professionals from the local hospice to ensure that they met the person's needs, they were made as comfortable as possible in respect of their wishes to die at Milton Grange.

Good

Is the service responsive?

Our findings

People told us they received personalised care and staff were good at responding to their individual needs. They told us they were supported to regain their skills to return home. They told us they were delighted with their progress. People said there was a good balance between being allowed to recover and developing the skills to take them forward to return to independent living. They told us they were happy that they had put on weight and generally felt much better than on admission. One person said, "I have physio in the morning and I'm definitely improving." Another person told us they had recently been for a home visit and felt prepared for returning home. They said, "Perhaps another week here and I will be ready to go home." People also commented they could see the difference and improvement in each other over time. There was genuine gratitude towards the staff for their help and encouragement. One visitor, talking about their relative said, "Coming here was the best thing that could have happened to us." A visiting professional told us, "People are supported to maintain their independence with a view to going back into their own homes or another service according to their needs." The service at Milton Grange was based on values which included, 'Helping people help themselves' and 'Working together to enable people to return to their own homes,' and this is what we observed during the inspection.

Before people started using the service they had been assessed as needing a period of rehabilitation to enable them to gain or regain their maximum independence after illness or injury. People were aware their stay at the service was for a short period of time to help them improve. Although people did not stay at the service for long periods of time staff took the time to know them very well and had a strong understanding of their needs. This was supported by clear and detailed support plans and daily handover meetings which updated staff about peoples changed needs.

The assessment process also ensured people were aware their stay at Milton Grange was for rehabilitation and they were agreeable to this. If people were admitted as an emergency then there was a clear referral criterion and this was followed to ensure there were enough staff and facilities to meet people's individual needs.
People were admitted from home when a hospital admission was not required or inappropriate or from hospital when they required further time and support to recover their skills and independence. Before going to the service, as far as possible, appropriate staff completed an assessment and met with the person. This robust process ensured people's needs could always be met. Assessments were carried out by experienced staff, usually a mental health or general registered nurse, with additional input from physiotherapists, occupational therapists, or senior care staff as appropriate. Referrals into Milton Grange from hospital and community settings, were made by clinical and social care professionals who considered that the person referred was medically stable and appropriate for this setting. The expertise of the staff ensured that inter-professional discussions with referring professionals took place to clarify any concerns, and that decisions made were underpinned by clinical accountability and credibility. Staff contacted other professionals who may be involved in their care to find out as much as possible about the person's potential support needs. This included their GP, community mental health nurses, district nurses and psychiatrist.

Where necessary admissions to the service were declined and more appropriate support was sought for

people. Usually people could not be admitted to the service after 4.30pm to ensure the appropriate clinical staff were on duty to provide specialist support needed on admission. Staff were flexible and there were changes to the time in exceptional cases. For example if a person required admission for a place of safety. Staff would assess the risks to the person and take into account known and unknown factors. When people were admitted the assessment identified any risks for example falls or skin pressure area damage. These were completed on admission and were checked and signed when completed. This meant staff had the information they required to support people.

People, and where appropriate their representatives, were involved in their assessment, the planning, the development of their support plans and setting their individual goals. People were also asked what they hoped to achieve during their stay. This was used to design their rehabilitation and support plans. Staff told us they involved people in all aspects of their care. One staff member said, "This isn't the sort of place where people aren't involved. It only works because they are involved. They also discussed what they wanted for the future for example returning home with support or moving into residential care. Support plans contained details of people's individual needs and the support they required. There was evidence of clear therapy goal planning and treatment plans. These were individualised to each person's needs. People's care was person-centred with the emphasis on how the person would manage when they went home. For example the small things that really matter were considered as people's bedrooms were set up to ensure they were able to get out of bed on the same side as they would at home.

People were assessed and provided with the appropriate equipment to meet their needs for example a raised toilet seat or a dressing aid if that is what the person required at home. We saw one person had a pressure relieving air mattress although no other routine skin pressure care, such as position changes. Staff explained this person had previously developed a pressure sore which was now healed and remained at risk due to their health related issues. They told us the person would require an air pressure mattress at home to prevent a reoccurrence, therefore they were using one at the service. Staff completely understood the importance of ensuring people were familiar with the equipment they required once they left the service and did all they could to ensure people had exceptional support.

Staff focused on stabilising and improving people's physical and mental health and empowering them to become independent. We observed excellent working relationships between therapy and care staff. Care staff were fully engaged with people in implementing treatment plans. Some people had an individual exercise programme, as part of their rehabilitation and staff supported them to complete these as part of their daily routine. Staff worked hard to encourage people to achieve their goals and improve their chance of success when they returned home. People told us they were making solid progress. Comments included, I'm definitely improving now," People told us the staff provided the support they needed. One person said, "They get me back to reality and are very attentive. I get what I need."

The registered manager told us their aim was to support people to do what they wanted although this may not always be the easiest option. They told us about one person who wanted to return home but would need a lot of support which had not been easy to access. The registered manager told us, "Everyone thought this person needed residential care but it's not what they wanted." Therapy and support staff had worked extensively with external professionals to enable this person to return home. As a result there were plans for the person to return home with a bespoke care package to support them despite the original thinking to place in residential care. There were plans for the person to meet and spend time with these staff to ensure they knew each other and staff were familiar with the person before they went home. The person had spent longer than most people at the service. However, the registered manager told us it was essential to ensure each person had the appropriate services for their needs in place before they went home.

Staff were updated about people's support needs at daily handover meetings. People's progress was discussed in detail at weekly MDT meetings. People's physical and mental health needs were discussed; this included any changes in people's mental capacity, their mood, mobility and nutritional needs. For example one person had not been eating well according to their food chart. Staff discussed and arranged to weigh this person on alternate days and if any weight loss occurred then the person would be referred to the dietician for advice.

In addition to their individualised goals and exercise programme staff engaged people, who wished to join, in daily chair based exercises each morning. This helped people gain confidence and strength and also gave them the opportunity to socialise with others on their unit. We observed a number of these sessions and saw people were taking part and having fun at the sessions. There was a day centre attached to the service. Some people had been assessed and were able to attend the centre which helped them regain their independence and confidence away from the familiarity of the unit and staff they knew. Other people would attend once they had been discharged and this helped them retain a link to a service that had been an important part of their life. The service was developed around individual needs.

There was an activity programme on each unit for group activity. This included quizzes, films and external entertainers who visited the service. Throughout the inspection we observed staff spending time with people engaging in one to one activities for example we observed staff playing dominoes with one person. There were small group activities taking place such as word games. Staff told us although there was an activity programme it depended on what people wanted to do each day rather than what was planned this was based on the feedback and discussions with people. People were supported to continue and improve their social engagement to increase their confidence and independence. The registered manager had recently appointed an 'activity champion' for each unit. They were responsible for developing and reviewing the activities with people on the unit to ensure this met people's needs. There was a relaxation lounge and a number of small lounges which people could use around the units. There was a small library where people could borrow books. On the dementia unit there was a reminiscence lounge where people could spend time in a quiet area. The room contained sensory items for example a keyboard which people were able to play if they wished.

Visitors were warmly welcomed and positively encouraged to visit the service. They told us they were always informed about changes in their relative's health or support needs. Staff were aware of the importance and value of involving relatives in decisions about people's care. They also identified when relatives themselves may be in need of care and support. They told us about one visitor who appeared to be losing weight and was clearly concerned about their relative. Staff made sure they spoke to the visitor whenever they came to the service. They offered them hot drinks and we observed them offering the visitor lunch and enquiring about their welfare. One relative we spoke with told us, "I can't say enough, staff are so welcoming, I can stay here for lunch if I want to." There was Wi-Fi available throughout the service as the provider had recognised this was essential for people who were able to keep in touch with their friends and families.

People were wholeheartedly listened to and regularly asked for their feedback. There was a range of methods used to collect feedback. This included one to one discussions with people, their relatives and friends. There were forums for people to air their views and a message within information displayed on a TV screen in reception asking for feedback. There were feedback comments boxes at many points around the building. These were checked daily to ensure any comments would be acted on promptly. People told us they did not have any complaints but if they did they would talk to staff. Without exception we were told people felt able to talk to staff and any problem would be dealt with. One person said, "I have no complaint and if I did there are lots of ways we can complain." Other people told us they had completed feedback surveys and given feedback at monthly forums on the units. There were feedback posters throughout the

service which reported issues people had raised and what had been done about it. The client information noticeboards boards told people about the hairdressing service, reminders about church services and dates of the next forum meetings and feedback from previous meetings. This meant people were informed of on-going changes and developments at the service.

People were given a copy of the complaints policy which explained how to make a complaint, and how the service would respond. The policy was included in the information pack given to people on the commencement at the service. The policy set out timescales that the organisation would respond in, as well as contact details for outside agencies that people could contact if they were unhappy with the response. The registered manager and staff took all complaints and concerns seriously. When concerns were identified staff informed the registered manager who then discussed the matter with the person and asked if they would like to make a formal complaint. There had been no recent complaints at the service.

Outstanding ☆

Is the service well-led?

Our findings

The management of the service were proactive and extremely well respected by everyone we spoke to. People told us they always felt listened to and were happy to discuss any concerns with the registered manager and staff. Staff told us they were well supported and could talk to the registered manager or senior staff at any time. Feedback received about the management was entirely positive. The registered manager had received feedback from a professional who refers people to the service. They said, "Milton Grange provides a kind compassionate and caring place for people who are vulnerable by virtue of their care and or cognitive needs. Milton Grange care is underpinned at all times by a positive, person centred approach, ensuring respect and dignity for any and every individual. This ethos is evident from all staff, carers, nurses and managers. Our experience is that The management and leadership promotes a culture of anti-oppressive and anti-discriminatory practice where people can be protected from abuse and harm and achieve positive outcomes and a good quality of life through high quality and person centred care."

There were photographs of each member of staff displayed on the wall in each unit. All staff wore a uniform and a badge. The entrance of the service was staffed by a receptionist who greeted people when they arrived. People, their relatives and staff told us they thought the service was completely well-led.

People benefitted from an open, person-centred, culture as staff worked in accordance with the provider's values which was evident throughout the inspection. The values were on display in the reception area and on each unit which meant everyone had access to this information. The registered manager and staff used the "Mum's" test philosophy to ensure the service was somewhere people wanted to stay. One staff member said, "If the care we provide isn't good enough for our families it's not good enough for anyone." The registered manager and other managers were excellent role models for staff. Together they had worked hard to develop and sustain a positive and open culture at Milton Grange. The ethos of the service was demonstrated through its culture by ensuring capacity was at the forefront of everybody's day. It ensured people had control of their own care choices and independence was fundamental for everyone.

Staff were without exception clear about what was expected of them and their roles and responsibilities. The registered manager had informed us in the PIR that champion roles were being introduced and developed. At the inspection we saw these roles had been introduced. Staff had taken on the responsibility of 'champion' in equality and diversity, dignity, communication and community involvement. All of these helped improve staff awareness of people's needs and wishes. The staff health and wellbeing champion was working towards developing a wellbeing programme and opportunities for staff to maintain and improve their health and wellbeing. The champion roles helped staff in their personal development and benefitted the whole staff team by furthering their knowledge. There were regular meetings for staff where they were able to identify areas for improvement and their suggestions and ideas were valued and taken forward. Therapy staff had identified the need for a gym which they could use to support people in a quiet and private area. As a result a room had been converted for the purpose and people told us they really valued the facility. Staff told us they were able to raise issues with the registered manager and management team. They told us they were listened to and concerns addressed and acted upon appropriately and confidentially.

All staff were valued equally and staff achievements were celebrated across the service. These were displayed on the achievement noticeboards and were available for people and staff to read. They introduced new staff and congratulated teams and individuals for their successes. There was also information about feedback from people and included a quote form one person which said, "The staff make me feel like a person and find time to sit and listen to what I have to say." One manager told us, "Staff are good at reporting and all feedback is encouraged." They went on to say staff were encouraged to challenge other professionals and share their knowledge. We were told there was a 'no blame' ethos within the organisation and staff were supported to identify and report bad practice and this is what we observed during the inspection.

All staff were very completely relaxed during our inspection. They were very hospitable and keen to engage. They told us that there was strong communication between themselves and the management team. They said they worked very closely together to make sure people received the support they wanted and needed. Our observations showed that staff worked exceptionally well together and were friendly, helpful and responded quickly to people's individual needs. The registered manager and other senior managers were always visible around the service. Staff told us they were well supported. Their comments included, "I can't tell you how supported I feel" and "I've never worked anywhere like it before." They told us there was an 'open door' policy and they could speak to the registered manager at any time. One staff member said, "I mean that, there really is an open door policy. If her door is closed then I will knock on it, if she's not available I can always speak to someone else." We observed staff coming to discuss issues with the registered manager and deputy manager throughout the inspection. Another staff member told us about the on-call system. They said they always knew who to contact and added, "We know we can always contact (the registered manager), it's not something we would do but it's nice to know we can." A senior manager worked each evening to support staff. We were told this was useful especially when there was an emergency admission during the evening. Staff also told us they felt supported not only by the management team but by all their colleagues. One staff member said, "We're massively supported here, we all support each other."

There was a robust quality assurance system which looked at all aspects of the service and identified areas where there may be shortfalls. For example training percentages for September 2016 were down on the previous month. There was an action plan which showed a number of new staff had to complete their training and this would ensure training targets were met. People's care plans were audited and records that had not been fully completed were found. This had been addressed and the registered manager had identified in the action plan improvements had been made.

Audits also included feedback from people about staff, the environment, activities and the food. People on one unit had identified the dining area felt cramped therefore the dining tables were changed as people had suggested. There had been negative feedback about some meals and this had been addressed with the external company that provided the meals. The feedback discussion form was designed to capture key information which aligned with CQC's five key areas of safe, effective, caring responsive and well-led. Feedback was sought continually and provided the registered manager with a wealth of information to inform improvement and development. Feedback confirmed the service was valued by people and many aspects considered above and beyond what people expected.

People were asked in the feedback surveys what the service could improve on or do better. Responses were positive and included comments such as, "Just keep doing what you are doing," and "I have been in many places over the years, this is a special place, different from others (in a good way)." Despite this feedback the registered manager told us, "Just because we receive feedback like this it doesn't mean we stop trying to improve, we're always looking for different ways to do things better."

People did not stay at the service for long periods of time therefore it was more difficult to identify themes and trends as these were subject to continual change. There was in depth analysis of incidents and accidents each month, we saw there had been a number of unwitnessed falls. The analysis identified the falls took place when people were alone in their bedroom attempting tasks unaided. The action plan stated to 'remind people to use their call bells.' During the inspection one person had been identified at risk of falls and forgot to use their call bell. Staff introduced a poster and a picture of the call bell to remind the person to use it. When an accident or incident occurred it was highlighted on a plan of the building to see if a pattern developed over time for example in a particular area of the service. In addition to learning from incidents at the service the registered manager kept up to date with issues that had occurred elsewhere and adapted practices at the home to prevent a similar incident occurring. This had resulted in the introduction of smoking blankets which people were able to use when smoking their cigarettes to prevent harming themselves.

The registered manager was well supported by the provider and senior managers within the organisation. She was confident she was providing an excellent service but was aware of the need to continually improve the service, develop her own professional knowledge and the knowledge of staff. The management Team had links with external organisations, which included attending the registered manager network, meetings where providers from both the independent and public sectors attended, dementia forums, the apprenticeship scheme and MCA Forum. Information from these forums and networks was fed back to staff to improve and develop practice.

The Registered Manager is a member of the Skills for Care National Skills Academy for Social Care. This enabled her to keep up to date with current best practice and meet with other registered managers nationally. The registered manager had developed strong links with the community. There were occupational therapy student placements at the service and reflection from a recent student stated they enjoyed their placement and being part of an efficient and dedicated team. There was an apprenticeship program running where students spent three months in a number of the provider's services. The students were supported to complete the care certificate and other essential training in the same way other staff at the service were required to.

There was a genuine commitment from the registered manager and senior managers within the organisation to ensure a good working relationship which resulted in positive outcomes for people between the provider and the NHS trust. Nurses and therapists received their clinical training and supervision through the NHS trust. There was regular contact between the two organisations through the referral and assessment processes. Regular feedback was shared between these parties and effective quality assurance and clinical governance systems were in place and were used to continuously drive improvements at the service. The continued development of the service was part East Sussex Better Together program to develop a coordinated local health and social care system to ensure people receive support from health and social care services that enables them to live as independently as possible and achieve the best outcomes.

The registered manager and provider were aware of their responsibilities and their and accountability of the service to ensure the outcomes it achieves demonstrate best use of resources where funding is limited throughout the public sector. The aim of the service was to fulfil the goals and wishes of people and support them to achieve the best possible outcomes. On average 60% of people were enabled to return home. This meant the service had a direct impact on ameliorating whole system pressures in East Sussex where there is a lack of long term health and social care placements.

The Registered Manager had registered the service with the Social Care Commitment initiative, developed by the Department of Health. This is a promise by the service to ensure the management and staff team are

committed to providing people who need care and support with high quality services. This is what we observed throughout the inspection.