

Southdown Housing Association Limited

Nyetimber Lodge

Inspection report

Nyetimber Lane
Pagham
Bognor Regis
PO21 3JX

Tel: 01243264405
Website: www.southdown.org

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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?

Requires Improvement ●

Summary of findings

Overall summary

Nyetimber Lodge is a supported living service providing personal care and support to six people living with a learning disability. The premises consist of six self-contained flats, which each open out onto a garden available to all tenants. There is an office and a room which also serves as a room for staff who sleep-in at night.

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

The provider's systems for monitoring were not consistently effective in providing the registered manager with clear oversight of risks. This meant they could not be assured all risks to people were effectively and consistently managed. Following the inspection, the registered manager developed a quality assurance monitoring tool for improved oversight of identified risk to people. We could not yet be confident these improvements were firmly embedded within daily practice and sustainable.

There were enough staff to care for people safely and medicines were safely managed. People we spoke with indicated they felt safe. Staff understood the importance of monitoring incidents and accidents and there were robust systems to safeguard people from abuse. A staff member said, "The main aim is to keep people safe and report improper treatment. I haven't ever had to, but I know our processes to do this." Safe recruitment processes were being adhered to in order to make sure staff were suitable for their roles and responsibilities. A person said, "Staff are good." Staff followed safe procedures for prevention and control of infection.

Risks to people's health, safety and welfare were identified and addressed. Staff ensured people's needs were consistently met and assessed to enable improvements and progress in their lives. Staff received a comprehensive induction and ongoing training to enable them to support people safely. There were effective systems for communication both at the service, and with other agencies to ensure people received the care they needed. A relative said, "Staff are very attentive to any of [person's] medical needs and are very switched-on to recognising if [person] might be unwell and always respond appropriately."

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.

Support plans were comprehensive and reflected people's views, wishes and aspirations. A relative said, "[Person] especially enjoys the support [person] receives and the relationships built with the staff. We see this support is helping [person] move forward with [person's] own skills." People told us there were supported to communicate with their relatives and the managers when they were not happy or wanted to change their support.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for

granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

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

Right support:

- Model of care and setting maximises people's choice, control and independence. People were supported to live as independently as possible at a service which encouraged and inspired people to live full lives. People's properties were respected by staff as private dwellings which enabled them to have dignity and privacy whilst receiving support. Staff supported people to make choices and to remain connected with their family, friends and the local community.

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights. People were supported to lead full and active lives and to take part in activities that were meaningful to them. A person described staff as, "great." Staff knew people well and we observed people treated with kindness, respect, and involved them in making decisions.

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. Staff described a positive culture where learning was encouraged.

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

This service was registered with us on 25 November 2019 and this is the first inspection. Previously this was one of many supported living sites the provider had registered under one supported living location. The provider has now registered each site as a separate location.

Why we inspected

This was the first planned inspection for this service.

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Nyetimber 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

The inspection was carried out by two inspectors.

Service and service type

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

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and people are often out, we wanted to be sure there would be people at home to speak with us. We also needed to be sure the registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since they registered. We sought feedback from Healthwatch, the local authority and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 are improving how we hear people's experience and views on services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked this was a suitable communication method and people were happy to use it with us. We did this by reading their care and communication plans and speaking to staff or relatives and the person themselves. In this report, we used this communication tool with three people to tell us their experience.

We spoke with one relative, three support workers, the registered manager and the providers CQC compliance manager. We reviewed a range of records. This included four people's care records and two people's medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. One relative provided feedback about 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and harm as the provider had clear safeguarding systems in place. Staff received safeguarding training, which was refreshed annually. Staff described to us the various types of abuse people could be at risk of and explained the measures they would take to promote people's safety and wellbeing. For example, immediately reporting any concerns to their line manager and providing emotional reassurance if a person revealed they were abused.
- People told us they felt safe and at ease with staff. Some people were unable to communicate verbally. We observed people's body language and interactions, and these indicated people felt safe and comfortable with the staff supporting them. A relative said, "Staff meet [person's] needs to keep them safe. [Person] can communicate if unhappy. [Person] likes it here."

Assessing risk, safety monitoring and management

- Risks to people were consistently assessed, monitored and managed to support them to stay safe. The service demonstrated a culture aimed towards promoting and maintaining people's independence.
- For example, they provided guidance to enable staff to support people in safety awareness when using their vehicles and completing activities such as cooking, swimming, kayaking and cycling. They provided detail on how to support people with health conditions such as epilepsy and the monitoring of skin integrity. These assessments included what staff needed to look out for and the action to take if a person was unwell and to ensure they were safe.
- People's finances were kept safe. People had appointees to manage their money where needed, including the Financial Adult Safeguarding Team (FAST). Receipts were kept where possible to enable a clear audit trail on incoming and outgoing expenditure, and people's money was audited daily.
- Environmental risk assessments were carried out to recognise and address risks to people's safety in relation to their home environment and any equipment used to aid their mobility or the delivery of personal care. For example, bed rails, wheelchairs and hoists. Staff demonstrated a clear understanding of the provider's fire safety policy, including how to support people in the event of a fire or other emergencies at the premises.

Staffing and recruitment

- People indicated there were enough suitable staff to care for them safely. Staff said they had time to talk and spend time with people. We observed people were comfortable with staff and had time to talk with them. We observed staff being supportive with their conversations and then checking people's understanding.
- Systems for recruitment were safe. All pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks and supplying suitable references. This meant people were protected from

the risk of being supported by staff who were not suitable to work with them.

Using medicines safely

- People were receiving their medicines safely and as prescribed.
- Staff were clear about their responsibilities in relation to medicines and records were consistent and accurate. Only staff who had been trained and were assessed as competent were able to administer medicines to people.
- Some people were prescribed PRN (as needed) medicines. There was clear guidance for staff in when to administer PRN medicines. This meant people had access to their prescribed medicines when they were needed.
- There were safe systems for ordering, storing and disposing of medicines.

Preventing and controlling infection

- People, staff and visitors were protected from the risks of cross infection as the provider had implemented robust infection prevention and control (IPC) practices. Staff supported people to maintain their flats in a clean and hygienic way. Where applicable, people were provided with pictorial information about COVID-19 as well as staff encouragement and support to understand the importance of following IPC practices to promote their own safety.
- Staff received IPC training and told us they were supplied with sufficient personal protective equipment (PPE) such as disposable aprons, gloves and anti-bacterial hand gel to prevent the spread of infections. PPE stations were situated throughout the premises to ensure satisfactory access to vital items.
- The provider's infection prevention and control policy was up to date and arrangements were in place for people, staff and visitors to be tested for COVID-19, inline with government guidance.

Learning lessons when things go wrong

- The registered manager regularly monitored accidents and incidents for any themes or trends. Records kept were of good quality and senior managers reviewed these to ensure preventative measures had been taken in response to any emerging themes or patterns.
- The registered manager showed us how they had improved their risk assessments for people who were at risk from dehydration, and how listening devices were being used to monitor people's health needs. This was following information they learnt during a CQC inspection at another service under the same provider.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were assessed in a holistic and person-centred way.
- Assessments were comprehensive and considered people's diverse needs, their views and aspirations.
- Staff used evidence-based guidance tools to help them assess people's needs. For example, a Malnutrition Universal Screening Tool (MUST) was used to assess risks of malnutrition and supported the development of support plans. A Disability Distress Assessment Tool (DisDat) was used to help staff identify when people who had communication needs were experiencing pain. This provided staff with clear guidance about patterns of behaviour that could identify when a person was experiencing pain.

Staff support: induction, training, skills and experience

- People were supported by staff who were provided with appropriate training to effectively carry out their roles and responsibilities. A relative said, "The staff are attentive, well trained and care."
- Staff said the training was useful for meeting the needs of people who used the service and included how to support a person with trauma, nutrition and hydration. A staff member said, "[Person] behaviours mean they can hurt us and [person] can refuse care because they are scared (due to previous trauma before moving into Nyetimber Lodge). We had trauma training to help us understand how they may be feeling. And why."
- Staff confirmed they attended one-to-one supervision meetings monthly where they discussed their performance, wellbeing, development needs and issues relating to their work. A staff member said, "They are really good. I can off load. I feel I could take anything to management any time. They are all approachable. Their door is always open." Staff told us these meetings were useful and they felt able to discuss any issues openly.

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

- People were supported with their nutritional and hydration needs. People at risk of malnutrition, had separate assessments carried out and they were monitored for how much they were eating and drinking. Support plans were in place to guide staff on how to meet the needs people on a soft diet and for those requiring thickened fluids. Staff knew of the people who required these diets and could explain how this was delivered.
- People told us they enjoyed their food and cooking. Staff described how they supported people to make healthy choices in their daily meals and involved people in preparing their own food as part of developing independent living skills.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People were supported to access the health care services they needed. Staff worked effectively across organisations to ensure people's care was appropriate for their needs. For example records confirmed health care professionals such as district nurses, the GP, and dietitian had been involved in people's care. Support plans had been amended according to the advice given by healthcare professionals and we could see this information was being followed.
- People had hospital passports that provided up to date information about their needs. This meant information was available for hospital staff about people's individual needs including, for example, their communication needs.
- Staff told us they provided verbal and written handovers to their colleagues. Documentation included detailed updates about people's health and emotional wellbeing which meant care workers were able to provide continuity of care.

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

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

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

- Consent was sought from people in line with the MCA. Staff understood their responsibilities with regard to the MCA. They had received training and understood the importance of checking with people before providing care and support. We observed staff were talking with people and asking for their consent. Staff were familiar with people's methods of communication and could interpret sign and body language to understand people's wishes.
- Mental capacity assessments and best interest decisions were in place in areas such as medicines and finances. For example, covert medicines (covert administration is when medicines are administered in a disguised format) had been introduced appropriately to support the stability of a person's complex health need in conjunction with their multidisciplinary team and in their best interests. This had led to improvements in their health and wellbeing.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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 told us staff were kind and treated them well. Staff showed a caring approach to people. A relative said, "There is a very good rapport with [person] and the staff. [Person] is very comfortable and satisfied with the support [person] receives." Another relative said, "All the staff are lovely, they do their job well."
- Observations showed people were supported by staff who were attentive to their needs, patient and compassionate. We observed staff supporting a person count the days to their birthday. They had a planner on their wall and days were being crossed off to mark the days passed. We could see this meant a lot to the person. Staff gave people positive reinforcement when they engaged with them. Interactions between people and staff were good and positive relationships had been developed.
- Staff completed equality and diversity training as part of their induction and on going training. The needs of people from diverse backgrounds had been taken into account to ensure people did not experience any form of discrimination and this information was included in support plans.
- Pictorial images were displayed, including photos of which staff were working. This helped people in their understanding of who was working, which supported people's wellbeing.

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

- People were encouraged to express their views as much as they were able. A relative said, "Staff engage with [person] on a level, [person] understands. They give choices and always seek [person] opinion and they care." We observed good interaction between people and staff who consistently took care to ask permission before assisting them. There was a high level of engagement between people and staff.
- The service encouraged people where possible to make choices about aspects of their care. To ensure all staff were aware of people's views and opinions, these were recorded in people's support plans, together with the things that were important to them. Staff supported people to make decisions and understood when to involve families or outside agencies such as independent advocacy to support individuals in the decision-making process.
- There was a stable staff team, the majority of whom had worked at the service for a long time and knew the needs of the people well. A relative said, "There are lots of staff and there are changes but we believe [person] enjoys this variety. As the core team provide very consistent care." The continuity of staff had led to people developing meaningful relationships with staff.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were considered and upheld by staff. A relative said, "The staff are very careful in what they divulge even to us. We note they never divulge any personal information about any of the other people."

- People were supported to have choice and control in their lives. Support plans reflected people's needs and wishes and focused on developing their independence. Staff told us how they supported people to do as much for themselves as they were able to. They told us about ways they protected people's dignity during care tasks for example by using towels to cover private areas. We observed a person indicating to staff they wanted their door closed. Staff understood the person's communication method and closed the person's door for their privacy.
- A staff member said, "When it comes to transferring [person] in a hoist they use the control to lower themselves. When supporting [person] with their teeth and washing we do hand over hand. We encourage people to put their own tea bags in their own cup. They have their own cars, which we encourage them to hold their keys for and lock, unlock their own car when going out. This is what we would do ourselves, why should we treat the people we support any different."
- People unable to physically participate in tasks had sensory care plans. These encouraged staff to ensure people still participated in the task. For example, smelling the laundry, shaking the clothing and having items to hold. Smelling the cooking ingredients, listening to staff chopping, stirring and frying foods. Promoting touch, by holding small amounts of ingredients and then tasting them. This enabled and empowered people to feel part everyday tasks.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People were receiving a personalised service that was responsive to their needs and preferences. A relative said, "[Person] has greatly benefited being at Nyteimber and is proud to have [person's] own home. [Person] is clearly very happy and content with their accommodation and [person] feels safe and affirmed."
- Each person had a 'My Plan' specifically designed around their needs, goals and aspirations. These were reviewed regularly by people and staff. Records included personalised information about people's needs, how they liked their structures and routines, likes and dislikes. This enabled staff to support people in the way they wished. For example, one person enjoyed bike rides and other outdoor sports. A person had goals of wanting to learn to dance and it was important to the person to watch dancing shows, which staff were knowledgeable about and supported.
- Staff attended training that gave them the skills to intervene positively to support people with their behaviour. This was followed by specialist training which focused on tailoring support to those individuals that required more specialist support. As a result, staff could respond to people's individual needs when they supported them. A person's recent review with their community learning disability team, noted an improvement and reduced incidents of agitation/aggression since their last review due to the behaviour support plan put in place and skills of the staff.
- People were supported with personalised techniques called, 'intensive interaction.' Intensive interaction is a play-based approach to helping people develop communication and interaction skills, like eye contact, facial expressions, the ability to copy sounds, and shared attention. The registered manager said, "Being able to touch noses with mask on, [person] can really positively respond to this. Using sounds, recreating them back. It can be touch. [Person] doesn't always appreciate touch, but in that situation and environment (intensive interaction) [person] can lay there with head on staff chest. Even eye contact for 30 seconds you know you've done something. Its uplifting. For someone who is nonverbal, it's having a moment where they can think, they (staff) understand me. They get me. It encourages a relationship that we can take for granted."
- Staff celebrated people's achievements, and this helped to promote people's self-esteem. We saw examples of this where people were supported to make 'stay safe' signs for the windows to promote community positively in support for the NHS. Another person had recently won a talent show.
- Relatives told us staff understood the importance of including them in the person's care planning and care delivery. A relative said, "We have a very good ongoing dialogue with the staff about all aspects of [person's] life."

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.

- Staff communicated with people in ways they preferred. Some people used Makaton sign language and we observed staff interacting with them. There were pictorial signs and guidance throughout the service and easy read documents to support people with information.
- Some people were using pictorial planners so they knew when they would be doing activities.
- Each person had a communication care plan, which gave practical information in a personalised way about how to support people who could not easily speak for themselves.

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 proactively supported to pursue their hobbies and interests. A person with an interest in music, was supported to learn to play their favourite instrument during COVID-19 lockdown. People were able to access college via online sessions. People were encouraged to use local community facilities. A staff member said, "[Person] likes to visit Arundel, they are there this morning. [Person] went kayaking today. [Person] is at the pub. Activities can change on the day. It's about what they want to do, not what we want to do." We observed staff supporting people throughout the day with activities of their choice.
- Some people had their own cars and a designated member of staff supported people to ensure the cars were well maintained and safe. This helped to ensure people were able to access the community when they needed to and promoted social inclusion.
- People were supported to maintain important relationships and staff extended their caring approach to people's relatives. People who were unable to see their families during COVID-19 lockdown were supported to purchase some knitted hearts from a local charity and send them to their relatives. Some people were able to use technology themselves to connect with family and friends. Where people needed more support, staff provided this. There were no restrictions about when people could have their relatives or friends visit.

Improving care quality in response to complaints or concerns

- There was an accessible complaints procedure in place which was made available to people. At the time of the inspection, there were no complaints. A relative said, "We know the whole management team at Nyetimber and understand their roles. We are also aware of some of the management staff at Southdown head office and so know who to talk to."

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. While the service was consistently managed and well-led, and leaders and the culture they created promoted person-centred care, the provider will need to demonstrate the improvements made in response to the inspection are sustainable over time before this key question can be rated 'good'.

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

- Systems and processes for quality monitoring had failed to identify any potential shortfalls in practices related to the monitoring of people's assessed health needs. For example, bowel monitoring, weight monitoring, food and fluid intake charts.
- Staff had a good knowledge about the risks associated with these assessed needs and could tell us what actions they took to mitigate these. Records confirmed professional input had been requested when these areas had been identified as having an impact on people. This reduced the risk of harm to people. However, it is important to have a system in place for quality assurance purposes, to ensure these areas of assessed risk are being met. This helps the management team and staff see where there may be shortfalls, and where risk assessments may need updating to remain accurate, so staff have the necessary guidance.
- During the inspection we spoke with the providers CQC compliance manager who confirmed they would be taking action to address this area of required improvement. They emailed stating, 'I can see there is a gap in terms of the manager recording their monitoring of their daily logs in a systematic way, e.g. fluid intake etc., which we will seek to address.'

The registered manager took immediate action to ensure the safety of people identified as at risk was protected. After the inspection the registered manager shared a quality assurance monitoring tool for improved oversight of identified risk to people. Although the monitoring system now better enabled the provider to identify and address areas for improvement, we could not yet be confident these improvements were firmly embedded within daily practice and sustainable.

- Quality assurance systems reviewed the quality of the service provided. There was an audit schedule for aspects of care such as medicines, activities, support plans, finance checks, accident and incidents, health and safety, and infection control. Where issues were found, a clear action plan was implemented to make improvements. For example, some medication care records had gaps, which required updating. This action was met by the next audit.
- The registered manager was aware of their legal responsibilities in respect of documentation and the need to report significant events. Notifications had been submitted to CQC in a timely and transparent way.
- There were clear and effective governance arrangements. Staff understood their roles and responsibilities and the registered manager understood and met their legal responsibilities including the duty of candour.

They explained they monitored the service by regularly working on shift alongside staff members.

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

- The leadership and culture supported person-centred care and good outcomes for people. A relative said, "The management team are excellent, and we can see the service is run very effectively with the wellbeing of people always at the forefront. The staff always appear happy, efficient and comfortable with the managers." Another relative said, "This is [person's] home, they love it here. They support [person] in a way, that keeps [person] independent. They push [person] to be the best they can be. Which I find reassuring. Just because [person] has a disability, does not mean they cannot do things."
- Staff were consistent in their praise for the way the service was managed. A staff member said, "The management team are good. Team morale is always pretty high. Everyone is always happy and jolly." Another staff member said, "Management are really good and caring."
- Staff explained their understanding of the vision and values of the service. The registered manager said, "Our ethos is treating someone as if they are family, with the same respect, kindness and love that you would treat your loved one. That's how our people are treated. We are a family at Nyetimber Lodge, it's not staff with people. We are a cohesive unit." We observed these values demonstrated in practice by staff during the provision of care and support to people.

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

- Relatives were asked for feedback annually through a survey. Records confirmed families were sent a satisfaction survey each year. However, there was no survey in 2020 due to COVID-19. We were told, the 2021 survey will be sent in the next few weeks. The survey completed by relatives included their views on the knowledge and skills of staff, support around health and wellbeing, respect shown by staff and how staff responded to concerns. Results of previous surveys were very positive. One comment included, 'We are and have always been very happy with all aspects of care given to [person].'
- Staff and relatives said they felt valued and listened to. A relative said, "We are comfortable talking with the management about the level of care needed also at the review ideas were exchanged and these have been implemented." Staff felt they received support from their colleagues and there was an open, transparent atmosphere. Staff were aware of the whistle blowing policy and knew how to raise a complaint or concern.
- Staff described a positive and open culture where they felt able to express their views. Staff told us they were able to discuss practice and received constructive feedback to help them to improve. Staff meetings were held monthly. This ensured staff had the opportunity to discuss any changes to the running of the service and to give feedback on the care that people received. Discussion points included, recent training delivered around trauma, cleanliness, medication, feedback from recent meetings and audits, COVID-19 updates and discussion about people's needs to look at possible lessons learnt and changes.
- Staff worked in partnership with other agencies. The local authority feedback, 'The provider, Southdown Housing Association is a strategic partner and shares quarterly reports which include updates on this service, preceding quarterly meetings to discuss issues.' They confirmed they did not have any current concerns or actions arising from those reports and updates.
- Staff gave examples of how they worked collaboratively with other services to support people's needs. Records confirmed a proactive approach to partnership working. Health action plans showed referrals had been made to health and social care professionals including speech and language therapists and the community learning disability team. Support plans included advice from other professionals and records showed how information was shared appropriately to promote understanding of people's individual needs.