Brighton Housing Trust

Portland Road

Inspection report

9 Portland Road, Hove, East Sussex,
BN3 5DR
Tel: 01273 822103
Website: www.bht.org.uk

Date of inspection visit: 25 November 2015
Date of publication: 05/07/2017

Ratings

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

Overall summary

We inspected Portland Road on the 24 November 2015. Portland Road is a mental health care home which can accommodate up to nine people. On the day of our inspection, eight people were living at the home. The age range of people varied from 28 – 80 years old. Predominately people required support with their mental health needs; support was also needed in relation to substance misuse, anxiety and physical health care needs.

Portland Road belongs to the provider Brighton Housing Trust and falls under the 'Archway Project'. The 'Archway Project' is part of the accommodation strategy for Brighton and Hove City Council for people with mental health needs. It helps bridge the gap between hospital and community and forms part of the pathway to help people move towards more independent living. The provider operates two registered care homes and three supported living units.'

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

Summary of findings

The delivery of care at Portland Road was built on the promotion of mental health recovery. Supporting people to move forward, increase independence and improve independent living skills. People told us they appreciated the level of support they received and clearly understood the ethos of the service. One person told us how the calm atmosphere where they could gradually get better and be able to move on. Another person told us, "It's a safe and trusting place to be."

Person centred care was central to the ethos and every day practices at the service. Staff were dedicated and compassionate about engaging with people to empower them to be involved in planning their own support. Staff used innovative and individual ways of involving people so that they felt consulted, empowered, listened to and valued. Staff worked in partnership with people to empower them to achieve their goal and support people to move on to a more independent lifestyle. Creative methods were used for people to engage in meaningful individual activities that enhanced their lives.

Co-production (developing the service in an equal and reciprocal relationship between staff and people) was at the heart of the service. The provider, management team and staff were committed to involving people with the overall running of the service, from staff induction, policies, procedures and budgets. A client representative had been nominated who was actively involved in house meetings and soon to meet the creative director of Brighton Housing Trust. External healthcare professionals spoke highly of the home. One mental health professional told us, "They work with a number of our clients who have severe and enduring mental health problems in a very caring and flexible way. There communication is very good. They work flexibly and responsively with clients and manage risks very well. The staff team appear very calm capable and co-operative and are able to manage significant levels of distress and behavioural disturbance."

The leadership sought out creative ways to provide a personalised service and had achieved outstanding results through the promotion of co-production and client involvement. The service was part of Psychologically Informed Environment (PIE) pilot and recognised the impact of the environment on people. The positive impact of this approach meant the some people had started to engage more with staff and their own recovery. Client steering groups and focus groups had been organised. These provided a forum for people to be actively involved in the design and running of the service.

A person centred approach to safeguarding was adopted. Staff worked in partnership with people to safeguarding themselves whilst empowering people to take positive risks. Harm minimisation was utilised as an approach to managing risk. One staff member told us, "When people have abused substances, we create a safe space where they can talk to us and explore what happened."

The home was welcoming, friendly and calm. People were relaxed, engaged with people around them or enjoying activities within the home or out in the town. People were empowered by the management team to be very much a part of the inspection. We were shown round by people and also joined people for their daily coffee morning. One person told us, "This is a very nice place to be."

The management team were passionate and creative in their approach to ensure staff were kept up to date with training and recognised the importance of a strong skilled workforce. There were named champions in various areas such as health and safety and first aid within the service who actively motivated and supported staff to ensure people were provided with a quality service. People were also actively encouraged to become champions and one person was the 'client' champion for health and safety'.

Staff worked in a variety of ways to improve outcomes for individuals. Each person had an individual key-worker who they met on a weekly basis. Staff were dedicated to ensuring key-working sessions met the need of the person and promoted their wellbeing. Key-working sessions were often creative with staff engaging with people doing various activities. One person told us, "We do a variety of things during our sessions. I really enjoy them."

There was strong emphasis on continual improvement and best practice which benefited people and staff. There were robust systems to assure quality and identify any potential improvements to the service. This meant people benefited from a constantly improving service that they were at the heart of. A robust service

Summary of findings

improvement plan was in place and part of the improvement plan involved a student social worker joining the team in January 2016 for their social work placement,

The recovery model was fully utilised and people were supported to achieve their individual goals. Staff also recognised when people's mental health may be deteriorating and the signs and triggers to look for. People confirmed that staff had an excellent understanding of their needs and they felt confident in the skills of staff. The management team were always thinking one step ahead and how they could improve their practice. In line with the model of recovery, staff were completing WRAPs (Wellness Recovery Action Plan). These considered what the person would want to happen in the event of their mental health deteriorating.

Engagement with the local community was encouraged by the provider and staff were actively involved in building further links with the community and encouraging people to engage with other services outside of the service. To promote meaningful activities and reduce the risk of social isolation, staff worked in partnership with external agencies. The role of the intern and volunteer at the service also promoted social engagement.

Summary of findings

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

Portland Road was safe. Harm minimisation was utilised as an approach to managing risk. There was a clear focus on promoting people's rights, minimising restrictions and enabling people to take positive risks.

Staff recognised the importance of making safeguarding personal and working in partnership with people to safeguard themselves.

Medicines were stored safely and people were enabled to self-administer their medicines.

Is the service effective?

Outstanding

Portland Road was effective.

Creativity was used in the environment which had been designed to take account of the psychological and emotional needs of the people with much positive impact on peoples wellbeing and engagement.

Staff were exceptionally dedicated and highly skilled which ensured people received a high level of care that promoted both their physical and mental health needs.

Mealtimes were encouraged to be a social event and utilised as a forum to help people develop independence with their cooking skills.

Is the service caring?

Good

Portland Road was caring. The provider, management team and staff were committed to a strong person centred culture and client involvement. People were actively encouraged to express their views and opinions. Focus groups and client steering groups had been established to involve people in decisions about their care treatment and support .

People had positive relationships with staff that were based on respect. People were treated with dignity and their confidentiality was respected. Staff spoke with kindness and compassion for the people they supported. Staff had spent considerable time forming friendships with people and building trust.

Is the service responsive?

Outstanding

Portland Road was responsive. People's care and support was planned proactively in partnership with them. Staff used innovative and individual ways of involving people so that they felt consulted, empowered, listened to and valued. Staff worked in partnership with people to empower them to achieve their goal and support people to move on.

The service strove to be known as outstanding and innovative in providing person centred care based on best practice. Person centred care was at the forefront of everyday care practice. Staff were dedicated and compassionate about evolving the ethos of person centred care and activity engaged with people to empower them to be involved in planning their own support

Summary of findings

Staff used innovative and creative ways to work with people and recognised the importance of meaningful activities

Is the service well-led?

Good 

Portland Road was well led. The provider and management team promoted strong values and a person centred culture which was supported by a committed staff group.

Client involvement and co-production was a strong driving force and the management team and staff were dedicated to continually strive for excellence.

There was strong emphasis on continual improvement and best practice which benefited people and staff.

Portland Road

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 home, and to provide a rating for the home under the Care Act 2014.

The inspection took place on the 24 November 2015 and was unannounced. The inspection team consisted of two Inspectors.

On the day of the inspection, we spoke with four people that lived at the home, the registered manager, the deputy manager, four care staff and the intern. We also sought feedback from senior management and three mental health professionals after the inspection. Before the inspection, we checked the information that we held about the home and the provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the home. A notification is information about important events which the home is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). A PIR 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 used the PIR to help us focus on specific areas of practice during the inspection. Portland Road was last inspected in November 2013 when no concerns were identified.

During the inspection we reviewed the records of the home. These included staff training records and procedures, audits, six staff files along with information in regards to the upkeep of the premises. We also looked at all six care plans and risk assessments along with other relevant documentation to support our findings. We also 'pathway tracked' people living at Portland Road. This is when we looked at their care documentation in depth and obtained their views on how they found living at Portland Road. It is an important part of our inspection, as it allowed us to capture information about a selected group of people receiving care.

Good

Is the service safe?

Our findings

People told us they felt safe living at Portland Road. One person told us, "This is the safest I've felt in a long time." Another person told us, "It's a safe and trusting place to be." People commented they felt content with the environment and that their individual mental health care needs were safely met.

In April 2015, the Care Act 2014 was introduced which defined 'safeguarding adults as protecting an adult's right to live in safety, free from abuse and neglect'. As part of the ethos of the Care Act 2015, making safeguarding personal was introduced; this promoted a person centred approach to safeguarding. Making safeguarding personal had been embedded into the everyday delivery of safeguarding and the provider had adopted a personalised approach to safeguarding. Staff worked in partnership with people to safeguard themselves and identified factors which could increase people's vulnerability to abuse, for example risk of financial abuse. One care plan identified that if a person was asking for an increase in their weekly budget this would be an indicator they may be experiencing financial abuse. Care plans also provided clear outlines for staff to follow if they were concerned that a person was subject to abuse (financial, domestic, sexual and physical). Guidelines included raising a safeguarding concern, informing the care coordinator and contacting the police. When staff raised safeguarding concerns, they worked in a personalised manner, engaging with the person, ascertaining what outcome they wished to achieve and how best to achieve it. One safeguarding concern resulted in staff supporting the person to seek alternative arrangements in how their finances were managed.

A human rights-based approach to mental health care and positive risk taking was adopted by staff. The registered manager told us, "We firmly believe in positive risk taking and empowering people to take risks. We also believe in the ethos of harm minimisation." Positive risk taking is defined as, 'weighing up the potential benefits and harms of exercising one choice of action over another.' Staff told us how they supported people to take every day risks and live their lives with minimal restrictions. The registered manager told us that people were free to come and go from the home as they pleased. Throughout the inspection, we saw people coming and going and one person told us they were off out to see a friend. Staff recognised the importance of people's freedom and autonomy but also recognised the need to balance this with safety and duty of care. Therefore welfare checks were undertaken if staff had not seen someone for a certain period of time. For people who smoked in their bedroom, staff also completed welfare checks to ensure ashtrays were empty and any fire related risks were minimised. The registered manager told us, "Getting the balance right between autonomy and checking on people can be hard; we don't ask people to sign in and out as this is their home, but we do record in the morning and afternoon who we have seen. This then helps us identify and raise any concern for people's safety."

Risk assessments and risk management is an integral part of good quality mental health care. Each person had their own individual risk assessment which included information on the background to the risks and the risks associated with self-care, abuse, suicide, dangerous behaviour and any other risk factors. Staff told us how risk assessments were personalised to the person, based on their needs, history and personality. One person's risk assessment included a clear background introduction to their mental health, concerns that had arisen at previous care homes and the current concerns. One person experienced delusional thoughts and often made daily living choices based on their delusional thoughts. The risk assessment provided clear guidance for staff to follow when the person was experiencing delusional thoughts which included for staff to promote engagement with social activities. One person was identified at risk of becoming unwell if they stopped taking their medicines. Guidance was in place which identified that the person would become at increased of risk of experiencing suicidal ideation. Measures to take included taking the medicine to the person if they don't come to the office voluntarily. If the person expressed any suicidal ideation, to increase the number of welfare checks and to check their room for any stored medicines.

Considerable time and dedication had been spent in understanding and assessing risk to people. Risk assessments identified certain risk triggers specific to the person. For example, one person's risk triggers for abuse included if they are intoxicated, challenged on their actions or suffering from the after effects of too much alcohol. Where people were intoxicated or came back to the home under the influence of drugs, staff worked under the approach of harm minimisation. Harm minimisation 'included those strategies designed to reduce the harm

Good

Is the service safe?

associated with use, without necessarily reducing use.' The registered manager told us, "We provide a safe space where people can talk to us to about if they have misused drugs or alcohol. Our staff provide a space whereby they feel comfortable to talk about what happened and explore why it happened." Staff told us of how they worked with one person who was becoming unwell. Whilst supporting them, they identified the person had items which could be used to self-harm. Staff informed us of how they worked with the person and spoke to them about the items and the risks associated. Therefore they empowered people to understand the risks associated with certain behaviours and triggers which enabled people to reduce the level of risk.

Helping people to look after their own medicines is important in enabling people to retain their independence. Staff worked in partnership with people to promote their independence with medicine administration. Where people were beginning the process of self-medicating, an individual programme of gradual progression was in place. People would come to the office every morning to collect their pre-packed medicines for the morning, lunchtime or day or couple of days. As the person gained more confidence in administering their medicines independently, the amount of pre-packed medicines would be increased. Some people were prescribed anti-psychotic medicine. Staff recognised the importance that for people who were prescribed certain medicines they required regular blood tests as the medicine could affect the person's ability to produce white blood cells. Guidance was also in place detailing any possible side effects of such medicines. Where people were self-medicating, a robust risk assessment was in place. Where people were in the process of self-medicating their anti-psychotic medicines, there was evidence these decisions was made with input from care coordinators and psychiatrists. This ensured it was safe for the person to begin self-administrating that medicine.

People were protected, as far as possible, by a safe recruitment system. Staff told us they had an interview and before they started work, the provider obtained references and carried out disclosure and barring service (DBS) checks. DBS checks helps employers make safer recruitment decisions and prevent unsuitable people from working with the people they care for.

People felt there was enough staff on duty to enable them to feel safe. Staffing levels consisted of the management team (Registered manager and deputy manager), senior project worker and three project workers. Staff commented that staffing levels were sufficient and enabled them to spend one to one time with people, take people out and support people in a crisis. Rotas were planned up to three months in advance. The registered manager told us, "Planning in advance allows us to ensure we have sufficient cover and maintain the staffing numbers required." In times of crisis when people's mental health was deteriorating, additional staff were deployed to provide support. Staff told us of a recent scenario whereby additional staff were on at the weekend due to concerns over the mental health of one person and it was agreed that additional staff were required to ensure the safety of the person, staff and other people living in the home.

Outstanding ☆

Is the service effective?

Our findings

We found areas of outstanding practice in the effectiveness of the care provided. People told us that staff had a firm understanding of their mental health needs. One person told us that staff truly understood them, what was important to them and how their mental health needs affected them. Professionals also spoke highly of the service. One professional told us, "They are very good at liaising with me at an early stage if they feel a client's mental health is deteriorating which means we can then look at interventions. This often prevents a hospital admission or a severe deterioration in their mental health."

As part of the commitment to striving for excellence, the provider was involved in a Psychologically Informed Environment (PIE) pilot. 'A Psychologically Informed Environment is a place or a service in which the overall approach and the day-to-day running have been consciously designed to take into account the psychological and emotional needs of the service users.' A member of staff told us "The PIE pilot is all about environment which is very much inclusive recovery". The registered manager explained "that we employ this model as it enables people to feel better understood and supported." Through focusing on the environment, the layout and staff training had all been considered to help aid people's recovery. The relationships between people and staff was a critical part of the success of the pilot and as the registered manager further explained it was about breaking down any institutional barriers and 'therefore there was no us and them' which they felt enabled the service to support people with more complex needs.

Practices adopted through the PIE pilot have now become embedded into every day practice with the overall outcome being reported by the registered manager that people were much more engaged and attendance of social activities and group sessions had increased. The removal of staff offices to enable these spaces to be accessed by all has been successful in breaking down barriers between people and staff. This reinforced the ethos of co-production, through creating a more homely and relaxed environment. People then had access to additional computers which improved digital inclusion. People felt more empowered to become involved in the running of the service, when historically they have lacked motivation. This resulted in for example the creation of a 'client steering group'. This group raises issues about things that matter to them one example being the introduction of pets and visits by therapy dogs. Guest speakers had attended these meetings, to support peoples understanding of different services. With an increase in involvement, people developed a welcome booklet written by and for people, and a quarterly newsletter. This approach has also motivated people to introduce a 'you said we did' notice board, which has amongst other things resulted in people now being asked to review standards of maintenance work carried out in order to help maintain environmental standards.

The success of the PIE pilot has increased 'client engagement' which has resulted in events being held by the client steering group to showcase this practice to partnership organisations and senior management. Supporting people with complex mental health needs to become interested and motivated in their surroundings and recovery has led to higher use of communal facilities, which has enhanced people social engagement and relationships. People were currently enthusiastically engaged in a focus group to decide further redecoration options. People spoke highly of the changes to the environment, especially being involved in changes to their rooms and choosing additional furniture.

The management team had developed and sustained strong effective links with external stakeholders including; care coordinators, assertive outreach team, fulfilling lives, Not in Employment Education or Training (NEET workers), befriending schemes, Independent visitor services and psychiatrists. This enabled people to be supported in a holistically way as staff were able to work closely with such a wide range of external stakeholders. The registered manager told us "We've been praised on our ability to support people to remain living here when every other placement has broken down." We saw an example of this in practice whereby effective collaborative working with a wide range of external professionals meant a person with complex needs was able to be discharged from hospital. This collaboration resulted in the person ultimately being able to move back and remain living independently. A mental health professional shared several examples in which hospital admissions had been avoided during a crisis or deterioration in people's mental health through the proactive working with other health care professionals. They told us "They work flexibly and responsively with

Is the service effective?

clients and manage risks very well. The staff team appear very calm capable and co-operative and are able to manage significant levels of distress and behavioural disturbance with the support of the community teams."

Where a hospital admission had been required under the Mental Health Act 1983, collaborative working and staff skills meant that instead of a person having to be urgently admitted into a secure unit hundreds of miles away they could remain at the service until a secure bed became available in a local hospital. This meant that their family and staff were then able continue to support the person as they remained locally once admitted.

The provider had creative ways of training and developing their staff to deliver outstanding care that met people's needs. Staff received a comprehensive induction that provided them with the range of skills and confidence to carry out their role and responsibilities. People were actively involved in staff's induction. One person told us, "I think it's important we are part of the induction and show people around, especially new staff, as it's our home and we know it best."

Staff also visited the providers other services along with some external support services in order to gain insight into the joined up support provided. The provider provides internships and social worker students placements, in which the students are enabled to suggest new ways of working. One such initiative has been the introduction of an interactive induction programme. This enables the inductee to reference at any time the training and policies they have undertaken and to regularly test out their knowledge.

People were being supported with extremely complex needs including, dual diagnosis and both mental health and substance misuse. Training schedules confirmed staff underwent a wide range of very specialist training to enable them to work with people safely but to also ensure they had the skills and expertise to support people's recovery. For example managing dangerous situation, mind mapping, Solution Focus Brief Therapy, outcome star and Life Coaching/Coaching Skills Mediation. One staff member told us how they had received training in motivational interviewing and mind mapping and was finding these tools extremely useful when working with people. Another told us how they utilised motivational interviewing when working with someone who was hard to engage and motivate. They explained "I explore what they want to achieve and using the interviewing skills, ask, how you are going to achieve that." We were told that this lead to the person engaging more and wanting to try a new leisure pursuit which meant that they were engaged in more meaningful activities and thus avoiding previous crisis triggers. Training was also undertaken in response to some people's specific needs for example 'hording' and 'self-neglect'. This helped give staff the understanding of these behaviours which resulted in individual agreements with people being developed to help manage the behaviour.

As part of the PIE pilot, some staff received further specialist training. For example in mindfulness which they then cascaded to people. The success of this for some people led them to also then try other therapeutic techniques to aid their recovery, which they had not previously tried. As a result of an extensive training programme, the registered manager felt that this resulted in a low staff turnover and there had been no breakdown of placements where people's complex needs could not be met. Comprehensive medication training and ongoing competency checks meant that medication errors were minimalised for people who had complex medication routines.

Extensive on-going support and professional development was promoted which impacted positively on people using the service. Staff received a yearly appraisal and regular supervisions. One staff member described supervision as, "It's extremely useful and makes me feel valued as an employee." Supervision was described as a mixture of case worker discussions and professional development designed to be able to enable staff to think creatively about solutions. Case discussions were comprehensive and included detailed analysis of peoples support needs which resulted in action plans of what else could be done to aid recovery. We were given many examples of the positive impact of how this style of 121 sparked various initiatives and creative ways of thinking. This resulted in one example of additional funding being sought and obtained to enable the person to engage in a meaningful occupation which had not previously been thought off to great success.

As part of staff development the management team encouraged staff champions, who actively took lead roles. For example champions in client involvement, activities, medication and health and wellbeing. The champion for health and safety told us, "As part of my role, I'm

Is the service effective?

responsible for hot water temperature tests, fire drills, COSHH and fire safety." Staff lead roles have had a positive influence on people's recovery and wellbeing as people have become empowered to also become champions. One person was the COSHH champion and together with a staff member had devised a list for all COSHH substances highlighting how it should be stored and what to do if you come into contact with it. They are also responsible for site inspections and inducting new people in fire safety. The staff member told us, "Our ethos is to involve people and to move to a model of co-production, so it's important people lead on various areas as it's also help with their moving on programme."

People experienced positive outcomes regarding their physical health. Staff know their routine health needs and preferences and consistently kept them under review. Where people's physical needs affected their well-being, staff took a proactive approach in ensuring they receive the medical care required. For example, one person suffered a fall and sustained injuries but was reluctant to seek medical support. Staffs extensive knowledge of the persons enabled them to work more creatively to find ways to support the person to engage with medical professionals, which resulted in the person then receiving regular health checks. Where people may disengage from medical professionals, clear guidelines were in place for staff to follow. These included for staff to record any declines of medical intervention and to raise any health related issues during key working sessions with the person.

Mealtimes were encouraged as a sociable event whereby everyone could come together. Staff told us that they actively encouraged people's independence with cooking skills; therefore every evening, one person would cook for everyone else . One staff member told us, "Every day whoever is cooking decides what they would like to cook that day, we then go shopping with them and help them prepare the meal for that evening." The ethos of this approach was to empower people's functional skills in the kitchen and also create a social environment between staff and people. Staff regularly join people for their evening meal and eat together. People and staff commented on how this approach promoted social engagement but also promoted independence with cooking and giving people the skills they would need to move on.

With pride, staff spoke to us about the menu being put together by one person to help people decide what to cook each evening. One person had devised a full range of recipes with the ingredients required and instructions. The staff member told us, "They also worked out the quantity of each ingredient for the individual recipe." The person had also included picture guides for people, giving a visual prompt of what the ingredients looked like. The person who made the menus told us, "I wanted to help other people come up with ideas on what to come."

Through creating a sociable event whereby everyone ate together, mealtimes were intended to be seen as a positive experience. Where some people were reluctant to eat staff not only offered an alternative meal but also provided considerable support to identify and support a persons menu preferences.

There were procedures and guidance available in relation to the Mental Capacity Act 2005 (MCA) which included steps that staff should take to comply with legal requirements. The provider had trained and prepared their staff in understanding the requirements of the Mental Capacity Act 2005 in general, and in the specific requirements of Deprivation of Liberty Safeguards (DoLS). The Deprivation of Liberty Safeguards (DoLS) is part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, are looked after in a way that does not inappropriately restrict their freedom. Staff understood and had a good working knowledge of the key requirements of the Mental Capacity Act 2005. They put this into practice effectively, and ensured people's human and legal rights were respected. One staff member told us, "We always assume capacity and ask people to gain their consent before providing any sort of care or support."

Good

Is the service caring?

Our findings

Positive, caring relationships had been developed between people and staff. People spoke highly of the staff. One person told us how staff were very supportive. Staff also spoke with compassion for the people they supported and had a firm understanding of people's likes, dislikes and personal history. One staff member told us, "I key-work one person, they have the best sense of humour, are very passionate and always upbeat."

In accordance with the ethos of Portland Road (being a resident led home), people were very much a part of the inspection. One person showed the Inspectors around the home, providing an oversight of what it was like living there. They told us how the home had recently been decorated and commented, "The decorators we had were brilliant and the staff worked out how to keep us safe while they were here. They gave us mobile phones so we could call for help if we couldn't get out of our rooms, as there was scaffolding in the stair wells. Once I had to get staff to come and get me."

We joined people for their daily coffee morning. From our observations it was clear people were comfortable and content in the company of staff. Staff and people discussed various topics and it was clear from the observations that staff had considerable knowledge and understanding of the individual people. During the coffee morning, one person was telling us about the voices they heard (part of their mental health need). They then subsequently told staff about what their voices were telling them. We then spent time observing how staff engaged with the person about their voices. Staff interacted in a calm manner, understanding what voices upset the person and what voices they could tell the person they could ignore. The interaction demonstrated how well staff knew people and person was clearly calmed by staff's response and understanding. One staff member told us, "Through working closely with this person, we now recognise what voices we can say they can tell to go away and what voices troubles and upsets them."

Portland Road had a strong, visible person centred culture and was exceptional at helping people to express their views so they could understand things from their point of view. The management team were committed to this approach and found innovative ways to make it reality for each person. The registered manager told us, "Due to people's mental health needs, engaging them to gain their feedback can be hard. However, we are working towards a model of co-production which involves people in the overall running of the home, from policies, procedures and induction." To help achieve this goal of co-production, a client representative had been nominated. The client representative helped advocate for people on their behalf and helped advocate the overall views of people. The client representative told us how they promoting resident involvement. They told us how every week a house meeting was organised whereby they could discuss things that were important to them. A recent house meeting identified a risk in the kitchen, where a person laying the tables could get in the way of the person cooking when hot things were being moved around. So they recommended need for a sideboard in the dining room and this is now in place, so people don't have to access the kitchen when laying tables. They also commented that people actually supported staff to put up the side board.

The process of house meetings also enabled people to identify that they were not happy with the way house meeting were recorded. One person told us how house meeting minutes were poorly recorded and did not accurately reflect contributions, and left issues coming back repeatedly. Staff therefore worked with the client representative on improving the recording and regularly discussed this in the house meeting group.

Staff were dedicated to empowering people so that they felt valued and their voice was heard. The management team and staff recognised that people may experience deterioration in their mental health. Therefore it was important to work with the person to find out what they wanted to happen when their mental health deteriorated, if there was any medication or treatment they wanted or don't want. The management team told us how they were trying to be creative and think one step ahead. Therefore in line with the model of recovery, staff were completing WRAPs (Wellness Recovery Action Plan). WRAPs form part of the recovery model of mental health,' it is a self-designed prevention and wellness process that people can use to get well, stay well and make their life the way they want it to be.' One staff member told us, "Going through this with people, enables them to take ownership and help them manage the situation when they do become unwell." Another member of staff told us, "We talk about things in

Good

Is the service caring?

advanced, what approaches work best for them, when they are unwell what helps them and what doesn't help them." They then added, "One person prefers staff to be upfront, tell them what's happening and likes staff company."

Without exception, we observed that staff treated people with dignity and respect. Staff called people by their preferred name and respected people's privacy. One person told us how they saw plentiful opportunities to be respected and heard as an individual, through key worker time, house meetings and how staff conducted themselves in their everyday interactions. People held their own keys to their bedroom and could lock their own room. People told us they appreciated being able to lock their room and have their own privacy when required. Staff members understood the principles of privacy and dignity. One staff member told us, "We always knock and gain entry." People understood that staff could come into their bedroom without their consent if staff were worried about them. One staff member told us, "If we need to check on someone for their safety, we go in two's, always knock, if they don't answer, explain why we are coming in and go in together." People told us how they appreciated having their own space and how this was respected by staff.

Staff were highly motivated and inspired to offer care that was kind and compassionate and were determined and creative in overcoming any obstacles to achieve this. From talking to staff, it was clear they were dedicated to supporting people and had a firm awareness of people's likes, dislikes and personality traits. One staff member told us, "We work with people as individuals, what their preferences are and work in a person centred way." Another staff member told us, "I work with someone who has the best eye for detail and is great at putting things together." Staff expressed dedication in supporting people as much as possible. For example, staff recognised that anniversary's and anniversaries of any bereavement may be upsetting for people. Therefore they worked with people and discussed what they may like to do on that day. One person told us how staff were working with them and planning what to do on the day when their loved one past away a year ago. The registered manager told us, "We want to support and empower people as much as possible. To help achieve this, we are now asking people who they would like their key-worker to be. The aim of this is to give people more of a voice and greater power as the relationship between person and key-worker is very important." People confirmed they got along with their key-worker and felt able to say if they didn't get along with their key-worker or wanted another key-worker.

Outstanding ☆

Is the service responsive?

Our findings

The ethos of a person centred culture was deeply embedded and at the forefront of the delivery of care. People received care that was personalised to them and empowered them. One person told us, "Staff help me to get better. It's also a calm atmosphere where I can gradually get better and able to move on."

The ethos of person centred care was at the forefront of all interactions with people. Staff told us how person centred care underpinned everything they did and they were continually evolving and re-evaluating how they could deliver person centred care and ensure people had an outstanding quality of life. One staff member told us, "A key strength of ours is our ability to make people feel safe, put the time in to support people and work in a very person centred way that ultimately empowers the person." Staff and people spoke highly about the model of co-production used at the home. One person spent considerable time with us talking through the house meetings and the changes that were taking place due to people speaking up and saying what they did and didn't like. Staff members told us, "Involving people is extremely important. We have people who take the lead on certain things and some people are now getting their own computer log in onto our computer system as they are designing various posters and raising awareness about certain topics." Another staff member told us, "We have one person who is meeting with the creative director of Brighton Housing Trust (provider) soon. That demonstrates how much we encourage people to be involved."

People's care and support was planned proactively in partnership with them. The model of recovery was utilised in supporting people and planning their care and support in partnership with them. The recovery model in mental health refers to supporting a person to move forward. 'For some people this can be about returning to a state of feeling well and content, for others it can be about rebuilding their life after a period of illness and understanding more about how to manage problems related to their health and lifestyle'. Staff and the registered manager told us that the ethos of the service was to move people on. The recovery model was used to identify goals with people and empower people to achieve those goals.

Staff and people spoke positively about the recovery model. One staff member told us, "Using the recovery model means we can focus on the positive and really support people to move on."

Everyone had an individual key-worker who they would meet with weekly. Staff commented they used innovative and creative ways of involving people during their key-worker sessions so they felt consulted and listened to. One staff member told us, "We may meet weekly or more frequently. What we do during key-working sessions depends on how the person feels. I like the sessions to be productive and be about the person. One person talks more freely when we are out and about, than sitting down, so during our sessions we go out for coffee and talk." Another staff member told us how they may have their key-worker sessions doing things together as that was a more individualised way of involving the person. Another staff member told us how their one to one sessions tended to work better if they were engaged with a project.

People's individual goals were dependent upon them and what they wished to achieve. The management team and staff utilised outcome star rating (recovery star). The Mental Health Recovery Star is designed for adults managing their mental health and recovering from mental illness. It considers motivations, self-care, physical health, mental wellbeing and social networks. During key-working sessions, the recovery star would be discussed and together with the person they would describe where they felt they were on the star. For example, when looking at motivation, one person described motivation as being difficult for them. An action plan was devised with the person to help motivate them which included purchasing an alarm clock. A goal was then subsequently set which was for the person to purchase a fridge, kettle, tea, coffee and healthy drinks to help support with getting up each morning. At every key-working session, the goal and action plan would be reviewed and we could see that the person was working towards their goal.

With pride, people and staff spoke about the achievements people had made and how everyone was working towards their individual goals. One person told us how now being able to self-medicate was a major progress for them. Also their role within the house, becoming the client representative and their input into the house meeting was a big achievement for them.

Outstanding ☆

Is the service responsive?

Staff were flexible and responsive to people's individual mental health needs and found creative ways to enable people to live as full a life as possible. Staff told us how they supported people with very complex needs and an awareness of any individual triggers or signs in deterioration was vital in enabling people to remain well. One staff member told us how they spent considerable time working with people to understand what triggers they have which would indicate their mental health was deteriorating. Any triggers were recorded in people's individual care plans to provide guidance for staff. One staff member spoke knowledgeable about a person's trigger and how they were able to then act promptly to give additional support and avoid escalation which resulted in less frequent episodes of deteriorating in their mental health. For another person when their triggers were identified staff contacted their care coordinator, worked in pairs at the time of concern and contacted the mental health rapid response service. This prompt intervention and targeted additional support meant that their mental health did not deteriorate. A health care professional told us, "They are very good at liaising with me at an early stage if they feel a client's mental health is deteriorating which means we can then look at interventions. This often prevents a hospital admission or a severe deterioration in their mental health." Another professional told us, "I feel the home goes the extra mile with being creative about the ways to work with clients, and they look at the whole person rather than just focussing on their mental health."

The registered manager told us, "We are continually expanding the boundaries and definition of person centred care. We want people to be at the centre of their care and have choice and control over everything, from deciding what activities to have and controlling the budget for activities." We saw that people were now involved in the activity budget and the forum of house meetings were used to consider and decide upon activities. One person told us, "We consider what's in the budget and what we want to do." People told us how they had gone on circus trips, meals out, bowling and various activities. An in house mindfulness course had been organised and took place over six weeks. Staff told us that the purpose of this course was to empower people to be present in the moment, aware of their thoughts and feelings. One staff member told us, "We had an external facilitator come in and do the course. It involved colouring and painting." People told us they appreciated staff organising creative events so they could try different things.

Engagement with meaningful activities can help make people feel valued, help people develop new skills and promote their identity. Alongside group activities, staff recognised the importance of individual meaningful activities. One person told us how they enjoyed going shopping and how they were supported to do this regularly. Another person told us about the vegetable patch in the garden and how they were growing vegetables. Staff commented that as part of the ethos of person centred care they regularly spent one to one time with people doing activities they enjoyed. One staff member told us, "We go bowling, out for coffee, for walks, shopping or whatever the person wants to do." Another staff member told us, "The benefit of my role is that I get to spend quality time with people and engage with them doing things they enjoy."

Portland Road took a key role in the local community and staff were actively involved in building further links. People were encouraged and supported to engage with services and events outside of Portland Road. Staff told us how they engaged with various projects throughout the City to help promote social interaction and reduce any social isolation. Staff supported people to engage with projects such as Aspire or Autism Sussex. Where possible, staff also encouraged people to do voluntary work. One person told us how they really enjoyed the voluntary work they did every week. One staff member told us, "Engaging with other organisations and projects is one of our key strengths, we have speakers come to meetings to tell us about various things going on in the City." Interims and volunteers also worked at the service several days a week, which helped to promote local links. An intern told us, "I'm really focusing on health and wellbeing with people, supporting people to engage and providing one to one support." A volunteer attended the home with their therapy dog which people told us they enjoyed. Staff and the registered manager told us how having the volunteer had been extremely beneficial as they were able to spend quality time with people and the therapy dog also helps the volunteer to engage with people, especially people

Outstanding ☆

Is the service responsive?

with low motivation. Staff told us that since having the volunteer and their therapy dog, more and more people have been going out and using local facilities with the volunteer.

The management team saw concerns and complaints as a part of driving improvement. The registered manager told us, “We are always actively promoting for people to give feedback. We have introduced a suggestions box in the hallway to try and encourage people to feedback. We really appreciate feedback as we need to learn, grow and develop.” People commented they felt able to talk to the management team or their key worker if they had any worries or concerns. Information on how to make a complaint was displayed in the entrance hall of the home and a copy was also provided to people when they moved into the home. A detailed complaints policy was in place which provided guidance on the management of complaints and the timescales in which complaints would be responded to. The provider had not received any formal complaints in over a year.

Good

Is the service well-led?

Our findings

Without exception people, staff and professionals were overwhelmingly positive about the leadership of the home. They felt that all of their positive experiences living at Portland Road came from proactive and positive leadership. One person told us, "The manager is excellent." One staff member told us, "The management team are very good; they seek our opinion, work with us and are very approachable."

Client involvement was also strongly encouraged by the management team and staff. Staff members told us that as part of the vision of co-production, there was a real focus on client involvement. As part of the ethos of involving people and enabling people to express their views, the provider regularly sent out a satisfaction survey. The purpose of the survey was to find out how the provider was doing and what they needed to improve upon. Also how much choice and control people have. A focus group was held with people to discuss how they may wish to fill out the survey; individually, as a group or one to one with their key worker. One person told us, "I like how the survey was anonymous but also that there was a focus on supporting to fill it out and finding out how best we would find it to fill out." To also help aid people, the client representative had completed an easy read document on how to complete the survey in a picture format which was made available to people. Subsequent focus groups were also held with people whereby staff were not present, so people could fill in the surveys together with one another.

Client steering groups were also held as a forum to empower people to make choices and decisions about the running of the service and be proactively involved. Client steering groups were held on a monthly basis and involved people from various services under the provider (including Portland Road), meeting together to discuss how changes could be made to more proactively involve people. As part of these steering groups, people were actively involved in reviewing policies and procedures and making comments based on their thoughts and opinions. Minutes from the last meeting in November 2015 confirmed that people had been involved in reviewing the new 'Feedback and Complaints Procedure and the Visitors Policy'. People were also actively involved in producing a local newsletter whereby people could make contributions, such as poems, artwork or stories. A client involvement action plan had been devised which identified for 'client involvement to be ingrained into everything we do and the culture of Portland Road'. One action point which came out of the action plan included the need for a safeguarding workshop for people alongside literature on safeguarding to help people safeguard themselves.

The provider had developed and sustained a positive culture at Portland Road over many years and the staff demonstrated that they understood, in particular the nature and needs of people living with a mental health need. The management team regularly encouraged staff and people to raise issues of concern with them, which they always acted upon. Staff felt the home had a strong positive culture and felt that the effective communication within the home and between staff contributed to this. One staff member told us, "We have handovers three times a day, house meetings, staff meetings and also meetings with the other home. Effective communication is vital." We spent time observing a staff handover. There was a clear update on each person, including any specific issues. All staff freely contributed to the discussion and there was an open and inclusive atmosphere whereby there was a clear focus on team work. As part of the handover, staff discussed how best to engage with various people and for one person staff discussed the idea of not having a designated key-worker. Instead having different workers with whom they responded to for different areas of support. Therefore working in a person centred manner and focusing on how best to support the individual.

There was a well-established culture of transparency, learning and reflective practice. Clinical supervision had been organised for staff members. This involved staff attending group supervision held by a clinical psychologist (away from Portland Road). The purpose of this was to enable staff to discuss incidents, dynamics and reflect on what's happened in a safe place. Staff told us how it was important for them to de-brief. One staff member told us, "We can come across challenging situations, where we have to set firm boundaries and its importance for us to go over things and reflect on what's happen." Staff meetings and meetings with other homes were also utilised as a forum to share learning and reflect upon practice. Minutes from the last staff meeting (joint with other homes and services) reflected that client involvement, positive feedback, update on local services in the areas, training, updates from staff were discussed. To help aid staff development and learning, the management team also

Good

Is the service well-led?

organised speakers from other services to attend staff meetings to inspire and motivate the team. Recent invitations included drug and alcohol agencies, Private Rented Sector, move on workers, and a money management service. Minutes from the staff meeting in September 2015 reflected that a representative from Money Works project attended, providing guidance and information on the project and staff and people could engage with the project.

The management team defined quality from the perspective of the people using it and involved them, staff and external stakeholders in a consistent way. Quality assurance arrangements were robust and the need to provide a quality service was seen and recognised as fundamental and understood by all staff. A robust quality assurance framework was in place which involved medication audits, health and safety audits and peer audits. Peer audits involved another manager and people who used other services coming to audit the home. They spent time talking to people and gaining their feedback. They explored various topics with people, such as what kind of things the service did to help them, if they felt safe? If they were able to have meaningful input into the running of the home and if the service asked for their input into the review of its procedures. Following the audit, the person from the other service provided feedback. Feedback from the last audit in June 2015 included, 'It is clear that the clients experiences of both services is very positive and there are systems in place to ensure clients are aware of what the service provides.' The impact of a person who also received care and support from the provider being involved in the audit demonstrated the provider's strive for co-production and ensuring people are at the heart of everything they do.

As part of the continual drive for improvement and identifying areas for improvement, the service staff team had completed a SWOT analysis (strengths, weakness, opportunities and threats). Following the SWOT analysis, a robust action plan was implemented. One action point identified an opportunity to provide a social work placement which was due to start in January 2016. The registered manager told us, "We'll have a student social work based here and at our other care home which will be really good as it will promote our practice and enable us to grow further." A service improvement plan was also in place which helped the provider to continually strive for improvement. One objective and aim which the service improvement plan identified was for workshops to be organised with people about the preparation for "move on". Staff members were in the process of developing a 10 week programme and will be leading on starting this in late November 2015 and again reinforced the providers commitment to continuous improvement. .