

Southdown Housing Association Limited

Hawkhurst Road

Inspection report

11a Hawkhurst Road
Brighton
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Ratings

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

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

11a Hawkhurst road is a supported living service. At the time of the inspection two people were receiving the regulated activity of personal care. The service supported people with a learning disability and autistic people. Staff provided each person with support for life skills and with their individual health and wellbeing needs. This included specific communication requirements and support with emotional, physical and sensory needs.

The building had been adapted and each person had their own sitting room, bedroom and bathroom. People shared a kitchen and laundry room. Each person had their own tenancy agreement. Staff provided one to one support and were available 24 hours a day. Staff had separate facilities which included an office, kitchen and sleep in room.

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

Right Support

Staff supported each person to have the maximum possible choice, control and independence. Staff focused on each person's strengths and promoted what they could do, so they had a fulfilling and meaningful everyday life. We observed people make decisions about their own lives and everyday life choices. For example, one person was on-line food shopping, choosing exactly what they wanted to buy. A staff member was offering suggestions and advice which sometimes the person agreed with and sometimes they didn't. Staff were respecting the person's choices.

Right Care

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. People were comfortable and relaxed with their support staff, freely expressing their needs and wishes. Relatives confirmed they believed their loved ones felt safe.

People received kind and compassionate care which supported their needs and aspirations. There were enough appropriately skilled staff to meet each person's individual needs and keep them safe. During the inspection we observed each person using individual and specific communication methods to communicate with staff. This included Makaton (a type of sign language), pictures, and assistive technology. For example, one person used body language and gesturing to let us know that they were happy to invite us into their kitchen. We observed people communicated comfortably with staff because staff had the necessary skills to support good communication.

Right culture

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities, people with a learning disability and autistic people may have. This meant each person received compassionate and empowering care which was tailored to their needs. People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. For example, we observed a person who had decided they wanted to go for an impromptu walk and was immediately supported to go. Families told us they were fully involved in planning their loved one's care and they felt valued and listened to. One relative told us, "We are fully involved we all work together with (name) to make it good for them."

Staff placed people's wishes, needs and rights at the heart of everything they did. The registered manager and staff understood the importance of family to people and made communication a priority. A relative said, "Communication from the registered manager and staff is excellent, we talk regularly."

The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views. One staff told us, "People lead us showing us how they want to be supported." People's quality of life was enhanced by the service's culture of improvement and inclusivity.

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

Rating

This service was registered with us on 25 November 2019 and this is the first inspection.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of right support, right care, right culture.

We looked at infection prevention and control measures under the Safe key question. We look at this in all supported living inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Hawkhurst Road

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One Inspector carried out the inspection.

Service and service type

11a Hawkhurst Road provides care and support to two people living in a 'supported living' setting, so 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 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 31 March 2022 and ended on 7 April 2022. We visited 11a Hawkhurst road on 31 March 2022.

What we did before inspection

We looked at the information we held about the service and information from other sources such as visiting professionals. 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 communicated with two people and two relatives about their experience of the care provided. People communicated with us in different ways including using nonverbal communication, Makaton (a type of sign language), photos, and their body language. We spoke with four members of staff including the registered manager and care support staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us

We reviewed a range of records. This included two people's care records and two medication records. We looked at two staff files in relation to recruitment and staff supervision. 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. We contacted four professionals who regularly visit the service.

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 kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. Records demonstrated that staff had considered and reported concerns appropriately and in line with the providers policy and local authority safeguarding guidance. People's personal safety and wellbeing were reviewed regularly.
- Staff had training on how to recognise and report abuse and they knew how to apply it. Staff told us they received safeguarding training during induction and undertook refresher training annually. One care staff said, "I know the first thing I need to do is make sure the person is immediately safe, then when they are, I would report it. We have training to know what abuse can look like and how to report it." Another said, "I know how to keep people safe and raise any concerns I know I would be listened too."
- Relatives told us they felt the service was safe. We observed people to be relaxed and at ease in their home and with the staff supporting them. One relative told us "I am very comfortable (name of person) is safe, I am told about everything, even small things, the staff are brilliant."

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. This included assessing people's sensory needs and mitigating associated risks. For example, staff told us about a person's sensitivity to noise and how we should behave while with them so they would be comfortable. We observed staff communicating with the person in quiet tones and used pictures and signs rather than too much speech, this approach was confirmed in the person's support plan.
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions. People worked with staff to ensure choices they made were as safe as reasonably practical and supported positive risk taking. We observed one person cooking their lunch, staff followed the person's lead and when the person wanted help, to chop onions, they waited for the person to pass them the knife, chopped the onions and passed the knife back. This meant the person had full control over the cooking but knew when to seek help with parts of the process which they felt posed greater risk.
- People's care records helped them get the support they needed because it was easy for staff to access and keep good care records. Staff kept accurate, complete, legible and up-to-date records, and stored them securely. Staff told us why it was important to keep accurate up to date records and they found them easy to use. One staff said, "If I have had some time off, I can quickly catch up on what's been happening."

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and

visits how and when they wanted. Each person had one to one support during the day and two to one support when they went out. We observed people telling staff they wanted to go out and staff supported them to do so, people did not have to wait as staff were always available to them.

- Staff recruitment and induction training processes promoted safety. Safe recruitment checks were undertaken on all staff including bank staff to ensure they were safe to work at the service. People had profiles in their support plans with essential information to ensure that new or temporary staff could see quickly how best to support them. These included people's communication methods, important health information, how to build a rapport with the person as well as sign posting to key support plans.

Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles. Staff were working with health professionals to regularly review and reduce medicine administered to support people's anxiety where they could.

- People had been supported by staff, families and medical professionals to reduce excessive use of medicines. Where appropriate the positive behaviour support (PBS) team also provided support. PBS is a person-centred approach to supporting a person with a learning disability and autistic people.

- People were supported by staff who followed systems and processes to administer, record and store medicines safely. Staff who administered medicines were fully trained and had undertaken competency assessments. Medicines were administered discreetly to ensure that people's privacy was maintained. Medicine records were completed accurately and audited regularly.

- Each person had a 'my medication form' in place. This gave clear details of what each medicine was and why it was prescribed. People's individual preferences as to how they wished to receive their medicines and levels of independence were known and recorded. We observed medicine being offered to one person who liked to take their medicine in a specific order, the staff knew the person's preferences and laid out the medicine as the person wanted. The person was confident to take their medicine and had control over the order in which they took it. Protocols were in place for medicines prescribed 'as and when required' (PRN) and there were clear guidelines for each person as to when these should be considered and administered. We observed staff offering PRN medicine in line with the person's protocol.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keeping the premises clean and hygienic.

- The service prevented visitors from catching and spreading infections. Visitors were asked to show evidence of a negative lateral flow device (LFD) test and were required to wear face coverings.

- The service followed shielding and social distancing guidance.

- Staff used personal protective equipment (PPE) effectively and safely. People appeared comfortable for the staff to be wearing face masks.

- The service tested for infection in people using the service and staff. The service followed government guidelines on testing that were in place at the time of the inspection.

- The service promoted safety through the layout of the premises and staff's hygiene practices. Social distancing and restrictions were in place in the shared kitchen. Staff changed PPE regularly and disposed of it safely. This was done sensitively to meet people's individual needs.

- The service made sure that infection outbreaks could be effectively prevented or managed how to alert

other agencies to concerns affecting people's health and wellbeing.

- The service's infection prevention and control policy were up to date.
- The service supported visits for people in line with current guidance.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated accidents and incidents. Action was taken to mitigate a further occurrence and lessons learned were shared. The registered manager analysed accidents and incidents for emerging trends and there was evidence they had sought professional and medical advice appropriately. Staff told us they had formal and informal de-brief sessions about every incident. Staff were able to talk to us about things they felt went well and where they had adjusted their approach to improve the outcomes for people. Records confirmed this.
- People received safe care because staff learned from safety alerts and incidents. The registered manager worked collaboratively with people, relatives and staff to continuously improve safety for people. Incidents had identified that one person needed to have a high degree of control over things that happened in their own environment. Staff were supporting the person to conduct fire safety checks with staff. This offered the person the security to know fire systems were working.
- The service monitored and reported the use of restrictive medicine practices. Some people were prescribed PRN medicines to support them through times of crisis or heightened anxiety and when other calming strategies had failed. Guidance was provided for alternative things to try before administering medicines and this linked to people's PBS care plans, we observed this in practice.

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 care and support plans were personalised, holistic, strengths-based and reflected their needs and aspirations and physical and mental health needs. People, those important to them and staff reviewed plans regularly together. The plan reflected what is going well now and things the person would like to achieve. Relatives told us they were involved in planning and reviewing their loved one's support and felt valued and listened to. A relative said "I am fully involved and always asked what I think, but more importantly they ask (name of person) their view before they do anything."
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs. Care plans considered the sensory aspects of the environment such as noise and light sensitivity and tactile stimulation.
- Staff completed functional assessments for people who needed them and took the time to understand people's behaviours. People had PBS support plans which were based on the results of functional assessments. We reviewed the PBS plans for people, and these provided detailed strategies about how best to support each person including when additional behaviour support was required. We observed staff implementing PBS strategies with positive outcomes.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and difficulties people with a learning disability and autistic people may have such as; mental health needs, communication tools, positive behaviour support, human rights and restrictive interventions. The service used the Care Certificate as an induction tool for new staff who had not worked in care before. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers.
- People benefitted from reasonable adjustments to their care to meet their needs, and their human rights were respected. This was because staff put their learning into practice. Care staff told us they had a comprehensive induction which included a long period of shadowing more experienced staff. One said, "We shadow others until we and the people we support are comfortable, there is no rush." Our observations supported what staff told us. We observed positive relationships between people and staff who were supporting them, and staff demonstrated a good understanding of people's needs, wishes and aspirations.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. The registered manager and provider ensured staff had access to support and appraisal. They fostered the continuous development of staff skills to ensure all staff had the current skills and knowledge to carry out their role. Care staff told us they had access to very good training and development opportunities. One staff said, "The training is good, a lot has been updates online during COVID-19 and the face to face training like

PBS is brilliant."

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

- People were involved in choosing their food, shopping, and planning and cooking their meals. People were supported with online tools such as supermarket home shopping lists and pictorial prompts to enable them to create their shopping lists and meal plans.
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way. One person invited us to spend some time in their kitchen. This was over lunch time and we observed the person preparing and cooking lunch. The person was able to work at their own pace with staff verbally prompting them to choose their meal and set the table.
- Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight. Staff were aware of people's individual needs and received specialist guidance to support people to eat and drink well.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to attend annual health checks, screening and primary care services. People's health plans evidenced that people had regular health checks. Staff told us how people needed to be supported with their health appointments and support plans recorded this information.
- Staff from different disciplines worked together as a team to benefit people. They supported each other to make sure people had no gaps in their care. For example, a person's GP, psychiatrist and support team were involved in changes to a person's medicines.

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

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

- Staff empowered people to make their own decisions about their care and support. We observed that people were able to make choices and decisions about their lives.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented. Staff had received training in MCA and demonstrated a good understanding of their responsibilities. Staff spoke of the need for presuming people had the capacity to make decisions and to ensure people were supported in the least restrictive way. One staff told us, "It's about offering choice and show people options, never assume their decisions, always check with them."
- People's care records and assessments included information about their capacity to make decisions and any best interests decisions made involved the appropriate people. For example, a multidisciplinary best interests' decision was recorded about storing excess food in a different place to the kitchen because a person could not tolerate too much food in the kitchen. This had supported the person to reduce their anxiety. Relatives confirmed this had improved the person's quality of life and wellbeing. about food. People's care plan's guided staff to support them to make more informed choices around food, their health and activities using visual prompts and social stories.

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 received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. People were supported by a consistent team of staff who knew them well. Staff were compassionate and caring and shared a passion for ensuring people were happy and content with their lives. We observed positive relationships between people and staff; interactions were warm, friendly and pleasant. Staff spoke positively of people. One staff said. " I love it here, people are great."
- Staff were calm, focussed and attentive to people's emotions and support needs such as sensory sensitivities. For example, staff were trained in effective support strategies to reduce a person's social anxieties which were triggered by specific noises people might make. The way the person responded had the potential to cause a negative impact to the person. Effective risk management strategies and staff training enabled the person to participate in activities they enjoyed in the local area.
- People were given time to listen, process information and respond to staff and other professionals. Staff were skilled at helping people to express their views, preferences and make choices about their care. Throughout the inspection there were examples where people had the opportunity to make decisions. For example, with social activities, eating and drinking and with their care and support. Communication methods were varied and included signing, verbal speech pictorial prompts, and assistive technology. We observed that people engaged well with staff and were provided with time to process information and respond.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were empowered to make decisions about the service when appropriate and felt confident to feedback on their care and support using their preferred method of communication.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics. Staff respected people's individuality and supported each person in a non-discriminatory way. All staff had received training in equality and diversity and knew how to support people in a way that took account of their abilities and lifestyle choices. Care and support plan's reflected people's abilities, what they were able to do for themselves and their preferences.
- The provider followed best practice standards which ensured they received privacy, dignity, choice and independence in their tenancy. Staff knew when people needed their space and privacy and respected this. For example, support strategies had been developed to enable people to have private time alone whilst still ensuring they were safe. This ensured people's independence and personal choices were respected. We observed a person enjoying time alone, listening to music, staff were nearby and were with the person seconds after the person indicated they wanted their company.

- People had the opportunity to try new experiences, develop new skills and gain independence. People were central to discussions about how they wanted to receive their care and support. There was an emphasis in supporting people to achieve their full potential through positive planning and listening to what people told them. Peoples support plans and reviews identified target goals and aspirations and supported them to achieve greater confidence and independence. For example, one person had a keen interest in dogs and had been supported to visit the local dogs trust as a first step to developing the person's interest.

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.

- Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans. The service had a strong visible person-centred culture. Support plans contained detailed information about people's preferences and what was important to them. Detailed information about people's personal histories and close relationships with relatives enabled staff to get to know people and provided a means for positive engagement and communication.
- People learnt everyday living skills, understood the importance of personal care and developed new interests by following individualised learning programmes with staff who knew them well. For example, staff followed PBS guidance and active support approaches to provide specific and consistent support. We observed people carrying out daily tasks such as cooking and tidying their homes with confidence.
- Staff used person-centred planning tools and approaches to discuss and plan with people how to reach their goals and aspirations. People's needs were listened to, carefully considered and planned for. Staff worked in partnership with people in creating their care and support plans. Care plans were comprehensive and reflected the values and principles of right care, right support and right culture. Records reflected people's preferences, diverse needs and independence and inclusion. One staff told us, "People are unique and different, like anyone else, so the way we support needs to be different."

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.

- People had their communication methods assessed and recorded in their support plans. This ensured people were able to make their needs known. Throughout the inspection we observed people engaging in conversations with staff using different techniques. Staff were fully proficient in each person's unique communication needs and the provider ensured training was available to ensure people's communication needs were met.
- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations. We observed that throughout the inspection people engaged with staff using many different communication methods including body language. People's PBS plans provided clear guidance on how to communicate with people in different situations and we observed these in practice with positive outcomes. Staff also used an additional tool to

identify and record how a person expresses and responds to pain which staff were able to clearly describe.

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, Improving care quality in response to complaints or concerns

- People were supported to participate in their chosen social and leisure interests on a regular basis. Due to the global pandemic, England has been subjected to various restrictions on people's movement and social activities. This meant that people's regular social, learning and leisure pursuits were either restricted or stopped. People were supported to see this as an opportunity to try new experiences and develop skills at home. For example, online shopping had proved to be very successful in widening people's choice and involvement because it did not create the anxiety that going to a busy supermarket did.
- There had been no complaints received since the registration of 11a Hawkhurst Road. There were complaints policies in place. Relatives told us they had no concerns but if they did in the future, they would know who to go to and felt confident they would be listened too.

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. There was a clear vision and strategy to provide people with the very best care and support. The ethos of person-centred care ran throughout the organisation. The registered manager ensured people and those important to them were involved in their care and staff understood the need to treat people as individuals and respect their wishes. One staff said, "We build a rapport with (names of people), we are working for the people."
- Staff members showed warmth and respect when interacting with people. One relative said, "The staff are brilliant, amazing, I can't fault them."
- The service apologised to people, and those important to them, when things went wrong. One relative told us of a situation where some medicine had been forgotten from their loved one's overnight bag when they visited for the weekend. "They were very good, apologised and brought the medicine straight over, they didn't need to it could have waited until the next day." Lessons learnt were shared and used to drive service improvement.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and good oversight of the service. One relative said of the registered manager, "They are very good, always on the ball." Staff told us they felt supported and informed, one said, "I can talk to (name of registered manager) about anything at any time." Another told us, "Managers are open and receptive, always checking in with us."
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. There was a strong governance framework in place, with clear lines of accountability and processes to drive quality. Quality assurance checks were undertaken regularly by the registered manager and provider. These included checks on people's medicines, care plans, finances and monitoring the care being delivered. Any issues identified were cascaded to the team and prompt action was taken to address these. This demonstrated robust management oversight of the service by the registered manager and provider.
- The provider invested in staff by providing them with quality training to meet the needs of all individuals

using the service. Staff told us the emphasis on positive behavioural support training had been invaluable. Staff training and learning about people's communication and sensory needs were valued by staff. One staff told us, "Communication pictures have been loads of help in being able to understand what people want."

- Staff delivered good quality support consistently. The registered manager demonstrated an in-depth knowledge of people's needs and the needs of the staff team. They ensured staff had a clear understanding of their roles, responsibilities and contributions to the service. The staff team worked effectively together and were truly focused on meeting the needs of people. One staff said, "Staff morale is good, brilliant colleagues, we listen and respect each other's opinions."

Continuous learning and improving care; Working in partnership with others

- The registered manager sought feedback from people and those important to them and used the feedback to develop the service. They routinely engaged with people, families and staff and valued their input in the continuous development of the service. One relative said, "All the staff have their best interests at heart, they are very open, we work together."

- The provider kept up to date with national policy to inform improvements to the service. The provider and registered manager ensured staff, people and those important to them had been kept up to date with the many changes in government guidelines since the start of the global pandemic. Staff were knowledgeable of current guidelines in place and we saw evidence of how the provider ensured changes were cascaded to staff in a timely way. During the inspection we observed the registered manager receiving information from the provider outlining the guidance which had changed that day.

- The service worked in partnership with health and social care organisations, which helped to give people living at 11a Hawkhurst Road a voice and to improve their wellbeing. They engaged with provider forums and registered manager network groups. Information was shared through team meetings and where new ways of working had been introduced these were reviewed through discussions at team meetings and the providers quality assurance processes.