Brighton Housing Trust

Sackville Gardens

Inspection report

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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 Sackville Gardens on the 25 November 2015. Sackville Gardens is a mental health care home which can accommodate up to five people. On the day of our inspection, five people were living at the home. The age range of people varied from 20 – 60 years old. People required support with their mental health needs, this included supporting people with eating disorders and anxiety. Support was also needed in relation to diabetes and physical health care needs.

Sackville Gardens 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 ethos of person centred care was at the forefront of Sackville Gardens, innovative ways of involving people were used so that people felt consulted, empowered, listened to and valued. Staff demonstrated flexibility and found creative ways to enable people to live as full a life as possible.

The provider, management team and staff were dedicated and committed to placing people first and ensuring they had the best quality of life possible. Staff engaged with people to promote meaningful activities and reduce any risk of social isolation. 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.

The delivery of care at Sackville Gardens was built on the promotion of mental health recovery. Supporting people to move forward, increase independence and improve independent living skills. People spoke highly of living at Sackville Gardens and clearly recognised and understood the ethos of the service. One person told us, "They are supporting me so I can move on." Another person told us, "I never would have thought I would have a period this long of being well and not hurting myself. That's because I feel safe here and comfortable."

The management team demonstrated how they had sustained some outstanding practices, development and improvement at the service. The leadership sought out creative ways to provide a personalised service and had achieved positive results through involving people. 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. 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.

The registered manager and staff team demonstrated passion and commitment to providing the best possible mental health care and promoting opportunities for people so they could live as full a life as possible. There was an established management team that was transparent in their approach and strove to achieve excellence.

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 involved people with the overall running of the service, from staff induction, policies, procedures and budgets. People spoke highly of continually being involved and felt their voice was heard.

Staff were highly motivated and achieved positive results through working closely with other agencies. 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." Staff commented that one of the key strengths of the service was their relationships with other professionals. One staff member told us how the psychiatrist visited the home on a weekly basis and promoted a less formal environment than people going to see them.

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 a good understanding of their needs and they felt confident in the skills of staff. One person told us, "They know the signs to look for when I'm unwell."

There was a clear focus on making safeguarding personal which meant putting the person at centre of any safeguarding concerns. Risk assessments provided clear guidance to staff and harm minimisation was utilised to also keep people safe. People commented they were involved in designing their risk assessments. There were enough suitable staff to meet people's needs and promote people's safety and wellbeing. There were systems in place to protect people from the risks associated from medicines and staff were vigilant in monitoring and using these.

There was a strong emphasis on communication. Staff were creative in how they could support people and

Summary of findings

various forms of communication had been established. One person told us, “I write a note to staff or use my communication card to inform staff when I’m in a bad way.”

Mealtimes were seen as sociable events. People cooked for one another and staff also joined people for the evening meal. Innovative methods and positive staff relationships were used to encourage those who were reluctant or had difficulty in eating and drinking.

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

Sackville Gardens was safe. Staff worked collaboratively to manage risk and people keep safe. There was a clear focus on making safeguarding personal and taking a personalised approach to safeguarding which meant putting the person at centre of any safeguarding concerns.

Risk assessments provided clear guidance to staff and harm minimisation was utilised to also keep people safe. Medicines were stored safely and people were empowered to manage their own medicine regime.

Staffing levels were sufficient and enabled staff to have time to support people on a one to one basis and also provide support in times of crisis. Recruitment practices were safe and staff of the right calibre and experience was employed.

Is the service effective?

Outstanding

Sackville Gardens was effective.

Creativity was used in the environment being designed to take account of the psychological and emotional needs of the people with much positive impact on people's 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

Sackville Gardens 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.

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

Sackville Gardens was responsive. The service strove to be known as outstanding and innovative in providing person centred care based on best practice.

Staff demonstrated flexibility and found creative ways to enable people to live as full a life as possible. Person centred care was at the forefront of the delivery of care innovative ways of involving people were used so that people felt consulted, empowered, listened to and valued.

Summary of findings

Staff were dedicated and compassionate about evolving the ethos of person centred care and activity engaged with people to empower them to achieve their goal and support people to move on.

People were actively involved in deciding upon activities and involved in management of the activity budget. Staff recognised the importance for meaningful activities and reducing the risk of any social isolation

Is the service well-led?

Good

Sackville Gardens was well led. There was an extremely positive and inclusive culture and people were very much at the heart of the service.

A committed and stable staff team were dedicated and compassionate about improving outcomes for people. There was a firm focus on client involvement and person centred care.

There was a strong emphasis on continual improvement and best practice which benefited people and staff. There were robust systems to ensure quality and identify any potential improvements to the service.

Sackville Gardens

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 25 November 2015 and was unannounced. The inspection team consisted of two Inspectors.

On the day of the inspection, we spoke with the five 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 of the service 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. Sackville Gardens was last inspected in December 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 five care plans and risk assessments along with other relevant documentation to support our findings. We also 'pathway tracked' people living at Sackville Gardens. This is when we looked at their care documentation in depth and obtained their views on how they found living at Sackville Gardens. 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 Sackville Gardens. One person told us how through living at Sackville Gardens and feeling safe prevented them from hurting themselves. Another person told us, "I feel safe here because there is always staff around."

The provider, management team and staff had embedded a safeguarding culture which empowered people to safeguard themselves. The registered manager told us, "We take a proactive approach and always work with people to identify what they wish to achieve from any safeguarding concerns and what outcomes from the safeguarding are important to them." When working with people, staff identified any risk factors which may increase the person's risk of abuse. Where people were identified as being at risk of financial exploitation, staff were proactive and worked in partnership with the person to identify how they could safeguard themselves and together drew up measures to be implemented. These included keeping cheque books in the office and locking their bedroom door. When safeguarding concerns were raised, the management team and staff worked in a collaborative manner to safeguard the individual. Safeguarding plans were devised and staff worked in partnership with other professionals such as the police and social workers. Multi-agency safeguarding meetings were convened at Sackville Gardens to help ensure all safeguarding concerns were addressed and the risks associated with the safeguarding were minimised. The registered manager told us, "When safeguarding concerns are raised, we are always questioning what we can do to make the person feel safe."

As part of the proactive approach to safeguarding, staff considered people's individual abuse risk factors and devised personalised guidelines to help empower the person and minimise the risk of abuse. One person's vulnerability to abuse would increase if their mental health was poor or they were using substances or drinking to an excess. Individual safeguarding plans/crisis management plans were implemented which included guidelines such as reporting the person missing if they were not home by a certain time.

A human rights-based approach to mental health care and positive risk taking was adopted by staff. Staff told us how they empowered people to take positive risks whilst utilising a harm minimisation approach. Harm minimisation 'included those strategies designed to reduce the harm associated with use, without necessarily reducing use.' The registered manager told us, "We want to work with people, creating a safe space where they can talk to us and tell us if they've self-harmed or abused drugs and alcohol." One staff member told us that some people could use glass to self-harm. When it was felt the risk of self-harm was high, staff told us how they removed any glass from the home (such as glass tumblers) and then returned them when the risk had reduced. Staff recognised that people will self-harm, but they could implement actions to minimise the risk for the person. One staff member told us, "We will work with the person to see what may have triggered them to self-harm or abuse substances and see if we can implement positive distraction techniques so any future triggers they can manage."

Staff empowered people to take positive risks and recognised that despite's people's diagnosis, they were entitled to take risks. The registered manager told us, "We firmly believe in positive risk taking. We work with people so they can go out and about, stay overnight at friends or family." Staff told us how some people had previously misused alcohol. Despite misusing alcohol, they recognised that people still may enjoy a drink or two down the pub. Therefore they worked in partnership with local pubs in the local area and had the contact numbers for the pubs, so that if people didn't return after one to two drinks, they could make contact with the person.

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 risk assessment identified that the person's high levels of anxiety and social phobia could place the person at risk of social isolation. The risk assessment included a clear management plan. Another person's risk assessment included clear guidelines on what to do in the event of the person feeling suicidal. Measures included greater welfare checks on the person, staff distraction and supporting the person to hand over to staff any over the counter medicines they may have. People confirmed they were involved in the formation of their risk assessments and staff regularly involved them. One person told us, "They go over the risk assessment with me and I

Good

Is the service safe?

feel very safe here. It's nice to know that staff check on me and worry about me." Staff also confirmed they worked in partnership with other agencies to manage risk. One staff member told us how they supported one person to achieve independence with making bus journeys by themselves to attend a local support group. With consent from the person, staff had handed over information to the support group, to ensure continuity of risk management.

People's medicines were managed safely. Individual medicine risk assessments were in place which considered the risks associated with their prescribed medicines. Some people were prescribed an anti-psychotic medicine, whereby if they missed a dose, medical attention must be sought. Clear guidance was available which identified that if the medication was missed in the past 48 hours, the person would need to be re-iterated (getting their medicine levels back to the right level). Guidance was also available on the possible side effects of the medicines and when medication attention would be required. For example, a high temperature coupled with a sore throat could mean that the person is suffering from neutropenia (low white blood cells).

People were supported to manage their own medicine regime. One person told us, "In the morning I pre-pack my medicines for the whole day and then come and take my evening meds with staff." A member of the management team told us, "As part of people's moving on programme, we support people (when they are ready) to gradually manage and self-administer their own medicines. In partnership with the person, we assess when they may be ready to begin self-administering their medicines. They then come to the office and pre-pack their medicines for that day and then we agree how many days' medicines they take away with then." One person told us, "As part of my plan to move on, I'm working towards doing my own medicines." Robust risk assessments were in place which considered the associated risks and also the person's views on self-medicating.

People and staff felt Sackville Gardens was sufficiently staffed. One person told us, "There is always staff around for me to talk to." The registered manager told us, "The rotas are planned up to three months in advance. Planning in advance allows us to ensure we have sufficient cover and maintain the staffing numbers required." 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.

Recruitment procedures were in place to ensure that only suitable staff were employed. Records showed staff had completed an application form and interview and the provider had obtained written references from previous employers. Checks had been made with the Disclosure and Barring Service (DBS) before employing any new member of staff.

Outstanding ☆

Is the service effective?

Our findings

We found areas of outstanding practice in the effectiveness of the care provided. People received a high level of care that effectively promoted their wellbeing. Staff worked creatively and people felt confident in the staff team, their skills and abilities. Various forms of communication were utilised to help aid people communicate with staff when they were feeling down. One person said, "Staff are the best, they always know how to communicate with me."

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.' The registered manager told us "The PIE pilot is all about environment which is very much inclusive recovery" and "that we employ this model as it enables people to feel better understood and supported." Through focusing on this approach 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 as people were much more engaged and attendance of social activities and group sessions had increased. The removal of staff offices had enabled these spaces to be accessed by all and had been successful in breaking down barriers between people and staff. 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 about more choice and control of meals, this was then addressed by the group and staff to find and implement solutions. 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 best 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. For example people were particularly proud of how they had worked together to make decisions about the redecoration of the lounge. One person told us, "We had a meeting and I actually chose this colour. I think it's very calming and relaxing." An initiative in 'peer support' has evolved from people feeling more empowered and wanting more engagement. Peer volunteers now facilitate group or individual meetings without staff on a regular basis. This has been to discuss any issues people wanted to talk about. People fedback was that they felt that this created a less of a power in balance and has proved popular with people using the service.

The management team had developed and sustained strong effective links with external stakeholders for example; 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. An example of how effective collaboration, was where a person had suffered a stroke and would not have been able to return to their original room, due to their reduced mobility. Staff went above and beyond to work closely with community reablement team and Occupational Therapists to support this person to be able to successfully return and regain their independence. This involved training on physiotherapy exercise, adaptions to the building, some creative thinking about other people's bedrooms across the provider's services and the purchasing of additional equipment. This meant that the person was able to be discharged from hospital earlier than anticipated through effective discharge planning and support, to the delight of

Is the service effective?

their family. Another example was where a person had not been readmitted to hospital in over a year due to the range of physical and mental health support that they could receive at the service.

Service reviews noted that due to having such effective links meant that people with very complex or acute conditions could be safely accommodated and that staff had the skills to support people through periods of mental health deterioration without resulting in hospital admissions. As people had the range of support from external stakeholders as well as from a consistent staff team It meant that people were able to move from high to low support services. One such person wrote in their exit interview 'When a place came up at an Archway supported house I was offered the chance to move to lower support and decided to accept it. I felt confident enough to do this because I would keep the same workers. I felt clear about what I needed to do to maintain my tenancy so I felt safe in moving'.

The provider had innovative ways of training and developing their staff to deliver outstanding care that met people's needs. People were actively involved in staff's induction through showing new staff around and introducing staff to other people who lived at Sackville Gardens. Staff also visited the providers other services along with some external support services in order to gain an 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.

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, professional boundaries, Solution Focus Brief Therapy, Motivational Interviewing and Life Coaching/Coaching Skills Mediation. Some staff received further specialist training. For example in mindfulness which they then cascaded to people. The success of this for some people them to also then try other therapeutic techniques to aid their recovery, which they had not previously tried. Working with Complex Trauma was another area in which training was undertaken to help ensure that when people experience the effects of complex trauma they are able to receive support appropriate to their needs and avoid any hospital admissions.

Staff and the provider were dedicated in constantly improving training opportunities. For example some people were living with a personality disorder but often refused to visit a personality disorder clinic. The management team recognised the potential of providing such specialist support without people having to visit a clinic and instead initiated for a member of staff to attended personality disorder training and cascaded that training to colleagues instead. Staff also sought input from the personality disorder clinic to ensure they were following best practice and delivering care that meet people's individual needs. One person told us, "My key-worker has undertaken training specifically to understand my illness." The impact of undertaking bespoke training in this way meant that the person was able to received intensive and consistent support from a familiar staff team. The registered manager told us that this resulted in the person not self-harming for over a year. 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. Examples were available of how hospital admissions had been prevented due to the exceptional skills of staff. One example was how staff creatively found ways to communicate with a person through trying various activities. This promoted the persons resilience and coping mechanisms and in turn facilitated their engagement more with their recovery and had resulted in the person being able to move back to their family.

Staff had the skills to work in a variety of creative ways to improve outcomes for individuals. One example was the use of communication cards had been devised with some people. These acted as a mechanism for people to communicate with staff when they were unable to and were experiencing negative thoughts. People would post the cards under doors. One person told us, "I now write a note to staff to say I'm in a bad way as sometimes I can't talk. They always respond to my notes and help me."

Extensive on-going support and professional development was promoted. Staff spoke highly of supervision and

Is the service effective?

confirmed it provided them with a forum to discuss any practice issues, training requirements or any difficulties they may be encountering. One staff member told us, "The manager is very supportive and we can discuss anything during supervision." Supervision was also described as a mixture of case worker discussions and professional development. 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 their recovery. For example one action plan was to support a person to return to their family home and took considerable thought and co-ordination to make their transition as successful as it was.

One staff member told us they were supported and encouraged to take lead roles (champion roles) to help with their progression and development. Another staff member told us, "We are encouraged to take a lead on things, I'm leading on client involvement and have seen positive changes through that and key work. You get to spend time with people and see them grow." Staff lead roles have had a positive influence on people's recovery and wellbeing, for example lead roles in client involvement led to the creation of various client groups and initiatives. This included such things as organising parties and a memorial service for a person who used the service, where the group undertook all the organising themselves.

People experienced positive outcomes regarding their physical health. Staff know their routine health needs and preferences and consistently keep them under review. People's individual care plans considered whether they were registered with a GP, dentist and optician. Where people were diabetic, there was clear guidance in place to support their needs. As part of people's recovery, staff encouraged people to attend appointments (such as hospital appointments) independently but recognised when people may struggle with this.

Positive staff relationships were used to encourage those who were reluctant or had difficulty in eating and drinking. Mealtimes were seen as a sociable event whereby everyone in the service would come together. Each night one person would cook for everyone else with staff support. One person told us "It's good because it makes you think about what you want to cook, you then buy the ingredients and staff help you.

Some people's weight was assessed as dangerously low and guidance was in place if their weight reached a certain level. Some people could self-neglect their nutritional needs. Staff worked in creative ways to help promote people's nutritional intake. Some people kept a food diary which they shared with their key-worker. One person told us, "I don't always like eating, so they got me a blender so I can make my own smoothies." Staff had worked in partnership with dieticians and some people were prescribed a nutritional drink to help build up calorie intake.

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. 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. No one was currently subject to a Deprivation of Liberty Safeguard . 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. Some people had been assessed as lacking capacity to manage their finances. Staff had worked in partnership with care coordinators and for some people it was agreed that in their best interest, staff would hold people's money and people would collect their money from the office. Documentation was maintained which provided an audit trial of when people collected their money, how much they taken, how much remained and this was signed by the person and staff member.

Good

Is the service caring?

Our findings

People and staff had developed positive relationships. Staff respected people's individuality, privacy and dignity. People spoke highly of staff and praised staff for their support and engagement. One person told us, "Staff are very helpful and supportive in getting me through bad times." Another person told us, "I'm so happy here."

In accordance with the ethos of Sackville 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 at Sackville Road. They told us how everyone got along and they felt confident talking to staff. They commented, "I know that at any time, staff are available to help me." We spent time sitting with people in the communal lounge. One person told us how they seemed to have adopted a cat. They commented, "We think the cat comes from next door, but they often come in and of-course, we feed them." One person spent time showing us the garden where they had a pond. They commented, "In the summer we spend a lot of time in the garden. If it's someone's birthday, we often have a BBQ. For my birthday, the weather wasn't very good and I didn't want a BBQ, instead I went to a local restaurant with staff which I really enjoyed."

With permission, some people showed us around their bedrooms. People commented they could bring their own furniture and make their bedroom personalised. One person told us how they were encouraged to make their bedroom their own and were expected to clean their own bedroom. They commented that staff would undertake room checks or work with them to ensure they regularly cleaned their room. People spoke highly of having their own space. 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. People understood that staff could come into their bedroom without their consent if staff were worried about them. Staff members described how they would enter a person's room if they worried about them or needed to do a welfare check. They told us they always attended in two's, knocked on the person's door, if they don't answer, explain why they were going and go in together.

Without exception, we observed that staff treated people with dignity and respect. Staff called people by their preferred name and respected people's privacy. Staff members understood the principles of privacy and dignity. One staff member told us how when a person needed to have a daily injection, it was agreed they could use a room in the office for privacy. People confirmed their privacy and dignity was upheld by staff. One person told us, "Staff respect my privacy, I've got a doorbell on my door staff press to alert me that they are there." From observing staff interactions, people appeared relaxed and comfortable in the company of staff. Laughter and humour was evident between interactions. One person told us, "Staff are very easy to talk to." Another person told us, "I often go to the office and spend time with staff, they always cheer me up."

Staff were highly motivated and inspired to offer care that was kind and compassionate. Staff spoke highly of the people they supported and how they supported them. One staff member told us, "We're trying to make it more about the residents, what they would like to see or change. They may be able to support each other more." Staff demonstrated a firm awareness of people's likes, dislikes, personality traits, and how best to support them. One staff member told us, "To best support one person, we need to always know what their state of mental wellbeing is, even on an hourly basis." People also commented that they felt staff were kind and compassionate. One person told us, "The manager is lovely, she always make time to talk with me. One day I was making cakes, as she was leaving, she spent time with me asking about my cakes, I really appreciated that."

Sackville Gardens 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, "We are embedding a model of co-production, where people are actively involved in the overall running of the service. They can support in reviewing policies, procedures and being more involved in staff's induction. This is their home and we want their voice to be heard". To help ensure people's voices and points of views were heard, time and dedication was spent in empowering people to participate in house meetings and feel able to express themselves. One staff member told us how they were leading on house meetings and trying to get people more involved. They told us, "We've been trying to hold the house meetings at various times of the day, once a week or every week. Just various

Good

Is the service caring?

ideas to try and engage people more and advocate to them that we want to hear their voice and involve them." People confirmed that not everyone attended the house meetings, but confirmed staff were working with them to see what they would like from a house meeting.

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. Focus groups were 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. As a result of the focus groups, where people expressed a preference to fill the surveys without staff support, groups were held whereby people could help one another out with filling the surveys out.

Involvement was at the forefront of the delivery of care. Staff held focus groups with people about the redecoration of the lounge, backed up by one to one meetings. The emphasis was on promotion of homeliness. Residents came up with colour preferences and were involved in deciding budget priorities for the room; finally plans were shared with staff for comments on practicalities. One person told us, "We all made our comments on what colour we thought the lounge should be painted and how the furniture should be arranged. I quite like the colour that was decided upon, it's very calming and feels homely." The registered manager, "Involving people as much as possible is extremely important, therefore it was vital we encouraged people to decide what colour they wanted the lounge painted. It is all part of our ethos of co-production."

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 (Sackville Gardens), 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 'buddying' system for all new residents had been introduced. This involved people who had lived at the service for a longer period, helping the new person to settle in. They may include showing them around, answering any questions they might have had. One person told us, "We've introduced the buddy scheme. When (person) moved in, we showed them around, showed them where everything is and helped them settle in." Staff told us that the ethos of the buddy scheme was to give greater control to people and promote peer support.

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Outstanding ☆

Is the service responsive?

Our findings

The provider, management team and staff were committed to embedding a culture whereby person centred care was at the forefront of everything they did. People received care that was personalised to them and empowered them. One person told us how they came to Sackville Gardens at the right time and it was through the level of support they received that they have made such significant progress.

The ethos of person centred care was embedded into every day care practice and staff firmly understood the principles of what it meant to work in a person centred manner. One staff member told us how person centred care was incorporated into the service's visions and goals for the future. They commented that the aim of the service was to develop person centred care around the needs of the individual people they supported. The registered manager told us, "Our goal and vision is to exceed the boundaries of personalisation. We want people to have as much choice as possible and continue embedding a model of co-production, whereby people have a say in who's their key-worker, what policies say, training staff, controlling the activities budget and ensuring Sackville Gardens is a resident led home." People spoke highly about the model of co-production. One person told us, "They always ask us for our opinions and want to engage us." Another person told us, "I know I have a say in what happens here."

Staff were flexible and responsive to people's individual mental health needs and preferences, they 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 triggers or signs in deterioration was vital in enabling people to remain well. Staff told us how they spent considerable time with people learning and understanding what may present as a trigger in their mental health. Where specific triggers were identified, these were recorded in people's care plans to provide sufficient guidance to staff. For example, where people were not home by a certain time, this would raise concern for staff. Staff had identified that if people were not home by their agreed time under their Community Treatment Order, this may be an indication that their mental health was deteriorating. Clear guidance was in place for staff of the steps to take to such an event to ensure prompt intervention. One person told us, "They know the signs to look for when I'm down." Staff commented that through really recognising and knowing people's triggers they were able to provide responsive care and prevent people's mental health needs from deteriorating.

Creative and innovative ways to enable people to live as full a life as possible were continually being explored by the management team. The management team and staff both told us that people may experience deterioration in their mental health. Therefore it was important to work with the person to find out what they want to happen when their mental health deteriorates, if there's any medication or treatment they want or don't want. The registered manager told us, "We want to work in a way that enables people to remain well but also empower them to take ownership of what happens when they become unwell. Therefore we are being proactive and in line with the model of recovery, staff are beginning to 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.' Staff told us how they felt it was important to get people thinking about what they would like to happen if they did become unwell and what works best for them.

People's care and support was planned proactively in partnership with them. Staff worked in partnership with people so that they felt consulted, empowered, listened to and valued. The model of recovery was utilised in supporting people. 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'. The registered manager told us, "The ethos of the service is to move people. Most people only stay here short term as we want to empower people to move on with their journey, this may be to other accommodation or to other services the provider has or to independent living. We use the recovery model to set goals with people and empower people to achieve those goals." Staff and people spoke positively about the recovery model. One person told us how they knew the purpose of Sackville Gardens was to help them move on and they were about to begin the process of self-medicating soon. With pride, one person showed us their bedroom and a sofa they had purchased and told us it was for when they moved on.

Outstanding ☆

Is the service responsive?

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, managing money, physical health, mental wellbeing and social networks. During key-working sessions, the recovery star was discussed and together with the person they would describe where they felt they were on the star. For example, when looking at managing money, staff worked in partnership with someone to slowly promote their independence with their finances. Currently the person kept their bank cards/cash in the office. Their goal was to start keeping cash in their bedroom. At every key-working session, the goal would be reviewed and revised to see how it was going. With pride, people and staff spoke about the achievements people had made and how everyone was working towards their goals. One staff member told us, "One of our biggest achievement and goals is enabling people to remain well, often through their longest period out of hospital."

The management team and staff strove for excellence through consultation, research and client involvement. The registered manager told us, "We have clear visions and values and are continually working in creative ways to achieve those goals. I believe our key strength and what makes us outstanding is how we work in partnership with external stakeholders and the preventive approach we take." External professionals praised the service, one 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." Another mental health professional told us, We have worked with the team at Sackville Gardens over a number of years and I feel we have a very positive working relationship with them. 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."

As part of the recovery model, people had an individual key-worker with whom they met with either on a weekly basis or more frequently. Staff were dedicated in how they worked in partnership with people and conducted the key-working sessions. They also used some creative ways of involving people during their key-worker sessions. One staff member told us, "People sometimes engage better when we've out and about or going for coffee." Another staff member told us, "We go swimming or to the cinema, whatever the person wants to do and through that we are building a relationship and engaging." Staff clearly recognised that formal key working sessions were not always productive and therefore creativity was required to engage with people. People confirmed they did various things with their key-worker which they enjoyed. One person told us, "I meet up once a week with my key-worker and we go out and about which is nice, it's nice to go out and talk."

The principles and ethos of person centred care was firmly embedded into the everyday care practice. 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." Staff clearly recognised the importance of working in a person centred manner and how person centred care was at the forefront of everything they did. One staff member told us how working in a person centred approach meant adjusting their styles of work to the individual, taking account their past experiences of care and support. One staff member told us, "Some people responded to formalised intervention, some to very informal approaches to key work and support planning."

There were arrangements for social activities which meet people's individual mental health and social care needs. The registered manager told us, "Creative events are arranged to facilitate improved relationships, and to provide a more creative informal way for volunteers, staff, interns and people to engage with each other. People choose what events they would like to hold, and are encouraged to work together as peers to facilitate this; this includes cooking for each other, eating together, holding BBQs, and offering peer support to each other. Imaginative ideas are encouraged, and this has led to group walks. These have proven to provide effective support to people, and have improved their wellbeing by incorporating nature and exercise into their support experience." Staff and people told us how house meetings were used as a forum to decide upon what activities people may like to do. One staff member told us how group activities were not liked by

Is the service responsive?

everybody, so there was more concentration on personalising the activity provision and people were being given a say in how the activity budget was used. One person told us how they as a group went to the cinema, bowling and on other various trips. They commented, "We have an activity budget which we talk about at the house meetings. It's good as we get a say on what we want to do."

Staff recognised that engagement with individual meaningful activities can help make people feel valued, help people develop new skills and promote their identity. Through the forum of house meetings, it had been identified that group activities were not for everyone and therefore promoting more individualised activities was vital. One person told us how they enjoyed going out to local cafes, seeing friends, and shopping and how they were supported to do this. Another person told us how they enjoyed playing musical instruments such as the guitar and keyboard. 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 how they tried to be creative in suggesting activities and working with people to reduce any feelings of social isolation. One staff member told us, "We've supported people to do equine therapy and other activities to engage them with various things they may enjoy." Staff clearly recognised and considered the age range of people living at Sackville Gardens and explored meaningful activities that would be specifically pertinent to that individual for example staff spoke about how they engaged with their younger residents. One staff member told us, "Where we feel there is a significant risk of social isolation, we create more staff time for that individual, utilising the resources of our intern and volunteer to engage and interact with that person."

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 other agencies such as fulfilling lives, assertive outreach, NEET workers (not in education, employment or training) and local day centres. One person was supported to meet with their NEET worker once a week, fulfilling lives worker and they also had a befriender through a local community volunteering scheme whom they saw once a week. Another person was supported to attend a local support group. They initially went with their key-worker but after building up confidence, they now attended alone. A volunteer also visited Sackville Gardens two days a week with their therapy dog. The registered manager told us, "Having the volunteer has been extremely beneficial, they support people to go out and about and spend quality time with people. Their therapy dog is also great. People seem to really engage with the dog and for people with low motivation, having the dog around really helps in encouraging them to go out and about."

People felt able to approach the management team or their key-workers if they had any concerns, worries or complaints. One person told us how they had an issue with a member of staff. They told us, "I told the manager and she organised it so that we all got together and discussed it. It was good as it was just a misunderstanding but it got sorted before it got any worse and my mental health was affected." 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." 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 received four complaints in the past year. Thorough investigations took place and learning was derived from all complaints. For example, following one complaint, the protocol of next of kins being informed following a health event was reviewed and amended.

Good

Is the service well-led?

Our findings

People, staff and professionals spoke highly of the management team. One person told us, "The manager is really into her job and always takes the time to talk with me." A staff member told us, "With the management team in place, we have grown and developed as a team."

Client involvement was also favoured 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. Focus groups and client steering groups were regularly organised which provided a forum for people to have a say in how the service was run. A client involvement action plan had been devised which identified for 'client involvement to be ingrained into everything we do and the culture of Sackville Gardens. One action point included for a client involvement event whereby representatives from other Brighton Housing Trust (provider) services and other projects (MIND for example) could attend. The action plan highlighted that the desired aim of the client involvement event would be to broaden networking and peer support opportunities.

There was a positive culture at Sackville Gardens which had been sustained and maintained for many years. The provider also 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 or feedback with them, which they always acted upon. The registered manager told us, "My management style is to empower staff and people which I feel in turn promotes positive culture. Myself and the deputy, we are keen to hear ideas from staff, share best practice and work collaboratively." Staff confirmed that any suggestions they made were acted upon. One staff member told us how they raised the importance of weekly meetings purely discussing the needs of people at the home. They told us, "We brought this up with management that we needed this and they picked up on it. We now use the meeting to update all staff on everyone at the home in a semi-formal way." Staff commented that they felt the effectiveness of communication at the home contributed to its positive and inclusive culture. One staff member told us, "Communication is excellent." We spent time observing a staff handover. There was a clear update on each resident, including any specific issue. All staff freely contributed to the discussion and there was an open and inclusive atmosphere whereby there was a clear focus on team work.

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 Sackville Gardens). 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 need opportunity to de-brief. We can go through some tough intervention and it's important to talk about it." 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 and updates from staff. To help aid staff development and learning, the management team also 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 how 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 a manager from another service coming to audit the home. As part of the audit, a person from another service was also involved in the audit who 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,

Good

Is the service well-led?

the person from the other service involved 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.'

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 as an opportunity included the commencement of a social work placement which was set 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." A service improvement plan was also in place which helped the service to continually strive for improvement. One objective and aim which the service improvement plan identified was for a health and wellbeing strategy. The management team were currently implementing health and well-being leads to review activities and services for people to feedback about what they wished to see available that currently was not provided.