

Southdown Housing Association Limited

Southdown Court

Inspection report

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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

About the service

Southdown Court is a supported living service providing personal care for people with learning disabilities or autistic people. At the time of the inspection, there were four people receiving support with personal care in their own flats. The service had been set up specifically to support people who due to the way they expressed their emotions, may not be happy to live in a traditional supported living or care home setting.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

There were safe systems in place to support people. Where people's individual needs required staff support to keep them safe, these had been risk assessed and staff were knowledgeable about how to protect people. People who could express their emotions physically had clear plans in place to explain how they should be supported to reduce their anxiety. One person's relative told us, "Staff are always optimistic, and always look for the positives if [person] is having a bad day." There were enough staff and staff were recruited safely. Infection control processes minimised the risk of catching and spreading infection. Medicines were managed safely.

People's support was personalised and individual to each person. Staff received a thorough induction and the registered manager ensured staff knew people well before supporting them. Staff received training that reflected the needs of the people using the service. Staff felt very supported by the management team. Staff worked with health and social care professionals to ensure that people received appropriate care and support. People were offered choices by staff in ways that were personal to them, and staff respected people's choices.

Staff were kind, caring and considered the whole person, their unique personalities, preferences and support needs. People's privacy, dignity and independence were promoted. Staff involved people and those that were important to the person in decisions around the person's care. One relative told us, "I have a say on the issues that are important to [person], they always consult me."

People's support plans were detailed and informed staff of how each person viewed and responded to the world around them. Staff were knowledgeable about people's communication needs and able to support people to improve their communication skills to aid understanding. People were supported to do things they wanted such as going out to the shops. Where people had unique hobbies, these were understood by staff who empowered people to continue with what made them happy.

The leadership team fostered an open and honest culture which people and staff found supportive. Staff worked in partnership with people to help them to achieve their goals and increase their independence.

Staff and relatives were positive about the management of the service. Quality assurance processes were effective in identifying any issues or concerns. Staff worked in constant partnership with people's relatives and health and social care professionals involved in each person's support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

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

Right support:

- Model of care and setting maximises people's choice, control and independence. People were supported to have their flats arranged to meet their sensory needs. For one person who received sensory fulfilment from having contact with their environment, they had been supported to move into a specially designed re-enforced environment to ensure that this person's sensory need could be met safely. Each person's flat was different and reflected the individual person's personality and sensory needs.

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights. The support people received from staff was unique to each person and staff knew how to meet people's health and wellbeing needs. Activities people were supported to do were tailored for each person's individual sensory needs. Relatives told us, "[Person's] activities have been risk assessed to make sure they are safe for them. They adjust [person's] activities to how they are feeling at the time." Staff knew each person's individual communication methods and supported people to expand their knowledge to help others to understand them and to better express themselves. People were supported to have their own privacy and independence, one person's relative told us, "[Person] has their own autonomy there, really enjoys their own space."

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. The culture of the service was kind and caring and staff highly valued the people they supported. Staff knew people's individual needs and supported people to live empowered lives. Staff saw what each person was able to achieve and worked with people, their families and health professionals to build on their existing knowledge and skills.

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

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

Why we inspected

This was the first planned inspection for this service.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Is the service effective?

Good ●

The service was effective.

Is the service caring?

Good ●

The service was caring.

Is the service responsive?

Good ●

The service was responsive.

Is the service well-led?

Good ●

The service was well-led.

Southdown Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

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

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

Notice of inspection

We gave the service a short notice period 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 meet with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 reviewed people's support plans, positive behaviour support (PBS) plans and risk assessments. We also spoke with a health professional about the service. We used all of this information to plan our inspection.

During the inspection

We spent periods of time with people who used the service and where possible, viewed people's homes. People were not able to speak with us about the care provided so we spoke to people's loved ones and observed. We spent time speaking to staff, this included the registered manager, both deputy managers, a senior support worker and a support worker. We reviewed a range of records relating to accidents and incidents and multiple medication records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with four people's relatives and three health and social care professionals about the support provided. We also spoke with three further members of staff.

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, Learning lessons when things go wrong

- Staff supported people to keep safe. One professional told us, "The staff are very caring and do their best to keep the clients safe." A relative told us, "We know our [loved one] is safe in their hands, it helps us to worry about them less."
- There were safe systems in place to protect people from the risk of abuse. Safeguarding concerns were raised appropriately. Social care professionals we spoke to were positive about staff's response to past safeguarding concerns. One told us, "Safeguarding allegations have been made in the past by [person] and when these have been made, staff have engaged openly and promptly whilst also ensuring that all involved remained safeguarded."
- Staff were knowledgeable about the potential signs of abuse and knew how to report concerns.
- We saw that safeguarding concerns were regularly discussed in team meetings and staff supervisions. Where incidents occurred, staff held a debrief meeting to discuss what had happened and reviewed CCTV footage to try and identify anything that could have been done differently by staff. This learning was then shared with the whole staff team.

Assessing risk, safety monitoring and management

- Risks to people were assessed and managed. Staff had completed risk assessments for aspects of people's lives where they may be at risk of harm, these included contingencies to minimise the risk for people. People had complex needs and each person's risk assessments and support plans reflected each person's unique support required to keep them safe.
- Staff worked hard to balance risks to people without limiting their freedom. For example, one person enjoyed running whilst outside but did not have an awareness of road safety. Rather than restrict this person so they could not fulfil this need, staff took the person to large outdoor spaces that were not near any roads.
- People's flats had been individually designed to ensure people had a safe and personalised space. Where external professionals had given the service recommendations using the safe home environment assessment (SHEA) tool, these had been implemented by staff. Each person's support plan detailed a movement plan using a drawing of the person's flat. Rooms in each person's flat had been designed to have two exits in order to ensure staff could safely leave the person's flat if the person became upset and needed space.
- Some people expressed themselves in physical ways. People had positive behaviour support (PBS) plans which identified unique triggers to each person and how staff should approach, avoid or manage the trigger. Some people expressed emotions in a way that could cause a risk to the person as well as staff. Plans were consistently detailed in how to respond to each unique situation and how to manage the person and staff's safety effectively. Staff were able to talk us through how best to support each person when they became upset.

- Where people were at risk of causing themselves harm, staff had ensured their environments were safe, such as ensuring there were no ligature points throughout the flat. Furniture was heavy so it could not be picked up or thrown, and kitchens contained anti-damage furniture.

Staffing and recruitment

- There were enough staff to support people safely and staff knew people very well.
- Staff were recruited safely. The provider undertook checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
- Agency staff were used to cover shifts when contracted staff were unavailable. Agency staff received a full induction to the service which included positive behaviour support (PBS), personal safety training and shadowing of regular staff. The registered manager told us how important consistency was to people using the service and ensured that agency staff members knew people as well as contracted staff.

Using medicines safely

- Medicines were managed and stored safely.
- Weekly audits had been completed to monitor medication administration records (MAR) and identify any errors. A running count of people's medicines was recorded by staff to evidence that the correct amount had been given.
- Staff received training for supporting people with their medicines. Yearly competency assessments were completed by the registered manager to ensure that staff were giving medicines safely.
- Some people had medicines that were prescribed for 'when needed' (PRN). People had PRN protocols in place which detailed how staff would know if the person needed this medicine if they were unable to tell them.
- During our inspection we found that recording of information on some people's MARs needed clarification. This was raised during the inspection and was addressed while we were at the service by staff.

Preventing and controlling infection

- We were somewhat assured people were supported to minimise the risk of catching and spreading the infection. We saw that some staff had painted and false nails as well as jewellery on their hands which could hamper effective hand washing. When raised with the registered manager, they told us that one person enjoyed staff having their nails painted and this helped to build a rapport with the person. We have signposted the provider to resources to develop their approach.
- We were assured people were supported with safe visits.
- We were assured that staff used personal protective equipment (PPE) effectively to safeguard staff and people using the service.
- We were assured there was adequate access and take up of testing for staff and people using the service.
- We were assured that people were supported to maintain safe levels of hygiene to minimise the risk of infection.
- We were assured that staff training, practices and deployment show the provider can prevent transmission of infection.
- We were assured the provider's infection control policy was up to date and implemented effectively to prevent and control infection.

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

- People's individual mental health conditions were understood by staff and guidance was clear on how to support each person. Recognised tools were used by staff to identify the best ways to support people. For example, for one person, staff had used the 'playfulness, acceptance, curiosity, empathy' (PACE) model to identify how to support the person to feel secure and build trusting relationships.
- People had 'my care passport' documents which were for people to take to health appointments and between services with them. These documents detailed important information about the person including how best to communicate with the person and any health and support needs the person had.
- People had very person-centred support plans and positive behaviour support (PBS) plans. People's plans were extensively detailed and considered all aspects of each person's life.
- Staff supported people to participate in the process of making their own meals. People's meal preferences were documented in their support plans. Where people had specific words for food that were unique to the person, these were detailed in people's support plans to ensure staff would understand them. We observed that staff knew people well and what these words meant.

Staff support: induction, training, skills and experience

- Staff received a thorough induction before working with people. The induction process included training that was specific to the needs of people using the service as well as time spent observing and working with experienced members of staff. One staff member told us, "We were introduced to all the [people] and shadowed experienced staff until people felt confident with us and vice versa. I felt very confident when starting."
- Staff received regular training that was specific to people's needs. For example, staff received training in positive behaviour support, autism awareness and equality and diversity.
- People's relatives were positive about the staff team and told us, "Staff are really good, just amazing, so kind, encouraging and supportive to both us and [person]."
- Staff told us they felt very supported by both the management team and their colleagues. One staff member told us, "We are a team, a unit and we go through everything together." Another told us about a difficult day they had recently had. They said, "The support I got was amazing. Everyone rushes around you and looks after you, like a family."

Supporting people to live healthier lives, access healthcare services and support, Staff working with other agencies to provide consistent, effective, timely care

- People's support plans identified their physical health needs and any conditions which may affect the

person. Staff were knowledgeable about people's health conditions and any support they may need.

- People's relatives told us they were confident in staff supporting people to access healthcare and lead healthier lives. One told us, "[Person] has a complex background and so many needs, staff are very proactive and do everything they can to source external support for the person. There's nowhere better for [person]."
- We saw that people were supported to attend health appointments and relevant referrals were made to health professionals where needed. Staff worked in partnership with health professionals to ensure people received effective and holistic care. One professional told us, "Southdown staff have shown themselves to be very resilient during very difficult times and have been willing to work with professionals to manage the challenges that they have faced."

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

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

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

- Some people's support needs involved restrictions to keep them safe. These were regularly reviewed and plans were recorded for reducing these restrictions where safe to do so. Staff had completed mental capacity assessments and best interest decisions where restrictions were in place for people to ensure they were the least restrictive option.
- Some people had experienced regular physical restraint in previous places they had lived. Staff told us, "We don't do that here. The building is so modern, we have alternative routes and people have their own space. There are two exits in every person's flat so staff can leave safely and people can vent on their own in a safe way."

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's sensory needs were consistently considered by staff and were the focus of people's environments. Staff enabled people to make adaptations to their environments to meet each person's sensory needs. For one person, environmental adjustments were a particular focus of the person's day. Staff respected the person's decision to partake in this activity and worked in partnership with external professionals to ensure the person's safety whilst continuing this activity.
- People's support plans contained information that was important to the person. Support plans were person centred and considered the whole person, not just the support they needed. For example, people's plans had detailed life histories about their childhood and early adult experiences, as well as information about their individual personalities, sense of humour and perspectives. Plans detailed how staff could help build trusting relationships with the person.
- Staff understood how to have working relationships with people that provided them with the support they needed. Some people required high structure, high nurture support which meant the person benefitted from clear structure and boundaries as well as a caring and compassionate attitude. Guidance for how staff should provide this was clear and staff understood this well.
- People's relatives were positive about how staff treated people as individuals, comments included, "Staff help the person to smile and laugh" and, "They try so hard, they find a work around for every problem [person] is having. They're fantastic and I can't praise them enough."
- Health and social care professionals we spoke to were positive about the support provided to people and their unique needs. One told us, "My client has brought to them their own needs and they have risen to working with them in a person-centred way to try and give them the best placement possible. They have worked to develop plans and ways to support this person in moving forwards with their life and having a positive outcome and engaging in the community."

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

- People were supported to make choices in a variety of ways. One person had a choices board which had pictures and words of different activities, places and items. Some people also had a photo exchange system (PECs) which staff used to support people to express themselves. Staff knew how to offer choices to people, one told us, "[Person] uses pictures to make decisions, could also bring items in to give them a choice, they understand you but it's more about them communicating back. There's a little green book we can go through with their likes and dislikes."
- Staff were positive when speaking about people and encouraging them to share their views. One staff member told us, "People have such fantastic personalities and because it is difficult to show, when they are able to share feelings with us, it's so much more valuable."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and were able to understand the different ways people communicated that they'd like to be alone. One staff member told us, "[Person] can point to tell staff they want you to leave - we respect that and leave immediately, and this has built a rapport with the person."
- Staff had an excellent understanding of people's sensory processing needs. For one person whose sensory processing needs meant the person had a specific preference in terms of clothing, staff respected the person's decision and preferences. Staff supported the person to fulfil their clothing preference whilst ensuring their dignity was respected when going out and receiving visitors.
- Some people's wellbeing focused on ensuring a regular routine was followed. People's routines were clearly documented in their support plans for staff to follow to ensure consistency for each person.
- Staff supported people to learn new skills where possible. People's support plans contained clear guidance for staff on how to provide opportunities and support people to learn new skills. Techniques included breaking down activities into smaller, manageable steps and 'back chaining' which is teaching the activity in reverse order to support the person's confidence.

Staff told us how they monitored people's activities and developed them with people to support them to be more independent. One staff member told us, "It is a challenge to get [person] involved with day to day activities so they are engaged and not bored. We recently set up guidelines to support them to make a cup of tea safely - we've managed it a couple of times."

Is the service responsive?

Our findings

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

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

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

- People's support plans included sensory processing assessments which looked at how people experience and process the world around them. These assessments identified people's functional skills, concentration, and tactile responses. From these assessments staff had developed plans for each person based on the person's senses. For example, one person's plan stated they enjoyed the experience of deep pressure and liked to wrap themselves up in a blanket. There was clear guidance for staff on how to support the person to do this safely.
- People's support plans detailed activities that people found calming. Staff were aware of what activities were appropriate for the person based on their level of alertness. Plans stated that if a person's alert level was very high or high, it may mean the person would struggle to regulate their emotions, therefore activities to encourage balance and calm would be initiated with the person. For one person, activities suggested were hand massages, quiet time together or a walk/movement break.
- Staff we spoke to knew people well and could tell us the support the person chose to receive.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff knew people's communication needs well. Each person had a unique way of communicating which staff were very knowledgeable about. For example, one staff member told us how to help one person to understand meaning by using "Lots of facial expressions, body language and eye contact to communicate."
- Staff adapted their communication to support people to make their own choices. For example, staff identified that some people found it easier to decide between two options rather than between many. Staff offered these people choices of two things in order to support the person to choose with confidence.
- Some people used Makaton, a system of hand signals in order to communicate. People's support plans included pictures of Makaton signs that each specific person used and their meaning. We observed staff using Makaton to support people's understanding.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's support plans detailed relatives, friends and other people that were important to the person. People were supported by staff to keep in regular contact with their loved ones.
- Staff viewed people's unique behaviours as opportunities to engage the person rather than a challenge.

For example, one person whose main activity involved adjusting aspects of their environment, staff saw this as an opportunity for engagement and provided the person with different items of furniture to meet this sensory need.

- Staff spoke positively about the people they supported and were proud of being able to support people to engage in daily life activities and achieve things. One staff member told us how excited they were to have supported a person to the park recently. They said, "[Person's] confidence had been knocked by something that happened at the park and hasn't wanted to go, but we finally encouraged them to make it all the way there the other day, it was so lovely."
- Staff constantly tried to engage people in a way they were comfortable with. One person's relative told us, "Staff interact really well with [person], even if they don't want staff in their flat, staff post laminates of fictional characters which are really important to them under the door and use soft toys over the garden fence which makes them laugh."
- Staff supported people with activities that were tailored to their level of understanding and that met each individual need at any given time. For one person who had found the restrictions imposed by the COVID-19 pandemic very difficult, staff were working with this person to slowly build up their time spent outdoors at a pace the person was comfortable with. Staff respected and knew the person's boundaries and encouraged the person with small successes to build up their confidence.

Improving care quality in response to complaints or concerns

- The registered manager told us that they had not received any formal complaints. There was a complaints procedure in place which was sent out regularly to people and their relatives by the provider.
- People's relatives felt that if they had concerns or complaints, these would be addressed appropriately. One told us, "I don't have any concerns or complaints, I know I could tell them if I did and it would be dealt with."

End of life care and support

- No one at the service was receiving end of life support.

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, Continuous learning and improving care

- Staff spoke and wrote about people in a respectful and empowering way. Staff concentrated on what people were able to do for themselves and what they could achieve. Staff viewed people as unique individuals, each special in their own way. One staff member told us, "There are fantastic people here, all wonderfully different." One person's relative told us, "The staff are all so lovely and kind and lovely with [person]. They are providing such a brilliant and unique service."
- Staff worked together as a close and supportive team. Staff all told us about the support they received following difficult days. Where staff had been supporting people who became upset, debriefs were held afterwards to check staff were okay and to look for ways things could be done differently next time. One staff member told us, "Staff culture is very good here, we just want to get on and do the best we can for people. We have great relationships with each other and people."
- Staff were aware of their own unique skills and were encouraged by the management team to use their strengths to support people and each other. For example, one staff member who used to be a hairdresser told us how they had supported one person to enjoy head massages during their hair washes. They told us, "[Person] runs to the bathroom when I arrive and usually always holds onto the shower head but when I come in, they give it straight to me to tell me they'd like a massage. They really enjoy it." Another staff member told us about their previous experience as a performer. They said, "I've been told I have good people skills by the registered manager, so I enjoy welcoming new staff and supporting all the staff."
- Staff constantly reviewed the support they were providing to people to ensure it was meeting their needs. Regular staff meetings took place to discuss ideas for how to improve support for people. Staff used debrief meetings to discuss any challenging situations and look for ways that things could be improved for each person.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a registered manager in post. Staff and people's relatives were positive about the registered manager and the impact they had had on the service. One staff member told us, "The manager is so experienced and approachable, they work so hard to cover all the bases while looking effortless, they bring humour and calmness as well as making sure everything gets done." One person's relative told us, "The manager is great, they absorb all the stress and never let it show, because of this, staff don't ever pass on their stress to us or [person]. Even in the most difficult times, they remain calm, kind and polite to both us

and [person]."

- There was a clear management structure at the service. The registered manager oversaw the two deputy managers who each had a senior support worker in their team. Each deputy manager was responsible for the overall care of three people using the service. All staff were clear about their responsibilities.
- People's anxieties that could be challenging to support were documented on a behaviour support database, this system supported analysis of incidents and was used to identify how to reduce and manage triggers for people. Support detailed for people considered the least restrictive option for the person and guidance for helping the person to recover after the incident. People's behaviour support plans were regularly reviewed.
- Staff completed regular audits about the quality of the service. Audits included; health and safety, environmental checks, COVID-19 audits and flat checks. Audits were used effectively to identify any actions needed to improve the service.
- Statutory notifications were submitted appropriately by the provider to CQC.

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

- Staff worked in constant partnership with health and social care professionals to ensure people were receiving appropriate support. For example, one staff member told us they had recently booked a speech and language therapist (SALT) to train staff on how to create social stories for one person who responded particularly well to them. Social stories are a communication tool that describe social situations or concepts in a layout that is clear and meaningful to the person.
- People's positive behaviour support plans included information from professionals involved in the person's care and support. For example, one person's communication section included an assessment from an Occupational Therapist advising staff to use the person's favourite characters to build effective relationships.
- Health and social care professionals we spoke with were positive about the service. One told us, "My experience of working with Southdown has been very positive, they have engaged well with all professionals, maintained a level of professional accountability even through the challenges that have arisen."
- People's relatives told us that they were kept informed of how their loved one was. One person's relative said, "They communicate with us constantly and they're very sensitive and careful when they communicate with us, they tell us everything we need to know but try not to worry us when [person] is going through anxious stages."