Care Quality Commission

Autism & Aspergers Care Services Ltd

Autism and Aspergers Care Services Ltd

Inspection report

53 Percival Road
Eastbourne
East Sussex
BN22 9JN

Tel: 01323502829

Date of inspection visit:
01 October 2019
03 October 2019

Date of publication:
11 November 2019

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

Autism and Aspergers Care Services Ltd is a residential care home providing personal care to three people. At the time of inspection, two people were living at the service. People had varied needs related to their learning disabilities and specialist needs associated with Autism. The provider also owns another two services locally.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found
People received support from staff who knew them well as individuals. They understood their needs and were kind and caring. People's care and support needs were assessed and reviewed regularly. This meant people received care that was person-centred and reflected their needs and choices.

People were supported to maintain their own interests and friendships. They attended work placements independently and where appropriate, staff supported people to take part in activities of their choice to meet their individual needs and wishes. This included shopping trips, trips to theatre and pub, and trips to places of interest.

People were protected from the risks of harm, abuse or discrimination because staff knew what actions to take if they identified concerns. The home was clean and tidy throughout. There were enough staff working to provide the support people needed, at times of their choice. Recruitment procedures ensured only suitable staff worked at the service.

Staff understood the risks associated with the people they supported. Risk assessments provided further guidance for staff about individual and environmental risks. People looked after some of their own medicines and were supported to receive others when they needed them.

Staff received training that helped them to deliver the care and support people needed. This included specialist training in autism and positive behavioural support to meet people's complex needs. They attended regular supervision meetings and told us they were very well supported by the registered manager. A staff member told us, "(Manager) has a genuine concern for the wellbeing of people and staff."

People's health and well-being needs were met. Where appropriate, staff supported people to attend health appointments, such as the GP or dentist and attended appointments for specialist advice and support when needed. People's nutritional needs were assessed. They were supported to eat a wide range of healthy,

freshly cooked meals, drinks and snacks each day.

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.

The provider and registered manager had good oversight of the service. They knew staff and people well and provided a supportive environment to live and work. There were a series of audits which helped the provider and registered manager to identify where improvements were needed to continue to develop the service. There was a detailed complaint procedure, and this was displayed so anyone wanting to raise a concern could do so.

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

Rating at last inspection
The last rating for this service was good. (published 30 December 2016).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will 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? The service was safe. Details are in our safe findings below.	**Good** ●
Is the service effective? The service was effective. Details are in our effective findings below.	**Good** ●
Is the service caring? The service was caring. Details are in our caring findings below.	**Good** ●
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good** ●
Is the service well-led? The service was well-led. Details are in our well-Led findings below.	**Good** ●

Care Quality Commission

Autism and Aspergers Care Services Ltd

Detailed findings

Background to this inspection

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

Inspection team
The inspection was carried out by one inspector.

Service and service type
Autism & Aspergers Care Services Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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
This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

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.

During the inspection
We spoke with one person, two members of staff and the registered manager. We also spoke briefly with a relative of one person. We reviewed a range of records. This included both people's care records and medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed. We also pathway tracked both people. This is where we check that the records for people match the care and support they receive from staff.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at staff training, minutes of meetings and quality assurance records. We emailed four professionals who regularly visit the service and received a response from one.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
● People told us they felt safe living at 53 Percival Road. One person said, "It used to be a dodgy area, but I feel safe now and we always have staff around."
● Staff had a good understanding of how to make sure people were protected from harm or abuse.
● All staff had received training and knew how to recognise signs of abuse. A staff member told us, "I would speak with the senior manager, unless they were involved, then I would speak with the director, or the police if appropriate, and I would let the safeguarding team know.
● Another staff member said, "I would report anything I was unsure of and as long as we know where the policies are to refer to we can't go wrong."

Assessing risk, safety monitoring and management
● People told us they were happy living at 53 Percival Road and could do the things they wanted to do. One person told us they liked to go shopping with staff and on their own. They also said, "I stay at the home on my own sometimes. It's all been risk assessed." We checked that this had been done and there was a detailed risk assessment in place.
● Where risk had been identified, there were appropriate assessments and management plans for staff to reduce the risk as much as possible. There were clear guidelines in relation to the management of behaviours that challenged. One person who displayed behaviours that challenged had a positive behavioural support plan. This included advice for staff on how to support them giving advice about positive strategies to divert and distract from behaviours, early interventions that could be taken, how to deal with a crisis situation and how to support the person to recover from situations.
● Each person's needs in the event of a fire had been considered and each person had an individual personal emergency evacuation plan that described the support they needed in an emergency.
● Fire drills were held at minimum five times a year and these were announced to staff but not to people. We asked why it was announced and this was related to the fact that mostly staff were lone working, so it was not possible to do drills other than when there was more than one staff member on duty. We discussed various ways this could be achieved to demonstrate more clearly that staff were tested on the system. Although this could provide greater clarity in terms of record keeping, we assessed that this had little impact for people because records already demonstrated that people knew what to do and no problems had been identified about staff performance.
● People lived in a safe environment because the service had good systems to carry out regular health and safety checks. These included servicing of gas safety and electrical appliance safety.

- Risks associated with the safety of the environment and any equipment had been identified and managed appropriately. Regular fire alarm checks had been recorded.
- A legionella risk assessment had been carried out to ensure the ongoing safety of water.
- A maintenance tracker was kept that showed when work was needed and when it had been addressed. This showed that maintenance tasks were addressed in a timely manner.

Staffing and recruitment
- There were enough staff working in the home to support people and provide the care they needed. Staff told us the staff levels were set in line with people's needs and if necessary increased if there was a need to for example, for an activity.
- One person told us staff were always available if they needed assistance and if they were on their own they knew how to call for help. During our inspection, this person went out on their own. We noted that they rang the staff member at regular intervals. The staff member said the person liked to check in regularly to update them on where they were and how they were doing.
- There were detailed on call procedures for staff to gain advice and support if needed outside of office hours and at weekends.
- There were safe and robust recruitment checks carried out. Checks had been completed before staff started work at the service including references and employment history.
- A Disclosure and Barring Service (DBS) check had been carried out for all staff to help ensure staff were safe to work with adults in a care setting.

Using medicines safely
- There were good procedures to ensure medicines were correctly ordered, stored, administered and recorded. We checked people's medicines administration records (MARs) and found medicines were given appropriately.
- Some people took medicines on an 'as and when required' basis (PRN) for example, for pain relief. There were protocols in use for one person that clearly described when to give these medicines to them. One person did not have a protocol, but it was noted this had little impact for the person as they were able to say when they needed pain relief, how they wanted to take it and say if it had been effective. A protocol was written by the second day of inspection.
- People's records clearly stated how they preferred to receive their prescribed medicines. Both had been assessed in relation to self-administration and retained responsibility for some aspects of their medicines. For example, one person took responsibility for their own creams and another had part responsibility for some of their medicines. Staff told us they home had recently changed pharmacist to a local chemist and this had enabled one person to have greater involvement in the whole process and as a result the person had also built up a rapport with the pharmacist.
- One person received support to manage their diabetes. Staff were able to tell us signs they could observe if the person's blood sugars were too high or low and how they would support them in each situation. This detail was not recorded in the person's care plan but as staff could tell us this had no impact for the person. When this was discussed with the registered manager this was addressed straight away.
- Staff had received training in the management of medicines. They had to complete a detailed workbook on the medicines in use in the home. Staff were observed on at least three occasions before being assessed as competent. The registered manager had also been assessed by the local authority in relation to competency in assessing staff. There was information about all the medicines stored and any possible side effects. There were also competency assessments for ordering and receiving medicines into the home.
- People's medicines were reviewed regularly by healthcare professionals.

Preventing and controlling infection

● All areas of the house were clean. Staff had received training in food hygiene and infection control. There were cleaning schedules that ensured cleaning tasks were completed on a daily, weekly or monthly basis.
● Audits were carried out monthly to ensure tasks had been completed. Aprons and disposable gloves were available for staff use.

Learning lessons when things go wrong
●There were good systems to ensure that records were kept of accidents and incidents along with the actions to be taken to reduce the likelihood of an event reoccurring.
● Records showed that accidents and incidents were a standard theme at all staff meetings so if there had been an instance it would be discussed then to ensure lessons could be learned and to prevent a re-occurrence as much as possible.
● The home's quality assurance system also ensured that any instances were reviewed in relation to actions taken and risk reduction measures in place. Details of any accidents or incidents were sent to the provider monthly.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

● Each person had a yearly health planner to make sure no health appointments were missed.

● People also had a health folder that provided details of their individual health needs.

● Referrals had been made for specialist advice and support when needed. Records were kept of visits to see professionals and any changes in support and care was discussed during the handover at the beginning of each shift.

● Staff told us support and care provided was focused on each person's needs and was provided in such a way that people were independent and in control of their lives. For example, one person received detailed advice and guidance in relation to their diet. They had full capacity in relation to this and sometimes chose to disregard advice. Staff saw their role as one of encouraging compliance but recognised that this was not always effective.

● A health professional told us, "I have found all the care staff to be kind, patient and compassionate to the needs of the residents. There has never been the need to have any concern."

● The registered manager was aware of the need to ensure people had good oral health; appointments with dentists were arranged as required. Staff said people looked after their own teeth with some prompting and guidance. Staff had completed online training on oral care and a new policy had recently been introduced.

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

● People had lived at the service a long time. Their needs and wishes were regularly assessed and reviewed to ensure they received appropriate care and support. These included various aspects of people's care needs such as how they communicated, their preferences, and information on how they liked to spend their time.

● Each person had an autism specific assessment that looked at how autism affected their day to day lives in relation to social interaction, communication and imagination and social understanding. Support was then planned to minimise any impact from this.

● Since the last inspection one person had chosen to move from the home to alternative accommodation and although people and staff were sad to see them go, their decision had been respected.

● There was one vacancy at the home. The registered manager told us they were taking their time to consider all referrals carefully to ensure they could meet any prospective person's needs but also to ensure everyone would be compatible. They had already refused one admission as they did not think it would be an appropriate placement for everyone concerned.

Staff support: induction, training, skills and experience

● The training programme confirmed that staff received training and refresher training. Essential training included safeguarding, infection control, moving and handling, health and safety and infection control. Systems were colour coded and flagged up when training was due, in the next three months and if it had expired. However, because the system was managed well it never reached the expired stage.

● Specialist training was also provided that reflected the complex needs of people who lived at 53 Percival Road. This included training on autism, positive behavioural support, dealing with behaviours that challenged and diabetes. Each person had a care plan that described the support they needed in relation to any diagnosed condition.

● We asked a staff member about their training on autism and how this had supported them in meeting people's needs. A staff member told us, "A lot of people with autism don't like change, so staff going on holiday can be unsettling. I learned that I need to explain clearly what is happening. A simple thing like leaving a pen with someone and asking them to mind it until I come back from leave can help a person to understand."

● A staff member told us they had really enjoyed their recent face to face training on first aid. This had been provided by a trainer that was new to the company. They told us, "They really explained defibrillation and what that meant. They clarified the recovery position and I now feel very confident if I had to do CPR. It was brilliant."

● Staff told us their views were listened to and they felt supported through regular supervisions. Records confirmed this.

● A staff member told us they were, "100% supported, (manager) has vast experience. I can go to her with anything and always feel really supported. I like that we have a no blame policy. We go through things together and then we talk about how we can get it right next time."

● Risks associated with one staff member's health had been assessed and there was a plan in place if needed, but it had not been used to date.

● New staff completed the provider's induction process. This included working supernumerary to get to know people and understand the policies and procedures at the service. A staff member told us they felt well supported throughout their induction. They said, "Definitely supported, I shadowed another staff member for at least four weeks, until I was confident." They showed us a folder that included details of people's routines and told us that as long as they followed these it was impossible to go wrong.

● All staff that were new to care completed the Care Certificate. The Care Certificate ensures staff that are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.

● All but the newest staff member had completed vocational qualifications at various levels. The newest staff member told us they would be happy to work towards this qualification in the future.

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

● People had enough to eat and drink. Both had separate menus based on their preferences. Sometimes they had the same menu, but they always chose to eat separately. A food audit had been carried out with each person to help support them to review, plan and make changes to their menus.

● People were offered and received a choice of drinks throughout the day. We saw one person helped themselves to food from the kitchen when they wanted it.

● One person liked to cook and liked to experiment with foods that the other didn't want to eat. Time was set aside one evening a week for this to happen when the other person was out at an activity. This included the person cooking recipes from the Hairy Biker book for rabbit or game pie. The person told us, "I cook extra portions that are put in the freezer and I can have them another time."

● One person's capacity to make decisions in relation to food and aspects of their health had been assessed. This had been very complex, and a number of health professionals had been involved. However, it

was determined the person had capacity and understood the risks associated with what sometimes appeared like unwise decisions. Staff worked hard to put in place a plan, with the person's agreement, that helped the person stay in control of their diet and health as much as possible. Staff had identified particular triggers and motivational factors that were used on a graph to show the person what worked and didn't work for them.

Adapting service, design, decoration to meet people's needs
● People arranged their bedrooms as they wanted them with personalised objects, photographs and individual furniture.
● People did not require any specialist equipment to meet their needs. One person had a mobile phone, and another an iPad tablet.
● Wherever an area of the home was due to redecorated, people had a say in the choice of décor. For example, new carpet and curtain samples had been brought to the home to enable people to choose the colours and styles they preferred.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. There were no DoLS authorisations as these had been assessed as unnecessary.

● Staff told us people had capacity to make decisions. They said that as long as people were given information in a way they could understand and had enough time to process information they could make informed choices. In the past a best interest meeting had been held for one person in relation to dental treatment and an approach had been agreed that the person had agreed with in their best interests. One person needed at least a week to process information and for it to be mentioned on their timetable. This gave them time to ask any questions they might have and time to reach an informed decision.
● There were questions about one person's capacity to understand right/wrong and what is legal and what is not in relation to using a computer. Professional advice had been sought and an assessment was underway. In the interim safeguards were in place, with the agreement of the person, to keep them safe.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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 were supported by staff who knew them well. They were caring in their approach and checked regularly with people to make sure they were meeting their needs and wishes.
● Staff told us about people's needs, choices, personal histories and interests. They knew what people liked doing and how they liked to be supported.
● Staff communicated well with people and in a way they could understand; people responded warmly to them. For example, one people needed time to process what was said to them and we saw staff did not rush them and gave them time to respond to questions.
● We asked staff about their training in equality and diversity and how this supported the care provided. A staff member told us, "I treat people as my equal and we build up a rapport. Both people like to be treated very differently. One takes a long time to get to know and for them to trust you. When he gave me a respect sign (fist bump) I knew I was accepted, and this was a magical moment for me."
● Once a month at resident's meetings staff discussed one of the home's policies and how it might relate to the people living there. A staff member told us they had recently talked with one person about the policy on equality and diversity and the person had said they felt their needs were met.

Supporting people to express their views and be involved in making decisions about their care
● People and families were involved in agreeing how care should be provided.
● One person's relative told us they were invited to reviews. They told us staff kept them up to date with all changes and if there were decisions to be made they were part of that process.
● Staff told us that this person rarely attended their own review. Staff had checked with them that they were happy for the review to go ahead and for their relatives to represent them. There were however, several other opportunities for the person to discuss their views with staff.
● People were supported to maintain relationships that were important to them and relatives said they could visit at any time. A relative told us, "I take (relative) to their work and collect them if it is raining. I pop in whenever I can and I'm always welcome."
● One person told us their mum visited and sometimes they went to visit them, or they went together to the theatre.
● Staff told us that one person's relative who lived at a distance telephoned once a week and that this phone call was important to the person.

● Staff were aware of the importance of confidentiality and documentation was kept secure in the staff room.

Respecting and promoting people's privacy, dignity and independence
● Staff respected people's privacy and dignity.
● A staff member told us, "We always knock on people's doors and wait to be called in before entering." Both individuals valued their privacy and spent most of their time in their bedrooms. One kept the door closed all the time and the other open, but both needed to know that staff would not enter without permission or in their absence.
● The service promoted people's independence. People were encouraged to take part in activities around their home. For example, we saw that one person regularly did shopping independently and cooked meals independently. As long as a staff member was in the dining room they felt safe. Another person chose to make simple meals with minimal support with staff they felt comfortable with.
● One person was independent with all aspects of personal care. Another person's care plan clearly stated the tasks the person could do independently and what they needed support with.
● One person was reluctant to receive support with some areas and needed to know staff well before they trusted them. There was a detailed plan of how to offer support and it had been shown that with a consistent approach, trust was gained, and this enabled the person to develop their independence.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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
- Each person using the service had care plans that identified and recorded their needs. Care plans were reviewed regularly, and when people's needs changed, and were up to date.
- Staff knew people well, and knew their likes, dislikes and background.
- We observed staff supporting people in a person-centred way; they adapted their approach from person to person. For example, people had a number of goals they were working towards achieving. Each goal had been broken down into achievable parts and records demonstrated when they had been carried out and achieved before moving on to the next part. Goals were reviewed regularly.
- One person had two goals that had been in place a very long time. When discussed, it was evident they had been achieved. What was needed instead was guidelines for staff to follow to ensure consistency in approach particularly at key times such as staff changes and seasonal changes as these were times that unsettled the person.

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 well and how they communicated their needs.
- The registered manager had assessed that there was no need to provide easy read documentation for people at the service. When discussed with both, each person stated they did not want such documentation and one felt this would be patronising for them as they could read the full document.
- One person had found their own way of enabling them to understand topics they wanted to know more about. For example, they asked 'Siri' on their phone if they did not understand something. They also had a sat nav facility on their phone to support them when out walking.
- Another person did not like to be asked to sign their name as they took the meaning of the word literally (as a physical object) but if they were asked to write their name they would.

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
- One person had a work placement Monday to Thursdays, and Fridays were used to catch up on personal

shopping, laundry, cleaning tasks and activities.
● Another person did not want to attend regular structured activities but had a voluntary job one day a week and had recently applied for a second job. The liked to take regular walks, attended gym and had weekly trips to a pub with a friend and staff. They also liked to attend theatre regularly and often made their own arrangements in booking tickets and arranging transport. They had violin lessons once a week and attended these independently. They also attended bowling once a month.
● The organisation set up a trip club meeting that was attended by representatives of each of the three sister homes. In 2018 one of the people living at Percival Road attended the meeting. This person was no longer living at the service and others chose not to attend subsequent meetings. However, people received copies of the minutes and had the opportunity and benefit of attending the trips if they chose to. There were opportunities for six trips a year. One person chose to attend these trips and it was noted that although they had not attended the last meeting, representatives from the other homes had chosen the most recent destination based on the known preferences of the person living at Percival Road.
● Resident's meetings were held weekly. One person did not always attend but staff told us they would always be informed of the meeting, they were given a copy of the minutes and had opportunities to share their views. Minutes demonstrated people chose their activities and food choices and could share their views on a range of matters.
● We were told the resident meeting folder and form had been updated at the request of people to make it easier for them to plan events they regularly like to attend, for example, Band stand concerts and Millie's disco. They were now in the front of the file for quick easy reference.
● One person told us they had strong religious views but did not want to attend church services at the present time.

Improving care quality in response to complaints or concerns
● One person told us, "If I had a complaint about staff, I would speak with (manager), and if I had a complaint about (manager) I would speak with (provider). If I still wasn't happy I would call you guys."
● There were no complaints recorded. We were assured that both people knew how to complain and had very regular opportunities to share any worries or concerns they might have.
● A staff member told us, "If someone raised a concern, whether that be a service user, relative or neighbour, I would always try to rectify the problem in the first instance and if I couldn't resolve it quickly I would make notes of the complaint and pass it on to the home manager." They also told us that both people would be outspoken if they had any worries and would say.
● Staff told us people had opportunities to raise concerns at house meetings and had regular contact with the registered manager. Records demonstrated that people were asked about concerns both through residents' meetings and annual surveys.
●There were three-monthly reviews where people were asked if there was anything they didn't like about living at Percival Road. One person had daily emotional support sessions and these were used as opportunities to hear if they had any concerns that could then be addressed straight away. For example, the person told a staff member that he wanted all staff to address him in a particular way. We saw that this had been raised in the staff meeting and this was also observed during the inspection and on all documentation read.
● We were told that in the past if one person had worries, they might have raised these with their relatives who then passed the information to staff and the matter would then be resolved but these had never become formal complaints.
● A relative told us they had no concerns but if they did they would have no hesitation in raising them with the registered manager who they had confidence would address them.

End of life care and support

- The registered manager said that if anyone needed end of life care in the future this would be fully assessed at the relevant time.
- The registered manager told us they had attended training that covered advance care planning and end of life care. Within the home's PIR there was reference to ensuring all staff received training in end of life so that if it was ever needed this could be provided.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● Staff were updated at handover on each shift about changes to people's care and support needs. A full check was carried out in relation to people's finances and medicines. A check also was made to ensure health and safety tasks had also been carried out. This system ensured accountability and responsibility.

● The registered manager was also registered to manage another two services owned by the same provider. The deputy manager was therefore in day to day charge of the service and they reported to the registered manager. The registered manager told us they generally spent at least one day a week at the service, but this was often based on where they were needed at any one time. They and staff confirmed they were always available by phone or email for advice and support.

● Staff had clearly defined roles and were aware of the importance of their role within the team.

● Staff meetings were held weekly and staff took turns to record the minutes. At each meeting a policy was read out and discussed. Recent polices included the home's medicines policy and their diabetes policy. ● Records demonstrated staff were kept fully up to date with the running of the home and had opportunities to share their views on any planned changes. We saw that two staff had been enrolled on training on person centred care and on oral health care. Staff had already completed oral care training online with the skills academy. People were also offered the opportunity to attend training on oral care but declined this.

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 are certain incidents, events and changes that registered providers and managers of adult social care services are legally required to notify CQC about. These are called statutory notifications. Notifications must be made without delay. The service had notified us of all significant events which had occurred in line with their legal obligations.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● Themed surveys were carried out to seek people's views. For example, more recent themes included questions about food and activities. Surveys were also undertaken with relatives and staff. all were done anonymously, and responses were wholly positive.

- The registered manager told us they listened and were open to ideas and suggestions from people who used the service, their families, representatives and the staff team. We saw that people were involved in choosing the décor for their home.
- People had the opportunity to be involved in staff recruitment. One person had participated in staff interviews and records demonstrated the questions they asked. Whilst people were clearly able to say which applicants they supported for the role and why, this had not been recorded. In order to enhance this process further the registered manager agreed that this could easily be done.
- Staff said they had been able to raise concerns and felt any suggestions or concerns were listened to and acted on.
- Staff told us some people were well known in their local area and were often referred to by locals and people they met in town by name.
- A staff member told us, "(Manager) has a genuine concern for the wellbeing of people and staff. She knows not to overload us with training and gives us plenty of time to get it done."
- One staff member had a health condition that had the potential to have an impact on their working life. A risk assessment had been completed that considered possible risks and actions to be taken to reduce the likelihood of any impact. This had been in place for years and reviewed regularly with no impact for the person or people.

Continuous learning and improving care

- A detailed monthly quality assurance system ensured the smooth running of the service. As part of this process either the registered manager or deputy manager carried out a series of audits and checks in a number of areas. The system was designed to check records, but also to make observations and check the views of people and staff.
- Checks included records related to care plans, staff files, meetings, training, incidents, complaints and compliments. Audits were carried out in relation to health and safety, infection control and medicines. At the end of each audit, an 'Action and Improvement plan' was drawn up that identified any actions, how they would be achieved and by whom. Whilst there were no records to demonstrate actions had been completed but we saw evidence in relation to each action that these either had been done or were in progress. For example, there were carpet samples in the vacant room for people to choose from.
- The registered manager told us a copy of all quality monitoring was sent to the provider each month, so they were kept fully up to date with the running of the home.
- The deputy manager had recently completed a person-centred care refresher course and felt a new staff member would benefit from this, so they had since completed the course.
- The registered manager told us they were going to redesign how they included people in fire drills to ensure they were fully involved in the process.

Working in partnership with others

- The registered manager and staff worked closely with health care professionals, including GPs, dentists, diabetic nurse and the community learning disability team.
- The registered manager also attended the registered manager's network. They said this was a valuable resource and an opportunity to meet with other managers to hear and share problems but also to discuss and share ideas of innovative practices. For example, they had improved their handover sheet based on advice they received from attendance at the forum.
- They also attended the East Sussex safeguarding forum. We asked if there had been any advice that had a positive impact on the people living at 53 Percival Road. The registered manager said the forum had been very positive. Recently they had discussed the risks associated with scamming for people with learning disabilities and they were given advice on how to protect and safeguard people. They had considered learning in relation to the people they supported and identified that risks of scamming were low.