

Aspens Charities

St Saviours Road

Inspection report

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East Sussex
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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

St Saviour's is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism who used the service can live as ordinary a life as any citizen.

St Saviour's provided accommodation and personal care for up to four people who have learning disabilities and some associated physical and/or sensory disabilities. Three people used the service at the time of inspection. The building was situated over two floors, with people's bedrooms located upstairs. Some people had their own bathrooms attached to their bedrooms and there were communal facilities for those that did not. There was a kitchen, dining-room, large lounge and conservatory for people to relax in. People also had access to a large garden area at the back of the property, with decking and views of the sea.

At our last inspection in March 2017, the service was rated 'Good' overall. We re-inspected as the service had a change of provider. During this inspection we found that the service remained Good.

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

People were safe. Risk assessments were completed that enabled them to do the activities they chose and ensured staff were aware of all the support people needed to keep them safe. Staff were recruited safely and people were part of the process. There were suitable numbers of staff to meet the needs of people and sufficient contingency plans to cover any staff absences. People received their medicines safely from trained staff. Accidents and incidents were recorded and monitored with action taken that reduced reoccurrence. The registered manager and staff had a good understanding of how to recognise potential signs of abuse and knowledge of risks to people.

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

Staff had the skills and knowledge to support people and meet all their needs. They spoke highly of their induction and the guidance they received to get to know the people they supported, their routines and preferences. Further support was provided in supervisions, appraisals and team meetings.

People's nutritional needs were met and they were given choice and control over what they wanted to eat and drink. When dietary concerns were identified, staff took action to minimise risks whilst people's wishes were listened to and considered. Records showed that advice was regularly sought from health and social care professionals, particularly when people's needs changed. This had included alternative therapies that had a positive impact on people.

Everyone we spoke to felt that staff were kind, caring and genuinely enjoyed working with people. People's dignity, independence and privacy was promoted. Staff knew people, their preferences and support needs well. They were proud of people's achievements and encouraged them to build and learn new skills.

Care plans were tailored to individual needs and highlighted areas where additional support was required. People had their own key-worker; this was a named member of staff who had a central role in their lives and would oversee their support needs and care plans. Staff were very knowledgeable of people's communication support needs. They used a variety of tools to communicate and documentation was tailored to meet their needs. Although no formal complaints had been received, people and their relatives knew about the complaints procedure and felt confident to raise any concerns. People participated in a range of activities and had choice and control over what they wanted to do each day. Goals were linked in with activities and regularly reviewed with people.

Staff and relatives spoke positively about the registered manager. We were told the new provider had brought positive changes and that this made staff feel valued by the company. There was a strong emphasis on working together to achieve mutual goals and an open, transparent, supportive culture was promoted.

Further information is in the detailed findings below.

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.

Staff demonstrated good understanding of safeguarding processes and knew the procedure to follow to report any concerns appropriately.

Risk assessments were person-centred and action was taken to keep people safe. Regular checks were made to ensure the building was safe.

Staff were recruited safely and there were suitable numbers of staff to meet people's needs.

Is the service effective?

Good 

The service was effective.

Staff felt that the service provided a good induction and training programme which gave them the right skills and knowledge to support people.

People's nutritional needs were met. Any concerns identified were resolved with the person's choices and preferences listened to.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People's health and wellbeing was maintained and promoted. Input from a variety of health and social care professionals was sought where required.

Is the service caring?

Good 

The service was caring.

People and their relatives spoke highly of the caring nature of staff.

Staff had built good relationships with people and were warm

and patient in their interactions.

People had their privacy and dignity respected at all times.

Staff promoted people's independence and encouraged the learning of new skills.

Is the service responsive?

Good ●

The service was responsive.

People had in-depth care plans that detailed their care needs, choices and preferences.

Staff were very knowledgeable of people's specific communication needs.

People participated in activities of their own choosing. Activities were varied and incorporated people's goals.

Relatives were knowledgeable about the complaints process and felt comfortable raising any issues.

Is the service well-led?

Good ●

The service was well-led.

Staff and relatives spoke very positively about the management team and felt well supported.

There were regular quality assurance audits completed by the registered manager.

There was a team working culture and positive changes had been introduced by the new provider.

St Saviours Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 14 August 2018 and was undertaken by one inspector. This visit was announced. We gave the service 48 hours' notice of the inspection visit because it is a small service and the manager is often supporting staff or providing care. We needed to be sure that they would be in and that our visit would not disrupt the lives of people more than necessary.

Before the inspection, we checked the information we held about the service and provider. This included previous inspection reports and any statutory notifications sent to us by the registered manager. A notification is information about important events which the service is required to send to us by law. We were unable to review the Provider Information Report (PIR). This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. The service was inspected in March 2017 and rated Good overall, but were re-inspected due to a change of provider. Therefore, the provider was not asked to complete a Provider Information Report on this occasion.

Not all people were able to tell us about their views and experiences living at St Saviour's. Therefore, we observed the care received to help us understand the experience of people who could not talk with us. We spoke with the registered manager and four staff. We reviewed records, which included three care plans, two staff files, medication administration records, staff rotas and training records. Other documentation that related to the management of the service such as policies and procedures, complaints, compliments, accidents and incidents were viewed. We also 'pathway tracked' people living at the home. This is when we looked at their care documentation in depth and made observations of the support they were given. Following the inspection, we spoke with three relatives to gain their views of the service provided at St Saviour's.

Is the service safe?

Our findings

Although people were not always able to tell us they felt safe, we saw they were comfortable and relaxed around staff that knew them well. Relatives were also confident that people were safe. One relative told us, "Our relative is very safe. It gives us peace of mind." Another said, "My relative has lived at St Saviour's a long time and I have never had any concerns at all about their safety. It reflects positively on my relative and they seem very secure."

In-depth risk assessments had been completed for people, staff and the building, that were person and activity specific. This included assessments for managing medication, risks associated with communal activities, preparing meals and the safe use of public transport. For those people who could be anxious, there were detailed positive behaviour support (PBS) plans that included the type of challenging behaviour, early warning signs, triggers and calming techniques. The registered manager told us that all managers who worked for the provider were PBS leads and able to support staff with learning. The registered manager was passionate about using the principals of 'Active support'. They explained, "This is a proactive way of supporting people. It is essential we support people in the right way before behaviours occur so then physical measures won't be required."

Incident and accident reports detailed information of the incident, immediate and on-going actions taken and reflected on lessons learned. The registered manager analysed incidents to look for patterns or trends, which meant they had continuous oversight of risks to people. They gave an example of a person who became more anxious than usual and displayed challenging behaviour when they went out. The registered manager and staff identified a pattern from the incidents and found the person only became anxious if they did not complete a specific task before they left the house. Staff then knew how to manage this and the number of incidents had decreased.

There were enough staff to support people who lived at the service. Any absences were covered first by staff from the home or from other homes owned by the same provider. As a last resort, agency staff were used. The registered manager told us that they had built a good relationship with the local agency and were always very specific about the type of agency staff member they needed to meet people's needs. They said, "We need the right calibre of staff to ensure people feel comfortable. Now we ask for certain agency staff that people know and we know provide good care." This process ensured that as far as possible, people received continuity of care from staff that knew them and their support needs well.

Staff were recruited safely. The registered manager told us that before an interview, potential candidates were invited to visit the service to meet people and the staff team. The registered manager then received feedback from staff and people which formed an important part of the recruitment process. They also said, "If people do not like candidates or they make them feel uncomfortable, then they won't work here. The most important thing is that our people are happy." For candidates that were successful, the provider had completed thorough background checks. This included applications to the Disclosure and Barring Service (DBS) that checked for any convictions, cautions or warnings. References from previous employers were also sought regarding their work conduct and character and these were evidenced in staff files.

People were protected against the risk of abuse because staff knew what steps to take if they believed someone was at risk of harm or discrimination. Staff were aware of signs of potential abuse and who they should report to with any concerns. They told us that if the registered manager was unavailable, there was always another manager on call to support them. Staff also told us what steps they would take to support the person, record information and alert relevant professionals. We found that all potential safeguarding concerns were reported appropriately and advice sought where needed. The registered manager said, "Duty of candour is very important to us. Being open and honest is essential as well as learning from mistakes and growing."

People's medicines were managed so that they received them safely. Staff were not able to support with medicines unless they had received relevant training. They also had their competency to administer medicines assessed regularly. Some people took medicines on an 'as and when required' basis. Records detailed why the medicine was prescribed, the dose, maximum use within 24 hours and when the GP may need to review. There were medication risk assessments that detailed how the person may indicate they were in pain and when to offer pain relief medication. Only one person received regular medication and they had a locked cabinet in their bedroom to promote their privacy and independence with managing their own medicines. We viewed their Medication Administration Records (MAR) and found that they received their medicines as prescribed. Staff told us they worked with the person to increase their understanding and involvement with their medication. They gave an example of a recent review with the person's GP, where it was proposed that some medication be changed. Staff completed a questionnaire with the person, so they understood why their medication was being reviewed and to see if they were happy for it to be changed.

People lived in a safe environment. Regular health and safety checks were completed that included fire safety, maintenance of the building, electrical equipment and water temperatures. The provider was responsive to risks and amended safety checks as and when required. An example of this was for fire evacuation drills with people and staff. Originally, they were completed two monthly, but staff found that one person was more at risk of becoming anxious and forgetting fire procedures. Therefore, they changed the number of fire drills to monthly so that they could support the person with their anxiety and familiarise them with what to do in an emergency. Staff told us this had improved the person's response to the fire alarm. There were clear fire risk assessments that included how the person may respond in an emergency and how to support them. There was also a 'grab bag' for staff to use. This included useful equipment such as a torch, first aid kit and high visibility jacket. Also included were fire procedures, the service contingency and disaster plans and each person's fire risk assessment for staff information. One staff member told us, "Having all this in the bag reassures us we would have everything we need to respond to any emergency situations."

There was good practise in relation to infection control. The building was clean and tidy and staff understood how to prevent the spread of infection. Equipment such as mops and cloths were appropriately labelled for their area of use, there was soap and hand gel readily available and hand washing technique posters for people and staff. Personal protective equipment was also available and used by staff when supporting people. The registered manager completed a three-monthly infection control audit to ensure staff had the tools they needed to prevent the spread of infection.

Is the service effective?

Our findings

Relatives told us they felt the service was effective because staff were "Well trained" and "Responsive to any health concerns." One relative told us about a recent health check that had raised concerns about their relative developing a health condition in the future. They told us, "Staff took immediate action, researching the condition and ways they could prevent this from happening. This reassured us our relative was being well looked after and their well-being was important to staff."

People were offered choice in all aspects of their care. We saw people were given information in a format that met their needs, to make decisions. An example of this was for someone whose bedroom was being decorated. Staff discussed colour options with them using a simple questionnaire and colour charts. Another example was asking people where they would like to go on holiday. Staff used pictures and brochures to explain information and recorded the choices they made. Staff had a good knowledge of how the Mental Capacity Act applied to people they supported. 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People at St Saviour's had DoLS applications made and all conditions were being met.

Staff had the appropriate skills and knowledge to support people living in the home. They told us they received regular training which included safeguarding, health and safety, food hygiene, equality and diversity, mental capacity, and medicines management. Staff told us they had received more specialised training to meet the needs of people, such as epilepsy and autism, which had included autism specialists coming to work with staff. Staff had also had Non-Abusive Psychological and Physical Intervention (NAPPI) training which focussed on understanding behaviour rather than using physical restraint. There were opportunities for staff to complete a National Vocational Qualification (NVQ) in Social Care for those who wished to develop their skills and knowledge. An NVQ is a work based award that is achieved through assessment and training. To achieve an NVQ, candidates had to prove that they had the ability (competence) to carry out their job to the required standard. The registered manager had nearly completed their NVQ5 in management for health and social care.

Staff told us their induction had been thorough and gave them the knowledge they needed to support people. They told us it had included an initial four-day training course which included understanding their roles and responsibilities and the policies and procedures of the service. Following this, they were given the opportunity to shadow more experienced staff and gain knowledge of people and their routines. Records showed that new staff also completed the Care Certificate as part of their induction. This qualification sets out the standards expected of staff and guides them to provide safe care. Following induction, staff were supported in their role with regular supervision and appraisals. Staff spoke positively about supervisions.

One staff member told us, "I find supervisions really helpful. I can air any issues and talk with the registered manager confidentially about where I may need extra support."

People's nutritional needs were met. Menus were chosen by people, with alternative's if they changed their mind. People were involved with shopping for ingredients and prepared food. We observed two meal times during the day and found them to be a positive social experience for staff and people to talk about their day and what they had enjoyed. One person was supported to manage their sugar intake due to a risk of developing a health condition. Their key worker had arranged for a snack box to be stocked up with healthier savoury treats. They had also created a healthy programme in line with their activities that included suggestions for less sugary foods when going out. The staff member told us, "The person has choices. We don't want to cut out what they love completely, we just want to support them to make healthier choices. Instead of a big slice of cake, a smaller one. We don't want to wait until it's too late and they become ill."

The service supported people to maintain good health with input from health professionals on a regular basis. Records showed that they were supported to access their GP, the learning disability team, occupational therapy, psychiatrists and dentists. People had annual health checks with their GP's and reviewed their medication which ensured it was still meeting their health needs. One person required support from a health professional. Staff completed a questionnaire with them and explained why they would need the procedure, what would happen if they didn't have it and other options if they chose not to attend the health appointment. The person's understanding was checked throughout the process and their choice respected. Each person had an easy read appointments plan. This included information on what helps the person get ready for an appointment and what support they may need during and after. There was also information about what people may do that is not good for their health and actions that can be taken to make their health better. People had their own accident and emergency information sheets in an easy read format. With people's permission, these were to be given to paramedics or hospital staff the person needed to go to hospital. These plans included details about the person such as allergies, contact details for the home and their families and any medical history. There was also a list of their current medication, their methods of communication and how to alleviate any anxiety.

Staff were proud of the positive outcomes that had been achieved for people when they worked with health professionals. They gave us an example of how a professional had suggested dog therapy for one person. A staff member brought their own dog into the service and they all saw the positive impact it had. One staff member said, "It was actually really emotional watching them be happy as they interacted and connected with the dog."

The design of the building met the needs of people. Some people became anxious and needed space. Their bedrooms and other large communal areas allowed them the space they needed when required. One person had an ensuite shower room to meet their personal care needs. The registered manager told us, "We want people to feel like this is their home and feel safe and happy here."

Is the service caring?

Our findings

Although people couldn't tell us if staff were caring, we observed that strong relationships had been built. People appeared relaxed around staff and interacted positively with them by smiling and talking. We saw one person 'high five' a staff member. Some people were repetitive with their conversations but staff were patient and warm in their responses. Relatives spoke highly of the caring nature of staff. One told us, "Staff are very good and caring. We talk to them so much they are almost like family." Another said, "They know my relative really well and really promote their wellbeing."

Staff told us how much they enjoyed their jobs and coming to work. More than half of the staff team had worked at the service for many years. Staff told us, "It doesn't feel like a job" and "People are a pleasure to work with and I love it here." One staff member said, "I love it here which is why I have stayed so long."

Staff knew people well and showed interest in their preferences and hobbies. They were knowledgeable of the principles of equality and diversity and respected that all people were different. One person celebrated a specific religion. The registered manager had thorough knowledge of this and shared information with staff. The person had their prayers laminated on their bedroom wall and staff were aware of times and privacy they needed to practice this. In each person's file there was a religion support assessment which detailed their religious preferences. This included which parts of their religion the person practised, what each celebration meant and how staff could support them.

Staff demonstrated a good understanding of promoting independence and supported people to do as much on their own as possible. We saw staff encouraged people to make their own drinks and complete household tasks as independently as possible. One person became anxious about certain household tasks and staff told us this required a lot of encouragement and support. One staff member said, "The person used to get really anxious but now does the task independently and this is a huge achievement for them. They still get anxious, but this has helped to give them control and reduce that." For another person, staff had created an easy read guide to cleaning their room, which was displayed on their wall. They had worked with the person to label their wardrobes and drawers so that they knew where items belonged and could put their own washing away. Another staff member told us that a person could take a long time to decide what they wanted to buy when they went shopping. "I am patient and wait. I'll stand there for an hour if I have to, if it gets them what they want." The registered manager advised that people were empowered to make their own decisions and develop skills and independence. They said, "It's all about taking small steps. We believe it is about what people can do, rather than what they can't."

Staff ensured that people's dignity and privacy was respected and promoted. People were addressed by their preferred name and their bedrooms were filled with photographs and personal belongings. People were given choice over the decoration and lay-out of their rooms. Their rooms were considered their own personal space and staff always asked permission before entering and respected that people needed time by themselves. People's care records were stored securely in locked cupboards and electronic documents were password protected. Staff also had knowledge of the home's confidentiality policy and how it related to the people they supported.

People were involved in making their own decisions and encouraged to express their views. We saw staff asking people how they were and how they would like to be supported. Each week, staff supported people to complete 'My view' forms. These were in various formats to meet communication needs of people. For example, one had pictorial information, another had pictures of faces to indicate the emotion they were feeling. One person preferred to write their views and so staff worded questions simply to aid with understanding. We reviewed forms completed by people and overall feedback was that they felt happy and safe.

The registered manager summarised their view of working at the home by saying, "It's all about building trust and relationships. You have to put in the time, commitment and effort." They gave an example of how it took two years for one person to address them by their name but when they did, it was, "So special and well worth the wait. I couldn't stop smiling."

The caring nature of the service included the well-being of its staff. Staff told us they felt, "Genuinely cared for and supported." During inspection, one staff member received a phone call about a personal emergency. The registered manager showed immediate concern and allowed them time to manage the situation. Another staff member said, "All we have to do is speak to the registered manager and our colleagues and they support us. We support each other as a team."

Is the service responsive?

Our findings

Relatives told us they were very involved with people's care and asked for their advice. One told us, "We speak to staff every week and they let us know of any changes, no matter how small."

Each person had a care plan that was specifically designed around their needs, goals and aspirations and reviewed regularly by people and their key-workers. People had their needs assessed before they moved into the home and the information gathered was used to develop their care plan. Each support file was specific to the person and emphasised their preferences and routines, which were important to them. People had pen portraits which were snap shots of the care people received. Other information included a list of relative's birthdays with gift ideas, key worker duties specific to the person and sensory assessments. These explored ideas to encourage people to engage and tools that could be used to achieve this.

From August 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard (AIS). The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively.

Staff were very knowledgeable of people's communication needs and used a variety of tools to support them with this. This included each person having a care plan in a different format that met their communication needs. For example, some contained more pictures than writing. One person's communication plan stated that they may say one thing but mean another and gave specific examples of how to re-word questions. We observed that staff used this method when supporting the person to make choices. Another person did not always communicate verbally and staff encouraged them gently to do this. When they chose not to, they showed them pictures and the person pointed to what they wanted.

People took part in activities that encouraged social involvement and wellbeing and had choice and control over what they wanted to do each day. People enjoyed going out for picnics, woodland walks, day trips to theme parks and to the beach. People went on holidays each year and chose where they wanted to go from a variety of brochures. One person was due to go to Bournemouth and was excited about the holiday. The registered manager told us, "We have seen huge changes with activities. People's timetables used to be quite routine but they are getting more flexible and staff think outside the box." Staff gave an example of a person who loves a particular animal and so they planned outings where they would be able to see them. One staff member said, "The best thing is that there are loads of different activities for people. We can literally get up and do whatever they want at any time." Another staff member told us, "There are lots of opportunities to do things. Management listen to our ideas and let us try new things." They gave several examples that included people growing their own vegetables in the garden. A person also received support from staff to fix and paint a chest of drawers in the design of their favourite superhero.

People had person centred goals and activities were organised for them to achieve these. For example, a person wanted to lose weight and enjoyed activities such as going to the gym and swimming which supported them to work towards their goal. Another person wanted to build confidence with shopping. Staff

used widget cards for recognition of shopping vocabulary before the person did their weekly shop. Goals included how staff could prepare for an activity, potential difficulties and support people required. There were specific activity guidelines for people that included their preferences and routines. Goals were reviewed with people at key-worker meetings and included how they were doing so far and if any further support was needed.

Staff were responsive to people and were knowledgeable of what made them anxious. One person had an 'event sheet' on their bedroom wall to help support with anxiety about the week's activities. Another person was fearful of going to medical appointments or visiting health professionals. Their key-worker purchased a blood pressure machine and the person used it each week to take their own blood pressure. A staff member told us, "We wanted to build familiarity to take away their fear and it's even better if they do it themselves." The same person was being supported to build their confidence to attend appointments. Their key-worker said, "It's about taking small steps, making things fun and therefore less daunting. We started off having a coffee by the venue, then going in and sitting in the waiting area. They have now sat in the room with the professional which is an enormous achievement." We spoke with their relative who told us, "This is quite a leap forward for my relative. The registered manager and staff have addressed it gently but made huge progress."

Staff were proud of people's achievements and celebrated their successes. Each person had an 'achievement's file' which documented when they had reached a goal or achieved something new. This was then collated into a, "my successful year" document with photos and good news stories. The registered manager said this had been a huge success with people and that, "Families love it. We send them photos throughout the year and then discuss everything during annual reviews. It's so rewarding seeing how far people have come at the end of each year."

Although no formal complaints had been received, relatives told us they would feel confident to raise any concerns with the registered manager. The registered manager spoke with most relatives on a weekly basis and any issues were addressed immediately. There was a clear complaints policy and easy read information about who people could contact if they were unhappy with their care. This was displayed clearly in several communal areas for people to see. There was also a 'concerns and worries' book that people could use whenever they wanted.

At the time of inspection, no one received end of life care. However, some people had an 'end of life' care plan which included what was important to them, funeral arrangements, people they wished to inform and attend. For those who were religious, research had been done into traditions and their faith discussed with the person and their relatives. Some people did not want to talk about end of life care and this was respected by staff. The registered manager told us, "It's a sensitive subject and so we broach it slowly and get information when we can." Staff had also attended training on death, dying and bereavement to develop their knowledge of how to support people with loss.

Is the service well-led?

Our findings

Staff spoke highly about the registered manager and described them as, "Very approachable", "A genuinely nice person" and "Very engaging with people." One staff member said, "The registered manager is brilliant. They talk to us anytime and are very supportive." Relative's also spoke highly of the registered manager. One told us, "The registered manager is excellent and always on the end of the phone if we need them." Another said, "I find the registered manager very professional and knowledgeable which is so important with autism."

Quality audit tools were completed every three months. The registered manager reviewed people's care plans, staff files, health and safety of the building, medicines audits and incidents and accidents. Infection control audits had taken place and keyworker's reviewed and updated people's care plans when required. The provider also had a new quality assurance department who were completing audits quarterly. The registered manager was positive about this change and told us about their recent audit, "We really valued them being here. The audit was so thorough and we learned a lot."

There was an emphasis to maintain a 'team work' ethos and working together to resolve issues was important to the team. A staff member told us, "One of the best things about working here is that we have a good supportive team and are open and honest with each other." We observed a handover between the registered manager and staff and found them to be informative of how people were and changes to their routines. Staff told us they attended regular staff meetings where they could discuss anything they wanted to. There was a staff agenda in the office that staff added to if they wanted to talk about anything. We viewed meeting minutes and saw that staff could discuss any issues or concerns about people and changes to their support needs. Any incidents were also discussed so that staff were fully aware of how to support people.

Since our last inspection, the registered manager told us there had been lots of changes. There were four new directors who had had lots of involvement with manager's and staff, asking for their feedback. The registered manager said, "They are good at connecting with us and making staff feel valued. All the changes are very positive." They spoke highly of the operations manager and had regular supervisions. "The operations manager is fantastic. I feel well supported." New schemes had also been introduced to support staff to feel motivated. This included vouchers to reward attendance and additional annual leave for staff who remained at the service. The registered manager told us, "This has been so positive for staff and reduced sickness levels too."

The registered manager told us how important it was for them to remain up to date with current legislation and practice. They attended a registered manager's forum every three months, run by East Sussex County Council. They also went to care workshops and conferences, telling us, "They are a good way to understand the industry, get to understand and overcome challenges as well as network." They gave an example of guidance they were given at a conference about personalities of staff and how to build the right team. The registered manager used this tool with their own staff and changed their rota. It was explained to staff why this change happened and it had proved successful. The registered manager said, "Certain personalities together work really well in supporting and guiding one another and this has a positive impact on the

people we support."

The provider sought out views about the quality of care and valued feedback given. People completed 'Weekly views' surveys and were also given another survey annually. Relative's views were also sought in an annual questionnaire. Feedback given was analysed and generated into a graph that gave overall views of the service. Actions taken with regard to any issues identified were shared with people, staff and relatives. We viewed the most recent survey results from people and relatives and found most feedback was positive. The registered manager said, "They are essential in helping us to learn and improve."