

ASD Unique Services LLP

43 Sedlescombe Road

South

Inspection report

43 Sedlescombe Road South
St Leonards On Sea
East Sussex
TN38 0TB

Date of inspection visit:
16 January 2019
17 January 2019

Date of publication:
19 March 2019

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

43 Sedlescombe Road South is a care home providing social and residential care for up to six people with learning disabilities. On the day of our inspection there were four people living in the service. People had varied needs related to their learning disabilities. Some had more specialist needs associated with Autism and with behaviours that challenged. People who lived at the service were adults below the age of thirty-five. People had different communication needs. Some people had limited verbal communication, and other people used gestures and body language to make their needs known. The provider owned four other care homes locally.

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (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 using the service can live as ordinary a life as any citizen.

This comprehensive inspection took place on 16 and 17 January 2018 and was announced. It was the first inspection since the service was registered. 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. The registered manager was also the manager of four other homes locally.

There were exemplary systems to assess and plan new admissions to the service. Transition plans included advice and guidance from people's relatives and specialist professionals. These were based on people's individual needs. Social stories were used to ensure people were as far as possible involved every step of the way and the systems ensured staff worked consistently and effectively to achieve maximum success. (Social stories are short descriptions of a particular situation, event or activity, which include specific information about what to expect in that situation and why). All of the people living at the service had very complex needs and required differing levels of support. Relatives spoke very positively of the service. One relative told us staff had a, "Can do attitude and carry things through. They have a plan for (relative) that I believe will happen. He now has a future." A health professional told us, "The assessment, transition and discharge process was robust and the manager and staff worked well with the person his family and other professionals to ensure all went smoothly. Good communication and support planning with person centred training and crisis planning in place through transition."

Most people were not able to tell us verbally if they had any concerns about the service. The registered manager had recently introduced a new system to assess and analyse incidents to determine if they had

occurred as a result of a person's frustration or were an indicator they were unhappy at that time about the way they were supported. The results had been extremely beneficial and were to be used as a way of enhancing the training provided to staff. Whilst the service already looked at why incidents occurred and how to minimise a reoccurrence, the new system gave greater clarity on people's expectations and the consistency in approach they needed to make them feel safe.

There were commendable systems to ensure people were supported to attend health care appointments. Due to one person's complex needs it had been a long time since they had attended a GP appointment. The service worked with the surgery to arrange an appointment at the quietest time of day. A staff member checked with reception when the GP was ready and the person was taken straight to the GP without having the stress of spending time in the waiting room. What could have been a very anxious time for the person, was handled well to reduce the risk of an incident. This meant that the next time an appointment was needed, the person would be more likely to respond positively.

People were encouraged to make decisions and choices. They 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 practice. Best interest meetings, with a multidisciplinary approach, were held when necessary to ensure people's needs were met.

People's needs were effectively met because staff had the specialist training and skills they needed to meet people's complex needs. Staff attended regular supervision meetings and received an annual appraisal of their performance. Staff supported people in the least restrictive way possible.

People were observed to be relaxed and content in their surroundings and there was warm and friendly atmosphere. People were supported to take part in a variety of activities to meet their individual needs and wishes. There were enough staff who had been appropriately recruited, to meet people's individual needs.

There was excellent leadership with very good lines of communication between the staff team and the registered manager. Staff felt supported and spoke positively of the registered manager. There were robust systems for reviewing the quality of the care and support provided and the owners were involved regularly to check on the running of the service. The registered manager had very strong links with local organisations to gain advice and support that would benefit the organisation and to provide support for other services for people with learning disabilities.

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.

There were suitably qualified and consistent staff available to ensure people's needs were met. Individual risks to people were identified to ensure people remained safe at all times.

People were supported by staff who were knowledgeable of safeguarding procedures and who could recognise signs or indicators of abuse.

People's medicines were stored, administered and disposed of safely.

Is the service effective?

Good ●

The service was effective.

People were supported to make decisions that enabled them to have choice over their own lives. Where this was not possible best interest meetings were held to determine the best approach.

Staff received a thorough induction, training and supervision to ensure they had the skills and knowledge required to support people. Additional training was provided to support people's specific needs.

People were given choice about what they wanted to eat and drink and ate food they enjoyed.

Is the service caring?

Good ●

The service was caring.

Staff showed kindness and compassion when they talked about people and this was observed in interactions between them.

Staff adapted their approach to meet people's individual needs and to ensure care was provided in a way that met their individual wishes.

People's privacy and dignity was respected and they were encouraged to be as independence as possible.

Is the service responsive?

The service was exceptionally responsive.

The service went above and beyond to support people and their families in making the transition to the service as smooth and positive as possible.

The service went to great lengths to determine if people had any concerns or were unhappy about the care they received.

Care plans included very detailed advice and guidance on how best to communicate with people. People had opportunities to take part in a variety of activities that suited their personal preferences.

Outstanding 

Is the service well-led?

The service was extremely well-led.

Staff spoke very highly of the support they received from the registered manager and the provider. They and people's relatives valued the open culture within the service.

The registered manager worked tirelessly with other agencies to improve services for people locally.

There were robust quality monitoring processes to check quality and safety. The registered manager had a very clear over-sight of the service and how it was operated.

Outstanding 

43 Sedlescombe Road South

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.

This comprehensive inspection took place on 16 and 17 January 2018 and was announced. The registered manager was called the day before our inspection to let them know we were coming. We did this as the location was a small care home and people are often out during the day; we needed to be sure someone would be in. The inspection was carried out by one inspector.

Before the inspection, we reviewed information we held about the service. This included notifications of events that had affected the service such as any safeguarding investigations. We also reviewed the Provider Information report. 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.

During the inspection, we observed staff interacting with people to help us understand the experience of people living at the service. We spoke with the registered manager, assistant manager and four staff members. We spent time reviewing records, which included two care plans. We looked at two staff files and staff rotas. In addition, we viewed documentation related to the management of the service such as accidents and incidents, quality assurance and meeting records. We also 'pathway tracked' the care for two people living at the service. This is where we check the care detailed in individual plans matches the experience of the person receiving care.

Following the inspection, the registered manager sent us a copy of their training matrix, provider service visits, manager's audit, assistant manager audit, positive behaviour support (PBS) audit, pharmacy audit and maintenance tracker. We also received feedback from one health professional.

Is the service safe?

Our findings

Risks to individuals were well managed. Where risks were identified there were appropriate risk assessments and risk management plans. This helped people to stay safe while their independence was promoted as much as possible. Before any new activity, an assessment was carried out to determine risks to people or staff and measures were taken to minimise the risk of accidents and incidents. We saw staff were asked to complete social stories so people were very clear about where they were going and what was expected of them. A relative told us their relative, "Is completely safe."

Incidents and accidents were reported and investigated. An antecedent, behaviour and consequence (ABC) chart was completed following every incident to assess and understand what led to the incident and to ensure lessons were learned to minimise the risk of incidents reoccurring. We observed staff noticing triggers displayed by one person, that indicated their anxiety was increasing. This enabled them to change the environment and adapt their approach which helped the person to relax and there was no escalation in behaviours.

Staff had an understanding of different types of abuse and told us what actions they would take if they believed people were at risk. Staff had received training in safeguarding. They were able to tell us if an incident occurred they reported it to the management team, who were responsible for referring the matter to the local safeguarding authority.

Staff recruitment checks were undertaken before staff began work at the home. This helped to ensure, as far as possible, only suitable people were employed. This included an application form with employment history, references and the completion of a Disclosure and Barring Service (DBS) check to help ensure staff were safe to work with adults.

There were enough staff to keep people safe and meet their needs. One person received two to one staff support for activities outside of the service and others received one to one support for set numbers of hours each day. The rotas confirmed these hours were provided in line with assessed needs. There were some staff vacancies and these hours were covered by the use of regular agency staff. There was a staff board at the entrance that showed photos of the staff on duty each day. One person had their own duty rota for the week as this helped to minimise their anxieties. They liked to know who would be supporting them each day and this gave them some control over their week.

People's medicines were managed so they received them safely. Medicines administration records (MAR) showed people received their medicines as prescribed. Staff had received training in the management of medicines and had been assessed as competent to give them. Some people took medicines on an 'as and when required' basis (PRN) for example, for pain relief, and there was appropriate guidance to ensure these were given when needed and the reason recorded to the rear of the MAR. Some people received some of their medicines covertly or in liquid form. People's GPs had given their approval for the person-centred approaches used. There were body charts to demonstrate where creams should be applied.

People were protected from the risk of infection. All areas of the house seen were clean. Staff had received training in food hygiene and infection control. There were cleaning schedules that ensured cleaning tasks were completed either on a daily, weekly or monthly basis. Audits were then carried out to ensure tasks had been completed. Gloves and aprons were available for staff use. Although people and care staff were responsible for the cleanliness of the service a new staff member had recently been employed to carry out four hours cleaning duties weekly. We were told this would ensure tasks like deep cleaning were completed and it would free up staff to support people with additional activities.

People lived in a safe environment because the service continued to have good systems to carry out regular health and safety checks. These included, servicing of gas safety, electrical appliance safety and monitoring of water temperatures. There were robust procedures to make sure fire safety checks were carried out and to carry out regular fire drills to ensure people and staff knew how to respond in the event of a fire. Personal emergency evacuation plans (PEEPs) ensured staff and emergency services were aware of people's individual needs and the assistance required in the event of an emergency evacuation.

Is the service effective?

Our findings

There were comprehensive arrangements to ensure people's health needs were met. People were supported to attend healthcare appointments or, if assessed as needed, professionals visited them at the service. Each person had a hospital passport that would be used if they needed to go into hospital. This included important information hospital staff would need to be aware of, to provide care in a person-centred way that suited the individual. A health professional said in a questionnaire that the registered manager and her staff, "Have excellent links with health services."

A relative told us they were so pleased with the progress made in relation to health visits. Their relative had recently been supported to see the doctor. This was a first for a very long time. "Amazing." The opticians had also visited them at the service. Whilst both of these visits had generated anxiety for the person, the use of social stories and the approach used by staff had helped to ensure both visits were successful. The surgery had been supportive to make appointments at a time when they were least busy. Staff checked with receptionists immediately before appointments to make sure there was no waiting around and the person could go straight to their appointment. This arrangement whilst difficult to organise in a busy surgery, had worked for the person and the same procedure was used for others.

People had enough to eat and drink. There was a three-week menu available but it was noted this was mainly for guidance. Menus were in a pictorial format. Each person was asked and offered a choice of meal daily and it was not uncommon for four different meals to be cooked to accommodate people's different preferences. One person liked to decide their meals for the day in the morning and this was then displayed for them to refer to throughout the day. People were offered a choice of drinks throughout the day. Some people made their own drinks, others indicated when they wanted a drink and we saw people were offered drinks regularly throughout the day.

People had the equipment needed to meet their individual needs. Some people had 'tough furniture' (heavy duty furniture) secured to the wall to prevent them causing damage to themselves or others if they were in a heightened state of anxiety. Measures had been taken to ensure glass was strengthened and therefore not easily broken. This meant the service was able to maintain a large stained-glass window in keeping with the style of the property. One person had a bespoke ensuite facility. There was a sensor on the shower which meant the shower only ran when the person stood under the water stream. This had been carried out in line with the person's needs and had been in place at a previous placement. An additional handrail had also been added on the stairwell for safety. One person had a Motability car (funded cars for people with learning disabilities). This was used daily to support them with their activities. Two people had iPads for individual recreational use.

Staff demonstrated a thorough understanding of involving people in decisions and asking their consent before providing care and support. This was seen during interactions between staff and people and was also documented within care plans. Staff knew people very well and recognised they were able to give consent for day to day living decisions such as choosing what to wear and eat. They were aware people needed additional support with understanding more complex decisions, such as issues to do with their health. 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. We found best interests meetings had been held when needed. Decisions had been made that two people should receive treatment under general anaesthetic. A series of best interest meetings had been and continued to be held to plan the support required in relation to these decisions.

One person had restricted use of their television and another restricted use of their DVD. We saw one person had a timer to tell them how long they had access to their DVD and this agreement was well understood with them. We saw they took responsibility for telling staff when the time was up and for returning the player to the staff room. There were locks on some kitchen cupboards and on the fridge because some people had been assessed as needing this restriction to manage their food intake. One person who did not need this restriction, was able to open the fridge independently.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found applications had been submitted for standard authorisations and any conditions made were met.

There was a commitment to ensuring staff had the necessary skills to carry out their roles effectively. Staff continued to receive training in a variety of subjects including safeguarding, medicines, first aid, infection control and food hygiene. The consistent word used by staff in relation to training was, "Amazing." Specialist training had also been provided in relation to autism, dealing with behaviours that challenged, positive behavioural support (PBS) and epilepsy. PBS is a person-centred approach to supporting people who display behaviours that challenge. It involves understanding behaviours and why they occur, considering the person as a whole and implementing ways of supporting them. It involves teaching new skills to replace the behaviours that challenge.

A staff member who had received PBS training, told us the training had helped them to recognise subtle changes in people's behaviour as these often indicated there was something bothering them. When one person had an excited spring in their step or when another person repeatedly questioned things, these indicated they were unhappy about something and meant they could then try to address what was bothering them before it escalated.

There were systems to ensure when training was due, arrangements were made for this to happen. A staff member told us they really valued the Makaton training. They said, "I used it with one person and they understood me and I found this really rewarding as I had made a connection I had not been able to before."

A staff member told us they had received a thorough induction to the service. When they started working in the home they had initially started working with one person and had opportunities to read their care plan. Once they felt confident with this person they then got to know another person. They told us they did not have to work alone with anyone until they felt confident and competent to do so and trips out of the house supporting people were done gradually to assist in building confidence and support. All staff 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.

Staff attended supervision meetings regularly. A staff member told us, "Supervision is a real confidence booster. At my last supervision I wasn't very confident (with an aspect of work), I was helped to get through this. I view all things that go wrong as a learning curve and I know I will be supported."

Is the service caring?

Our findings

People were supported by staff who knew them well as individuals. Staff were able to tell us about people's needs, choices, personal histories and interests. They knew what people liked doing and how they liked to be supported. They communicated well with people and in a way they could understand. People responded warmly to them. We spent time in the kitchen as this was very much the heart of the house. Staff showed patience and understanding when people sought reassurance about routines and what they would be doing next.

All staff received training on equality and diversity and we asked them how this was put into practice. A staff member said, "Each person has a tailored package of care based on their individual needs and wishes. One person relies on a set routine that is safe and predictable in the mornings. Staff know when to offer choice and when not to and this works for them." Most people had one to one hours so their diverse needs could be easily met. Staff told us people were encouraged to choose what they wore and to make choices in how they lived their lives. No one had expressed a wish to attend church. One person chose to have a vegetarian diet but very occasionally chose to have meat and this was respected. A staff member told us, "Structures are built around people to help increase opportunities for them and these are reviewed regularly as people's wishes change."

Staff told us they spoke regularly with people's families to keep them up to date. People were also supported to keep in touch with their families whether this was through visits to their family home or family visiting them. A person's relative told us the home was very supportive in assisting their relative to stay in touch.

Daily records demonstrated people were encouraged to do as much for themselves as possible to maintain their independence. People were encouraged to develop skills such as making lunch and making drinks and doing their laundry. We observed one staff member supporting a person to make their lunch. The person was encouraged to do as much as they could for themselves. Within support plans there was a personalised step by step approach to support people with developing skills. For one person the advice was that staff should do most of the dishes but leave one cup, a plate and cutlery and ask the person if they would like to wash or dry their dishes. This worked well and progress was recorded using a tracking record.

Bedrooms were regarded as people's 'safe space' and were designed to ensure they had furniture and fittings that met each person's individual needs. People's privacy was respected and we saw staff knocked on people's doors and only entered when permission had been given. Care plans referred to the need to ensure people's dignity was maintained and that doors and curtains should be closed when personal care was provided, and ensuring people had privacy in the bath.

Is the service responsive?

Our findings

The service went above and beyond to ensure placements were successful and people's individual needs met. The person-centred approach had a profound impact on people's lives. One person had moved to the service from a secure environment where they had regularly been restrained and received PRN medicines. Before they moved into the home, thorough planning had been completed to enable a successful placement. Social stories were used to explain every step of the transition. (Social stories are short descriptions of a particular situation, event or activity, which include specific information about what to expect in that situation and why). The admission process was deliberately slow and no new admissions were made for two months until the person had completely settled. For this person there was significant impact. In the year they had been at the service there had been no use of PRN medicine and no restraints necessary. Whilst incidents inevitably still occurred, with effective management and consistency in approach, these had not escalated. A staff member told us, "Everything has to be carefully planned as there are no warning indicators. Social stories are used at the right time and early intervention to prevent anxiety from spiralling and minimise escalation. It is really effective and we have been given the tools (training) to deal with situations that occur. I have never felt daunted." The pace and robustness of the transition were instrumental in the successful placement. This person's quality of life had improved dramatically in the registered manager's care.

The person told us they liked living at Sedlescombe Road. They chose not to comment further on this but their very relaxed position and poise on the sofa demonstrated an extremely contented person, very much at home in their surroundings. The person's relative was glowing in her praise for the service. They said, "He has been through so much, we didn't believe this was possible." They told us staff had a, "Can do attitude and carry things through. They have a plan for my relative that I believe will happen. He now has a future." A health professional told us, "The assessment, transition and discharge process was robust and the manager and staff worked well with the person his family and other professionals to ensure all went smoothly. Good communication and support planning with person centred training and crisis planning in place through transition." Given the person's experiences before they moved to Sedlescombe Road, it was a daunting challenge to take this person and even more so as this was their first client. The staff's dedication, consistency of approach and reassuring support ensured a safe and happy home for this person.

This person's relative told us they had recently taken their relative away for a holiday with their siblings and extended family. They really valued the support they received from the service to make this possible. They told us the support received by staff, "Was fantastic and ensured the holiday was successful. They had thought about everything and pre-empted any question I might have had so I had nothing to worry about." They told us they had been fully involved in the planning of the holiday from their relative's perspective and had worked with staff who provided social stories for them to support their relative in the time they were away from the service. There was also a visual planner for the holiday. They said their relative, "Spoke about staff when they were away and talked excitedly about things they would show staff when they got back." They said their relative was happy to return to the service and they felt this was a real indicator they were happy living at the service. This meant so much to the family particularly because for so many months the person had lived at a distance to them, and they had not been able to take them out. The support from the

registered manager and the staff team made something that was extraordinary possible and yet appeared ordinary. A massive accomplishment.

Another person's relatives spoke with us about the anxiety they had about the transition process for their relative moving from their family home into a care setting for the first time. Whilst they were extremely anxious and worried about the move they were wholly reassured by staff and felt incredibly supported throughout. They told us they had visited lots of services but were extremely impressed with the fact the owners were involved in the assessment process and felt they could contact the registered manager and staff if they had any concerns. A number of visits had been planned to aid the transition and to enable the person to get to know people and staff. These visits were working very well and they valued the feedback they received following each visit. The person's relatives told us they were worried their relative would not understand that they were actually moving in and it would not be like respite. They were also worried about how they would make their needs known as they had no verbal communication. During our inspection, a staff member did an activity with the person. When they stopped the activity, the person indicated they wanted to continue with the activity. This demonstrated they enjoyed the activity but also, they had been able to make their wishes known. The registered manager had written a social story to assist the person in understanding they were going to live at Sedlescombe Road. The person's relatives sent in a number of photographs that could be used to enhance the social story and assist their understanding.

There was an excellent procedure for the management of concerns and complaints. Along with a detailed complaint procedure there was also an easy read document using widgit symbols. (Widgits are simply-drawn, colourful symbols to illustrate a single concept in a clear and concise way). People were asked regularly if they had any concerns or worries. Staff knew what to do if a concern was raised with them and would report it to the right person if needed, such as the senior person on duty or the registered manager.

The registered manager told us there had been no formal complaints. However, the registered manager was constantly thinking about how to improve the process for the people in the service who had limited verbal communication. They had recently introduced a new system for assessing all incidents that occurred to determine if they could be an expression of a person's unhappiness with a situation. They told us the increased analysis had been extremely beneficial. Some incidents had occurred when unforeseen situations occurred but some had occurred when staff had deviated from the guidelines for support. It is recognised staff react to a variety of situations on any given shift. Complete consistency, whilst desired, is not always possible due to competing priorities and meeting people's complex and diverse needs. However, the increased analysis had given greater understanding and insight into each person's ability to communicate their concerns and frustration. The registered manager told us the impact of the increased analysis would be, "Massive. It would clearly demonstrate the link between actions and consequences and give staff a greater understanding of the importance of following guidelines consistently." This was an unusual and innovative way of looking at how complaints can be raised in many diverse ways. It was giving people a voice in a way they had not had before. People's relatives told us they had no concerns but would be happy to raise them with the service if the need arose.

There were a variety of support systems to assist staff to manage people's anxieties and to reduce incidents occurring. Changes to routine were explained to people in a way they could understand. For example, some people were told the day before a change, others could only process this information an hour before a change. Changes were explained through the use of social stories. People could not cope with large groups so meal times were staggered and people ate in either the kitchen, dining room or lounge. Staff told us this helped people to manage their anxieties. The understanding and acceptance of people's needs and how they wanted to live was a recognition that people wanted and needed to eat separately. Staff had a real understanding of how autism affected people individually and the need for person centred care.

People were encouraged and enabled to make choices. From August 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure people who have a disability, impairment or sensory loss are provided with information they can easily read or understand so they can communicate effectively. People's communication needs had been thoroughly assessed. Most used non-verbal communication and were supported to communicate using social stories, visual cues and Makaton (a form of sign language using symbols) to communicate. Some had a good understanding of widgeits (simply-drawn, colourful symbols to illustrate a single concept in a clear and concise way). For some who could use speech to communicate, the importance of using simple language was emphasised. For example, when someone is doing something they should not be doing, rather than saying, 'That is not acceptable' just to say, 'Stop' is enough. They then know what is expected of them.

People did not attend any formal day care but activities were planned in a person-centred way to meet their individual needs and wishes. Activities included trampolining, visits to local restaurants, cinema, theatres and shops. One person had recently started a college course. This person had difficulty starting the day, so their activities were mainly carried out in the afternoons and evenings. Another person liked to take long walks and they were supported to do this. There were plans to change a garden shed into a sensory area for people to use.

There was a monthly booklet kept in relation to each person, that detailed on a daily basis the support that had been given to people. Keeping track forms were used to record people's days. These included details of personal care provided, trips out, personal shopping, meals taken and support to complete tasks such as housework. Records showed how people had reacted and responded to various situations. In order to help people achieve their goals, each goal had been broken down into individual steps to make each step more easily achieved by the person independently. Progress with the individual steps was reviewed and if necessary broken down even further. Records demonstrated that staff worked in a very person-centred way to meet people's needs and wishes.

Each person's needs had been assessed and from this information, detailed care plans had been drawn up. Care plans contained extremely detailed information about people's needs in relation to personal care, nutrition, health and personal preferences. There was information within care plans that was personal and specific to each individual. This included an assessment of their autism and how it affected them in relation to social interaction, communication and language and imagination. Sensory assessments had also been completed. Care plans were reviewed and updated as and when changes occurred. Staff told us the care plans gave them a valuable insight into people's abilities and their needs and how they should be met.

People living at the service were young and had limited understanding of dying and death. An assessment of needs booklet had been prepared and there were plans to discuss this subject initially with people's families to hear their views on the subject. It was recognised that to obtain people's views would be a long-term project as people were still adjusting to living in a new setting. The registered manager said that if anyone needed end of life care in the future this would be fully assessed at the relevant time.

Is the service well-led?

Our findings

The overwhelming response from everyone we spoke with about the service was that it was exceptionally well run. The registered manager was also registered to manage four other homes locally. They were supported by an assistant manager who worked full time at the service. Both the registered manager and the assistant manager said they worked well together and there were extremely strong, effective systems to ensure clear communication at all times. A staff member described the registered manager as, "Amazing." They said, "We are supported through detailed paperwork, but we also have ongoing training and coaching and the registered manager, phones, visits and is always available by email if we need her." Another staff member told us, "This is the first place I've worked where I have felt comfortable and supported. The Directors and the registered manager are open and easy to talk to." A health professional said, "The manager is very competent and experienced and has good leadership and management skills whilst also being friendly open and welcoming." A relative told us, "They fill me with confidence." They said the registered manager, "Is amazing. They know what they are doing and keep in touch and support me too."

A health professional wrote in a questionnaire, "I feel that ASD Unique offers personalised and robust services for service users with complex needs." The registered manager told us they were exceptionally proud of the service and the progress made over the past year. They had worked incredibly hard to ensure the service was set up with clear guidelines for people so that if a staff member left, this would not cause too much disruption. It was the systems and processes that were important and staff had received extensive training to ensure they were wholeheartedly on board with these to support people to the best of their ability. The registered manager carried out observations of staff to check their competency in providing person centred care. People knew that whatever happened, their day would go ahead as planned and they could feel safe. Detailed care plans supported this ethos along with exceptionally close links and support from local professionals.

Work was ongoing in relation to PBS and in continually working to improve the ways in which they communicated with people. There was continual reflection on what had gone well, not so well and how they could improve. We were given an example where one person used to like trains and said they would like to go on a train ride. However, staff knew the person was also rigid with their routines. A social story was written and staff walked with them to the train station. On the way they became agitated and it became obvious it was too much for them so they returned to the house. It took the person a while to get over the experience. The registered manager said they would try next time to drive to the train station allowing them less time to overthink the situation. They told us they would never put someone under pressure to do something they didn't want to do but, if it was anxiety getting in the way, they would try to support them in whatever way they could to meet their wishes.

The registered manager was determined care provided would be based on the most up to date professional guidance. The provider, registered manager and assistant manager attended a two-day advanced coaching training on positive behavioural support (PBS) with the British Institute of Learning Disabilities (BILD). This was done to ensure the service met the PBS academy standards in this area. The home then sought support from an independent external professional to carry out an audit of the service in September 2018 to check

they complied with external PBS academy standards for the purposes of quality assurance. The audit recognised the outstanding work achieved in most areas. For example, the audit showed people felt safe and secure, valued and respected. It showed there was a great staff culture and teamwork to support this area. An action plan was drawn up to address any areas for improvement and to build upon and improve existing practices. Steady and committed progress was being made to address each of the matters raised to ensure that they continually learned and improved to ensure the best outcomes for people.

The organisation had signed up to STOMP (Stopping the over medication of people with a learning disability, autism or both). We asked what benefit this had for people who used the service. The registered manager said it gave access to easy read literature related to medicines and advice about non-drug therapies and practical ways of supporting people so they were less likely to need as much medicine, if any. Prescribed medicines in this service were unusually low and it was noted one person had not needed PRN medicine since they had moved into the service. For this person, that had significant impact on their quality of life.

Committed to improving the quality of life for all people with learning disabilities and autism, the registered manager continued to learn and share knowledge about autism locally to support other managers in the area. They were part of a behaviour support network across East Sussex and they had a co-chair role for this group. Through this group they had been able to access funding for managers' training. However, one of the main benefits was a shared learning and development of ideas. Members discussed approaches that worked and had not worked so well and were able to offer advice and support to each other. The registered manager told us that often managers who were not part of a large organisation could feel isolated and this group aimed to address this issue. They were also involved in setting up another forum for leaders and managers of learning disability services. This forum was set up with support and funding from Skills for Care. Skills for Care offers advice and guidance for organisations to recruit, develop and lead their staff. Through this forum, an evening had been planned for families of people with learning disabilities to see if this would be a useful support for them. A forum for support workers to meet with support workers from other services was due to start at the end of January 2019. Plans were also being developed to have opportunities for people across settings to meet or to book a sensory timeslot at a venue. Plans for this development were still in their infancy, however the registered manager showed true dedication to ensuring as many networks and groups were created. The aim was to ensure a strong community in and outside the service.

The providers were very involved in the service and had exceptionally good systems to ensure they kept up to date with the running of the service. They carried out service visits, supervised the registered manager, held meetings with assistant managers, carried out joint assessments with the registered manager for all new clients and attended all case reviews to provide support. The provider's open culture meant that in addition to meeting with the registered manager regularly, they also had meetings with the assistant managers. These meetings were held with the registered manager and gave the provider opportunities to hear staff views and for staff to share them openly. The registered manager said that the open culture encouraged a strong and robust team. They told us they valued the close working arrangements and felt extremely well supported in their role.

The assistant manager ensured monthly audits had been carried out in relation to infection control and monitoring of cleanliness. Medicine audits had also been carried out. A maintenance tracker was kept to record all work that needed addressing and when this work was completed. The registered manager also carried out a monthly audit of the service. This was a detailed check on the running of the service and checklists were built into this to ensure all aspects of the service were examined and up to date.

Staff meetings were held regularly and there were detailed minutes kept. Minutes demonstrated an inclusive

and supportive approach was used to ensure all staff were kept up to date with changes, and had opportunities to share their views about the service. All discussions were documented and actions reached were clear so that if a staff member had not been at the meeting they would clearly understand the agreed actions and outcomes. A staff member told us they had been asked to talk about things they would like to change. Records showed some staff had suggested shelves and ideas to make the environment more homely. These were to be added to the maintenance tracker and the staff member told us they had full confidence the suggestions would be implemented.

Senior staff had areas of responsibility so tasks had been delegated to them. For example, one senior was responsible for the care and management of medicines and one had responsibility for health and safety. The assistant manager told us, "Staff like responsibility and this helps them to become specialists in these areas and able to support others to have a greater understanding." Records demonstrated staff kept up to date with all required checks.

The organisation had recently carried out a survey to seek the views of staff and professionals. One person had also given feedback and systems were being developed to gain feedback from others in a way that suited each person. A staff member commented, "ASD Unique Services is providing a vital and brilliant service." A visiting professional said, "This was my first visit to the service. I was impressed by the environment, the welcome at the door and to hear the manager engaging with the service user I was there to see."