ASD Unique Services LLP

76 Canute Road

Inspection report

76 Canute Road
Hastings
East Sussex
TN35 5HT

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18 February 2016

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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

This inspection took place on 18 February 2016. This inspection was announced. 48 hours' notice of the inspection was given because the service is small and the registered manager may be out of the office. We needed to be sure that they would be in.

This location is registered to provide accommodation and personal care to a maximum of six people with adults with complex needs within the autistic spectrum. Five people lived at the service at the time of our inspection and one person used the service for respite purposes. Some people could communicate using words and short sentences. Some people had non-verbal communication skills. We talked directly with people and used observations to better understand people's needs.

The home 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.

Staffing levels were adequate and were flexibly deployed to ensure people received appropriate support at all times to meet their individual needs.

Staff were trained in how to protect people from abuse and harm. Staff knew how to recognise signs of abuse and how to raise an alert if they had any concerns.

Risk assessments were centred on the needs of the individual. Each risk assessment included clear control measures to reduce identified risks to each individual and guidance for staff to follow to make sure people were protected from harm.

Accidents and incidents were recorded and monitored to identify how the risks of reoccurrence could be reduced. Staff had analysed behavioural incidents and put in place structured activities for people where it had been identified they may experience behaviours which challenge. This had reduced the frequency of incidents and enhanced people's quality of life.

There were safe recruitment procedures in place which included the checking of references.

Medicines were stored and administered safely and correctly. Staff were trained in the safe administration of medicines.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Staff had received training in the MCA and how to implement this in practice. DoLS assessments were in place to ensure people were lawfully deprived of their liberty.

Staff received on-going training and supervision to monitor their performance and professional development. The registered manager had ensured that staff had access to relevant training that met their learning needs. Staff actively sought and were supported to undertake additional training. This enabled them to further develop people's independence levels and improve their quality of life through use of enhanced communication methods and Positive Behaviour Support (PBS).

Staff responded to people's individual needs and support people to meet their individual goals and aspirations. People's needs and personal preferences had been assessed. Person centred activities were provided to people based on their individual needs and preferences. People's care plans had been regularly reviewed to ensure they were up-to-date and met people's individual needs.

The provider had obtained people's feedback and feedback from relatives and key stakeholders to develop and improve the service.

Staff supported people to have meals that met their needs and choices. Staff knew about and provided for people's dietary preferences and needs.

Staff were committed to providing a high standard of care to people. Staff communicated effectively with people, responded to their needs promptly, and treated people with kindness and respect. People's privacy was respected and people were assisted in a way that respected their dignity.

People were promptly referred to health care professionals when needed. Personal records included people's individual plans of care, life history, likes and dislikes. The staff promoted people's independence and encouraged people to do as much as possible for themselves.

People were provided with accessible information about how to make a complaint and received staff support to make their views and wishes known.

There were audit processes in place to monitor the quality of the service and promote continuous service improvements.

There was an open culture that put people at the centre of their care and support. Staff held a clear set of values based on respect for people, ensuring people could make choices and have support to be as independent as possible.

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.

Staffing levels were adequate to ensure people received appropriate support to meet their needs.

Staff understood how to identify potential abuse and understood their responsibilities to report any concerns to the registered manager or to the local authority.

Personal Emergency Evacuation Plans (PEEPs) were in place to support people to safely evacuate the premises in the event of a fire.

Medicines were stored and administered safely and correctly. Staff were trained in the safe administration of medicines.

Is the service effective?

Good

The service was effective.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Staff had received training in the MCA. DoLS assessments were in place to ensure people were lawfully deprived of their liberty.

Staff were satisfied with the training they had to meet the requirements for their role.

Staff had received regular supervision to monitor their performance and development needs.

People had access to appropriate health professionals when required.

Is the service caring?

Good

The service was caring.

Staff listened to what they had to say and provided care with kindness and compassion.

People were treated with respect and dignity by care staff.

Is the service responsive?

Good

The service was responsive.

Staff responded to people's individual needs and support people to meet their individual goals and aspirations.

The provider had obtained people's feedback about the service. They had evaluated the feedback and recorded their actions in response to this feedback to improve the service.

People were encouraged and supported to develop and maintain relationships with people that mattered to them.

Is the service well-led?

Good

The service was well-led.

There were quality assurance systems in place to drive improvements to the service.

There was an open culture that put people at the centre of their care and support. Staff held a clear set of values based on respect for people, ensuring people could make choices and have support to be as independent as possible.

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

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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 checked whether the provider was 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 was undertaken by one inspector. We checked the information we held about the service and the provider. We reviewed notifications that had been sent by the provider as required by the Care Quality Commission (CQC).

Before an inspection, we ask providers to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we made the judgements in this report.

During our inspection we spoke with the registered manager and two members of staff. We spoke with people who lived at the service and one relative who was visiting the service. We made informal observations of care, to help us understand people's experience of the care they received. We looked at three care plans. We looked at three staff recruitment files and records relating to the management of the service, including quality audits.

Good

Is the service safe?

Our findings

Staff told us how they communicated with people to keep them safe. People used specific words and Makaton signs to convey their feelings. Makaton is a method of communication using signs and symbols. Staff understood these words and signs where they may communicate potential triggers to behaviours. Staff supported people through positive engagement and reassurance to manage their feelings. Staff said people's behaviour had improved from developing trust with people and working consistently in this way. Staff looked out for signs of pain or distress where people used non-verbal communication. Staff had a good understanding of people's needs as they could interpret their different sounds and gestures and body language when people expressed their needs and wishes. One member of staff told us about one person's communication methods, "They show me when they don't want to do something. They thump their chest and make a happy noise. When they are not happy the noise they make has a different sound and they may kick out at objects." Staff were able to support people appropriately and safely based on a detailed knowledge of people's individual communication needs.

One relative told us, "My relative's safety, security and happiness are my priority. They must never be left on their own near roads as they have no insight into road dangers. Staff are co-operative. They are always looking and checking things. I wouldn't place my relative here if I was worried. It is clean, nice, secure and not too big a service. There are not too many people here. Staff are vigilant and notice when people may need to be kept apart. They are sensitive to people's moods and de-escalate situations."

Policies and procedures were in place to inform staff how to deal with any allegations of abuse. Staff were trained in recognising the signs of abuse and were able to describe these to us. Staff understood their duty to report concerns to the registered manager and the local authority safeguarding team. Records showed staff had completed training in safeguarding adults. Safeguarding incidents were reported to the local authority and investigated. One safeguarding incident recorded where someone became agitated whilst shopping with staff and there was a physical altercation with staff. There was no pre-warning or obvious trigger to the incident. Staff needed to use a low level restraint technique to calm the person down and reduce risk to the person and others. The person was safely taken home. The registered manager immediately referred the person to health professionals and the local authority for a review of their needs. Staff were debriefed on the incident and risk management measures were put in place. Staff introduced a 'no touch' policy with the person. They helped explain this to the person using a social story. A social story is a tool used to help people on the autism spectrum better understand about interpersonal communication, so that they can interact in an effective and appropriate manner. We observed staff prompting the person not to touch people to help them understand positive social boundaries in social situations. These risk management measures were taken to reduce the risk of future incidents occurring. There was a whistleblowing policy in place. Staff told us they would not hesitate to report any concerns they had about potentially poor care practices.

There was an adequate number of staff deployed to meet people's needs. The registered manager completed staff rotas to allocate staff to each shift. There was an on-call rota so that staff could call a duty manager out of hours to discuss any issues arising. The registered manager told us that unfamiliar staff

could have a negative impact on people's emotional stability and well-being. There was a bank of available staff known to people and the service. They covered shifts in the event of staff absence. However, occasionally agency staff were used at the service to ensure all shifts were covered with adequate staffing levels. This had occurred on several occasions where there was no availability of waking night staff to cover the shifts. The registered manager told us that there was a duty manager on call to support the agency worker who had no previous knowledge of the service. They told us the agency staff had received a detailed handover and worked well with people and they had no concerns about this. The registered manager was in the process of reviewing the rotas. They wanted to ensure that people had continuity of the same care staff for longer periods of time and to ensure that staff did not work long hours. Staff were available when people needed to attend medical appointments, social activities or other events. For example, staff were flexibly deployed to meet the changing needs of people. For example, one person wanted to change the day they visited their parents. The staff rota was changed to support the person to meet this need. A relative's feedback from a survey read, 'Staff do a good job. X has stable staffing to ensure continuity and structure.'

The registered manager was recruiting for a deputy manager role. Recruitment for this post was in process and interviews were due to take place in March 2016. One staff member told us, "It has been difficult. Some people have left. We are also short on drivers. Although there is always a senior on shift who can drive. The manager is looking into getting more staff that can drive. We do manage. We have part-time relief staff and some staff come from other of the provider's services who know people well. We have had some staff sickness. We have had to use agency staff sometimes. We try not to though. We had to use agency night staff recently that had not been to the service before. I provided them with a detailed handover. They worked well with people and there were no issues." The registered manager was aware of the staff concerns and was actively looking into concerns staff raised. Where staff were absent due to sickness, the registered manager was following appropriate legal processes to manage this.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service (DBS) checks to ensure staff were suitable to work with people who needed their support.

There was a business contingency plan that addressed possible emergencies such as extreme weather, infectious diseases, damage to the premises, loss of utilities and computerised data. Procedures were in place to ensure continuity of the service in the event of adverse incidents.

Personal Emergency Evacuation Plans (PEEP) were in place. The PEEPs identified people's individual independence levels and provided staff with guidance about how to support people to safely evacuate the premises. One person's PEEP recorded that they were fully mobile, that they would need reassurance from one member of staff and would need to wear ear defenders to reduce the distress potentially incurred from the noise of the fire alarm. One staff member was allocated on each shift to support them in the event of a fire. Evacuation drills were completed monthly to support people and staff to understand what to do in the event of a fire. There were plans for a night fire drill to take place. All staff had attended fire safety training. The fire alarm was tested weekly and all fire equipment was serviced every year.

Staff stayed at the service overnight which meant emergencies could be responded to promptly. This system also ensured that people were able to access advice, support or guidance without delay. All electrical equipment and gas appliances were regularly serviced to support people's safety.

The registered manager had reviewed and adapted the environment based on people's needs. The environment was intentionally minimalist and free from clutter and decorative items. This was based on the need for a low stimulus environment to support people's well-being and reduce the risk of people getting

agitated or anxious. Key lights were used throughout the home as some people had a tendency to turn standard lights on and off which could cause distress to some people. There were different seats in the lounge. The registered manager told us this was because people had very specific requirements about where they sat in relation to people, the television and in one case due to their eyesight. One person was sometimes unstable on their feet. They had a bedroom where they did not need to access stairs to help reduce the risk of possible falls. There was a sensory room on the premises. A sensory room is a special room designed to develop a person's senses, usually through special lighting, music and objects. This can provide therapy for people with limited communication skills. This room contained lots of items of sensory importance to people such as different lighting, items with different textures, different musical instruments, a music system and areas for people to exercise. People found this provided a calming space for them or it could provide a lively space depending on people's needs at the time. People took part in aromatherapy sessions in the room to help relax them. We observed someone spending time in the room independently, listening to music, doing some exercises and playing with musical instruments. People's cars were driven by staff. Driver shields were in place to reduce the risk of potential injury should people have behaviour which may challenge whilst staff were driving.

Records of accidents and incidents were kept at the service. When incidents occurred staff completed physical injury forms, informed the registered manager and other relevant persons. Accidents and incidents were monitored to ensure risks to people were identified and reduced. Risk management measures were taken to reduce the risk of future incidents occurring. One staff member showed us how they had analysed one person's behavioural incidents over the past year. They had identified different times of the day or year when the person had peaks in incidents. This helped them to better understand the person's need to include triggers and patterns in their behaviour. They had put in place structured activities to focus the person at particular times of the day where it had been identified they may experience behaviours which challenge.

Care records contained individual risks assessments and the actions necessary to reduce the identified risks. Care plans were developed from these assessments and where risks or issues were identified, the registered manager sought specialist advice appropriately. People had risk assessment in place to support them to manage potential behaviours which may challenge. These assessments identified potential triggers to people's behaviours and techniques staff should use to reassure people and de-escalate their behaviours. Staff reviewed people's moods daily and tailored activities based on people's needs. These measures helped to reassure people, provide guidelines to staff and help keep people and others safe.

People were supported to take their medicines by staff trained in medicine administration. Records showed that staff had completed medicines management training. The Medicine Administration Records (MAR) were accurate and had recorded that people had their medicines administered in line with their prescriptions. Medicines incidents were recorded and investigated by the registered manager. There was a protocol in place when staff made a medicines error. Staff competence was re-assessed to ensure they were competent to undertake this role and to ensure they had learned from the incident. We observed two members of staff completing a medicines round appropriately. This included checking for correct dosages, recording and signing when they gave people their medicines and locking the medicines away securely afterwards.

Good

Is the service effective?

Our findings

We observed people to have a good rapport and warm, friendly interactions with staff and the registered manager. We observed people were smiling and relaxed in their home. Effective communication was promoted by staff. Staff explained how they communicated with people with non-verbal communication needs. One person was able to respond using simple verbal feedback. They needed to be supervised at all times and not overloaded with too much information. They did not like transitions into new activities. Activities they took part in such as cooking needed to be undertaken when there was no-one else around to ensure they were not distracted and to create low stimulus environment to reduce their anxiety levels. One relative said, "The communications and handover of information is good. When my relative visits me we use a book to share information and give verbal feedback to each other."

Essential training was provided to staff which included medicines management, fire safety, manual handling, health and safety and safeguarding. There was a training plan to ensure training remained up-to-date. This system identified when staff were due for refresher courses. Staff received regular supervision every six to eight weeks. Supervision records contained information about staff training, performance and development needs. Staff told us, "We get lots of training it is awesome." Staff identified areas for training and development and the registered manager supported people to attend training to develop their skills to maximise the quality of support to people. One staff member told us they attended a course in 'social narratives'. This helped them to develop further skills in creating effective social stories with people. They told us, "I enjoyed the course. I learned to keep the word count to a minimum and to use key words only to help people focus on the meaning behind the story. I always seek people's agreement to the content of the social story." Staff used social stories to support people to keep safe, understand their behaviours and the impact on others. This enabled people to process the information in an accessible way to help them learn what to do differently in future.

Staff had an induction and had demonstrated their competence before they had been allowed to work on their own. The registered manager had implemented the new 'Care Certificate' training to be used with all new staff. This is based on an identified set of standards that health and social care workers adhere to in their daily working life. It has been designed to give everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care. The Care Certificate was developed jointly by Skills for Health, Health Education England and Skills for Care. The registered manager recorded observations of care practice to enable them and staff to discuss good practice and any areas for improvement. The registered manager observed and recorded their competency across all key areas of care practice. For example they observed how staff promoted people's dignity and choices and the individual communication needs of the person they were supporting. Written feedback provided by a professional who knew the service read, 'There is good support for the new staff in supplying them with the relevant information to work with people and the management supports the more experienced staff as and when they need it.'

People received effective support from staff that had been trained to help them to maximise their independence and increase their quality of life. Staff had completed specialist training in Positive Behaviour

Support (PBS). This training gave staff the skills and confidence to develop people's personal skills and competence in different social situations. PBS training supported staff to understand and manage people's needs and develop effective behaviour support plans for them. Each person had a PBS plan in place. This plan provided staff with guidelines on how to reduce the potential for behavioural incidents and enhance people's quality of life. The training helped them to consistently support people to enable them to maximise their independence and quality of life. Staff were satisfied with the training and professional development options available to them. Staff received formal annual appraisals of their performance and career development. Written feedback from professionals known to the service read, 'The manager supports the staff fantastically and gives them opportunities to progress in their careers' and 'Staff show great knowledge of people's needs.' Feedback from the staff survey read, 'Training has gone above and beyond what I was expecting. It is very good.'

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. The application 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. The provider had followed the requirements set out in the DoLS. The registered manager had submitted applications to a 'Supervisory Body' for authority to do so where people required this. DoLS had been granted for everyone at the service. Staff had completed training in understanding the requirements of the Mental Capacity Act in general, and the specific requirements of the DoLS. Each person had their mental capacity assessed for specific decisions that needed to be made about their care and support needs. 'Best Interest' meetings took place to ensure these restrictions were implemented appropriately and in the least restrictive way.

Care plans were provided in an accessible format to help people understand their support needs. Staff said they used different communication methods to ensure they obtained people's consent. One staff member said, "We use widgits and social stories and people's individual sign language to communicate with each other. I am vigilant and always watching people to check their moods. I know people really well." Widgits are a communication method using pictures and symbols.

People liked the food and were able to make choices about what they wanted to eat from a wide range of healthy meal options. Feedback from professionals who knew the service read, 'Meals are individual to each person and their choices' and 'I have seen the variety of meal choices people have and there is an emphasis on a healthy well balanced diet.' Feedback from a staff survey read, 'The quality of food is very good and people help when making the food. Staff always follow the nutrition planner when preparing food.' People were supported by staff to develop kitchen and cooking skills. One person had a gluten free diet this supported them to maintain good health which met their individual needs. They were supported to use gluten free products when cooking and baking to support their health and well-being. Menus were pictorial to support people to make choices about food they would like to eat and to inform them what was on the menu each day. The registered manager told us that one person had an obsessive interest in food. Staff needed to support them to reduce their anxiety levels. They used social stories to talk about food with them to answer any questions they had about food related issues and to reduce their anxiety levels.

Due to peoples' health needs, risk assessments were in place to ensure they were constantly supervised

whilst eating or when around food where needed. Due to exercise and healthy eating, people had been supported to sustain a healthy weight to support their physical health needs. People were supported by staff to develop their cooking skills. They worked alongside staff in the kitchen.Staff were vigilant to changes in people's weight. Staff had observed that one person had recently gained some weight. They referred the person for a review of their medicines and they were referred to a specialist health team for a review of their physical health needs. All weight monitoring records were accurately maintained and signed by staff.

Where people were at risk of choking. Staff followed risk assessment guidelines which were available in people's care plans. Staff were able to describe how to support the person in line with these guidelines. One person had been provided with had a big bowl, an adapted spoon and slip mat to support them to eat safely and independently. Staff ensured their food was cut up to reduce the possible risk of choking. One person had dental needs, so staff ensured their food was cut into small pieces. Staff monitored people at all times when they were eating or around food.

People had health care plans which detailed information about their general health. People had a 'Healthcare passport' containing pictures and accessible language. They took this with them to health appointments to assist them to communicate their health needs to medical professionals. Records of visits to healthcare professionals such as G.P.'s, chiropodists, opticians and dentists were recorded in each person's care plan. People's care plans contained clear guidance for care staff to follow on how to support people with their individual health needs. Staff used a social story to prepare someone to attend for a blood test as they did not like needles. They told us the person managed this really well and was in and out of the surgery in five minutes. Afterwards staff told us the person said. 'I have been really brave. I am the incredible hulk!' People's care plans contained clear guidance for care staff to follow on how to support people with their individual health needs. Feedback from one professional known to the service read, 'From my experience it appears that staff are proactive in seeking support from specialist services when required.'

Good

Is the service caring?

Our findings

We observed staff talked with people in a caring and respectful way. People had developed good relationships with staff. People presented as relaxed, happy and comfortable and interacted positively with staff. Staff used pictures and signs to create visual social stories to support people to gain greater social understanding in different situations. Staff talked about how they provided support to someone with non-verbal communication. Staff recorded every communication method the person used to help them understand the person's needs. One member of staff said, "We use different communication methods such as widgits and social stories. We help people to develop skills like learning social boundaries such as greeting people appropriately." We observed one member of staff explaining who we were and encouraging them to greet us before going out. We were advised to give them personal space to encourage them to approach us. They came over to us smiling and said 'hello' and shook our hand before going out with their support worker. One member of staff said, "I love working here. I love and care about the guys. There is a homely environment here." Written feedback from professionals known to the service read, 'There is always a happy and positive environment' and 'People are treated with the utmost respect and dignity. Plans and programmes are individual to each person's needs.' Another professional had written, 'The standard of care is excellent with the focus on the clients' needs and requirements.'

Support plans clearly recorded people's individual strengths and independence levels. Staff had completed 'lifestyle passport questionnaires' for each person. This recorded information about each person's independence levels in all areas of their life. One person had developed skills in preparing their own breakfast. They developed these skills in stages. The staff member told us they now prepared their own breakfast with minimal support from staff. This skills development had also reduced the incidence of behaviours for the person. Staff analysed incidents and found the person tended to be more agitated in the mornings. Preparing their own breakfast gave them a task to focus on and provided them with a consistent structure which had led to reduced incidents at this time of day.

Staff understood people had different communication needs and took time to understand each person's individual needs. Information on people's communication needs was recorded in detail in their care plans. One person had a widgit board in their room. This helped remind them of activities they were taking part in each day. This provided them with structure and helped them to remember what they had chosen to do. Staff followed consistent guidelines to support people to communicate their needs. Menus, activity planners and care plans contained pictures so people understood what they had decided to eat and take part in. There were notice boards in the main reception area. People liked to know which staff were on shift. Staff photos were placed on the board when they were on shift to inform people and support people to manage any anxiety they may have. Staff had written a social story about the inspection prior to us visiting to prepare people and inform them who we were and the purpose of our visit.

Staff were aware of people's history, preferences and individual needs and this information was recorded in their care plans. People's preferences were clearly documented in their care plans. One person liked to have their meals in their room. People spent private time in their rooms when they chose to. Some people preferred to spend time in the sensory room, kitchen or their bedroom and staff respected people's wishes.

People were involved in planning their care by communicating their needs and spending time with staff and their key worker. A key worker is a staff member who spends additional dedicated time with people to maintain communication and to support people with their needs and wishes. People's care plans reminded staff that the person's choices were important and staff were aware of people's preferences. Staff talked to us about communication methods they used with one person to find out about their preferences. One staff member said, "They respond well to praise. I speak with them using simple sentences. They like to please people and sometimes say what they think I want to hear. I observe their behaviours to assess whether they genuinely like or don't like something. I use visual prompts for example when asking whether they like something on the menu to find out what they like."

We observed staff treated people with respect and upheld their dignity. One relative said, "Staff are polite." One member of staff said, "I support one person with their personal care. I maintain their dignity by giving them assistance as they need it. For example, when supporting someone to have a shower, I pour shampoo onto their hand and open the shower door minimally to ensure they have this and to pass them a flannel. I stand nearby to supervise and to prompt them. For example I use washing gestures that they follow to ensure they wash themselves independently. I use social stories to help people understand how to promote their dignity, for example, I explain to people the need to have clothes on in communal areas where other people may be." One person liked to manage their own personal care. Staff sometimes needed to support them with this. They told us the person only responded to support when done with humour. Staff made sure they talked to them in a relaxed and humorous way to encourage them to promote their dignity needs. Staff referred to people at all times by their names and knew people's needs well. People's care plans gave guidance on how people should be treated to ensure their dignity was upheld. Respectful language was used throughout care plan records.

The registered manager told us advocacy services were available to people at the service. Advocacy services help people to access information and services; be involved in decisions about their lives; explore choices and options; defend and promote their rights and responsibilities and speak out about issues that matter to them. This helped people to keep informed of their rights and supported people to access this service to make independent decisions about their care and support needs.

Good

Is the service responsive?

Our findings

People communicated with staff about what they would like to do and any issues of importance to them. There were photos on the wall in the dining room showing the activities people had taken part in. One person took part in rock climbing sessions on a regular basis. People had visited the sea life centre. People celebrated birthdays. There were photographs of parties people had attended. People's art work was also displayed on the walls in the dining room. One relative told us, "X has had a good transition into the service. Staff know them well. They ensure X has a lot of support from different professionals. Their care plans are up-to-date" and "The manager always updates me about their care and discusses concerns with me. They tell me what's happening and always listen to me. They always make time to see me." One staff member told us, "It is progressive for people here. We find out how we can help them and meet their changing needs. We are always reviewing things to make sure they are working for people." Written feedback from relatives recorded, 'I think carers do exceptionally well integrating people into the community.' Written feedback from a professional known to the service read, 'There is a very high level of support and care given from management and staff' and 'I am very impressed by the dedication of the staff and attention to detail to meeting people's needs.'

Peoples' care plans included their personal history and described how they wanted support to be provided. People's care files contained 'What is important to me' information. People were supported to pursue interests. For example, one person liked to go out for a drive. They had their own car which staff were able to drive. They liked to go for walks go to the pub and go out for lunch. They liked trampolining and had an instructor who taught them trampolining skills. Another person had lots of interests to include watching films, researching information online and creating information folders on things of interest. Staff told us about guidelines they used to support people to enjoy their interests in a safe way which were clearly recorded in their care plans.

People had individual weekly activity planners which recorded all the activities they had agreed to take part in. People's planners contained a diverse range of activities and interests for each person. We spoke with a senior support worker who was responsible for developing people's activity timetables. They were passionate and dedicated to identifying activities that met with people's individual needs and preferences, known as 'person-centred activities.' Staff worked closely with people and recorded how they responded to activities or any feedback they may give. Staff monitored people's verbal and non-verbal feedback and their moods to better understand what activities people engaged with. They told us about one person who attended an activities group every week. Staff worked with the person and staff at the service to develop a schedule of activities to enable them to get the most out of this group session. This gave the person the structure they needed to enjoy the time they spent there. Staff observed that the person was more confident socially and was more involved in social events with the group. One relative told us, "The activities person wrote a report about different activities my relative liked to do. It was very good. I was impressed with how detailed and accurate it was."

One person liked to go out on the bus and go out for tea. Staff ensured activities were tailored to meet their individual needs. The registered manager told us that they found it hard to tolerate waiting for things to

happen. Staff used distraction techniques to support them to manage waiting and transitions between activities. We observed staff talking and engaging the person in conversation about things they liked to do. They liked listening to music and we observed music was played to support them to keep calm before taking part in the activity.

People liked to do cooking and develop their skills in this area. Staff told us that people had different independence levels. Everyone enjoyed cooking and baking and needed different levels of support to do this. Staff supported one person to pour and stir ingredients and put cakes and food in the oven. This way they were supported to understand each stage of cooking and baking to slowly develop their skills and knowledge. Another person liked to cook but only when there was no environmental noise or disruption. Staff ensured they had cooking sessions scheduled at times when other people were out of the house doing their preferred activities. Another person did not like waiting time. Staff prepared ingredients in advance to reduce the waiting time so the person could focus on the activity and learn cooking skills ensuring their maximum concentration. Staff adapted to people's different independence levels and ensured activities catered to people's needs and preferences.

People were provided with the support they needed to manage their health needs. Staff had received training from a specialist nurse team. Staff told us about the key signs one person's health may be deteriorating. They were able to explain what they needed to do to support the person safely in the event this happened. There were detailed guidelines in the person's care plan for staff to follow. Staff had recorded health information to understand the person's health needs and to support on-going monitoring and sharing of information with the person's key health professionals.

The registered manager told us about one person who previous had physical behaviours which may challenge. They told us that staff knew the person well and they had received lots of support to support them to manage their behaviours. Staff were able to recognise signs that the person's mood was changing. Incidents related to their behavioural needs had significantly reduced and there had been no recorded incidents requiring any physical contact from staff for two years. They involved relevant health professionals to support people where they had behaviours which may challenge. Detailed guidelines were in place to enable staff to consistently support people to manage their needs.

People were encouraged and supported to develop and maintain relationships with people that mattered to them. People visited their families and had regular contact with family members. One person regularly spent times staying with their family. One person liked to see their family, however they would become anxious before each family visit. Staff developed a social story which explained when they would be going to see their family. They would also cross the days off in a calendar as part of a countdown to the visit. This helped them to manage their anxiety in the lead up to a visit. Feedback from one professional known to the service read, 'I have met people's parents and families and therefore know that there is an excellent link with people's families.'

People had a key worker who they had chosen from amongst the staff team. People communicated with them daily about what was important to them. Staff observed and recorded people's likes, dislikes, goals and aspirations. They recorded when outcomes and goals had been completed or progress made to ensure people were supported to achieve their goals. One person's goal was to make their own breakfast. Staff had supported them to achieve this goal. One person had short terms goals that they wanted to achieve, these included making 'cheesy chips' and preparing own lunch. They had made progress towards achieving this by making their own tea and helping out with cooking tasks in the kitchen.

Surveys were sent to people, their relatives, staff and key professionals annually so they could give feedback

to develop and improve the service. They had received feedback from people, staff and professionals who advised they were satisfied with the service. Staff survey feedback read, 'Menus are good, but there should be more variety for people.' The registered manager said that they were revamping the menus as a result of this feedback. They had introduced new fish and chicken recipes to test whether people enjoyed them. Other feedback from a staff survey read, 'Premises need to be refreshed.' The registered manager said that in response to this refurbishments had been prioritised. A new dining room floor had been laid and other improvements had been made to the premises.

The complaints policy was written in accessible language with pictorial aids to support people to understand how to make a complaint. The registered manager showed us the complaints procedure. We saw that where complaints had been received, the registered manager had responded appropriately.

Good

Is the service well-led?

Our findings

Staff said, "Our manager is very accessible. If you call her she makes herself available" and "We have caring proprietors. The manager is experienced and cares about people. This is a really good service. We are a solid team. Staff care about the service we provide. This is the strength of our team. It is important." One relative said, "I am impressed with the manager. I can always talk to her. She is on the ball. She is on the case and aware of things before I tell her." The registered manager told us the senior staff team had been at the service long term and this ensured the stability of the service.

There was an open culture that put people at the centre of their care and support. The registered manager and staff shared values and a vision of the service based on supporting people to be as independent as possible, make their own choices and have opportunities to develop skills and interests. One member of staff told us, "This job means a lot to me. I want to support people to develop an independent lifestyle. I like supporting people to do more and more things. Everyone is capable of learning."

Staff were informed of any changes occurring at the service and policy changes. Staff attended monthly team meetings to discuss people's support needs and policy issues. This was confirmed in meeting minutes. Staff gave suggestions about how the service could be improved. They talked about people's needs and strategies they used with people to support them and to enhance their quality of life. They talked about people's health needs and where referrals had been made for people to health professionals. They talked about the operational running of the service. A recent infection control audit had identified good standards of infection control and staff were praised for maintaining good standards of cleanliness at the home.

Each staff member had responsibility for different tasks and service governance and were clear on their individual accountabilities. There were audits in place intended to improve service quality. The registered manager monitored audits to ensure issues and shortfalls were addressed. Monthly audits were completed by the registered manager who sent a monthly quality monitoring report complete with actions needs to the provider's head office. We saw that action plans were developed where any shortfalls had been identified.

Care plans were updated every month in line with the provider's policy. Records and care plans were up-to-date to ensure people's current care and support needs were recorded.

A medicines audit had been completed by a pharmacist in January 2015. One recommendation made had subsequently been implemented by staff. Senior staff completed monthly medicines audits to ensure that policies and procedures were being followed appropriately by all staff.

The registered manager completed an environmental audit to include cleaning schedules to ensure that the service met essential infection control and health and safety standards. The service had attained a National Food Hygiene Rating of '5' on 12 February 2014. This was the highest rating that could be achieved. This demonstrated that essential standards of food hygiene were met effectively.

The registered manager had developed a new system to ensure home refurbishments were completed

effectively as part of continuous improvement planning.. A new refurbishment tracker was put in place. This was reviewed and updated every month to ensure all identified refurbishment work was reported, addressed and then signed off as completed. The flooring had just been replaced in the dining room. The windows in one person's room had just been repainted. A lot of refurbishment work needed to be completed while people were out of the service to limit disruption to their routines and promote their well-being. The registered manager told us that 25% of identified refurbishments had been completed and they were working to complete outstanding refurbishments recorded in the tracker.

Maintenance work and repairs were implemented based on a priority system taking account of people's safety in their environment. A maintenance person attended the home regularly to carry out essential maintenance and repair work. Weekly and month maintenance checks and monthly room checks were completed by the provider to ensure the premises were safe and fit for purpose. Daily room checks were completed to ensure essential hygiene and infection control standards were met. An infection control audit was completed every six months to ensure standards were maintained.

The registered manager promoted continuous service improvements. The registered manager was part of a Positive Behaviour Network Team based in East Sussex. This provided them with a good opportunity to network and share best practice in Positive Behaviour Support (PBS)methods. The registered manager had provided a session on 'reflective practice and PBS' to other professionals to promote and develop best practice in this area.

The registered manager attended quarterly registered manager forums at East Sussex County Council to inform them about leadership and care sector initiatives They also attended quarterly safeguarding forums to inform them about safeguarding processes, changes in legislation and best practice on how to safeguard people from abuse.

The home 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.

We have been informed of reportable incidents as required under the Health and Social Care Act 2008.