

Aspens Charities

St Matthew Road

Inspection report

3-5 St Matthews Road
St Leonards On Sea
East Sussex
TN38 0TN

Tel: 01424445924
Website: www.autismsussex.org.uk

Date of inspection visit:
29 August 2018

Date of publication:
26 October 2018

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

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

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

St Matthew Road provided accommodation and personal care for up to 10 people who had learning disabilities and some associated physical and/or sensory disabilities. Nine people used the service at the time of inspection. Some people had their own flats, which included their own kitchen and bathrooms. There was a kitchen, dining-room and large lounge for people to relax in. People had access to two large gardens and one person had their own smaller garden space. There was also a newly refurbished summer house for relaxing or having parties in.

At our last inspection in December 2016, the service was rated 'Good' overall. At this inspection there was a new provider. We found the service remained Good.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were kept safe by staff that were knowledgeable of potential risks to their safety. There were robust risk assessments and regular checks of the building to ensure it was safe for people to live in. People received their medicines from trained and competent staff. There were enough staff to meet people's needs. Staff were recruited safely and people were involved with the recruitment process to ensure the right staff were employed. Accidents and incidents were recorded and monitored and action taken that reduced reoccurrence.

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

Staff had the skills and knowledge to support people and had attended specific training to meet all people's needs. Additional support was provided in the form of supervisions and appraisals. Staff spoke positively about their induction into the service and the emphasis on shadowing staff to understand people's routines and needs. People's nutritional needs were met and they were given choice and control over what they wanted to eat and drink. People's health and social wellbeing was promoted through regular input from

professionals.

Feedback from people, their relatives and professionals was that staff were kind and genuinely cared for them. People's dignity, independence and privacy was promoted at all times. Staff knew people, their preferences and support needs well. People had their own key-worker, a named member of staff who had a central role in their lives and would oversee their support needs and care plans.

People, their relative's and health professionals considered staff to be responsive to people's needs. People experienced support to help them manage their anxieties, and this had a positive impact on their lives. People felt their views were listened to by staff. Staff were knowledgeable of people's individual communication needs and ensured that these were always met in a person-centred way. People were supported to understand death and bereavement, and specialist professional support was sought when people needed it.

People, their relatives, staff and professionals spoke highly of the management team. Audits were completed regularly by the registered manager and deputy manager to ensure that documentation was factual and up to date. We were told the new provider had brought positive changes and that this made staff feel valued by the company. Staff worked together as a team, with the view that being open and transparent would achieve positive outcomes for people.

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.

Potential risks were identified through detailed risk assessments that empowered people to do the things they enjoyed.

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

People received their medicines safely from competent staff.

Is the service effective?

Good ●

The service was effective.

Staff attended a variety of training courses to ensure they had the skills and knowledge to meet their individual needs.

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

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

Is the service caring?

Good ●

The service was caring.

People and staff had built strong relationships with one another and staff had a good understanding of people and their preferences.

People's privacy, dignity and independence was promoted.

Is the service responsive?

Good ●

The service was responsive.

Staff had understanding of what made people anxious. Actions

taken to support them meant that people were able to manage their fears and do things they weren't able to do before.

Staff sought specific support for people to develop their understanding of death and dying.

People were given choice and control over the activities they wanted to do each day.

Is the service well-led?

Good ●

The service was well-led.

There was regular quality monitoring to ensure people experienced good quality care and documentation was relevant and reflective of people's support needs.

People, their relatives, staff and professionals spoke positively about the management team. Staff told us they were given lots of support in their role.

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

St Matthew Road

Detailed findings

Background to this inspection

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

The inspection took place on the 29 August 2018 and was undertaken by one inspector. The inspection was announced. We gave the service 24 hours' notice of the inspection visit because it was a small service and the manager was often supporting staff or providing care. We needed to be sure they would be in and that our visit would not disrupt the lives of people more than necessary.

Before the inspection, we checked the information we held about the service and provider. This included previous inspection reports and any statutory notifications sent to us by the registered manager. A notification is information about important events which the service is required to send to us by law. We also reviewed the Provider Information Report (PIR). This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make.

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

Following the inspection, we spoke with three relatives and two professionals to gain their views of the service provided at St Matthew's.

Is the service safe?

Our findings

People were safe. Although not everyone was able to tell us they felt safe, we saw they were comfortable and relaxed around staff that knew them well. Relatives were also confident that people were safe. One family member told us, "My relative tells me they are happy and safe and that's the most important thing." Another said, "Staff know the importance of routine for my relative and how this makes them feel safe and secure."

Assessments of risks, both personal and environmentally were undertaken for people who lived at the home. This included assessments for managing medication, risks associated with communal activities, falls and the safe use of public transport. For people that had health conditions such as epilepsy, there were informative assessments that detailed the type of seizure, early warning signs, patterns of seizures and how to support with emergency medication. People also had positive behaviour plans to support them with anxiety or behaviours that challenged. These included stress factors, the impact on the person and others, how staff should support people, and things that helped or should be avoided. The registered manager told us that all managers who worked for the provider were leads in Positive Behaviour Support and able to support staff with learning.

Relatives and professionals spoke highly of the support people received in managing their anxiety. One relative told us, "My relative used to display self-injuring behaviour but I haven't seen that in a while which suggests to me they are settled." A professional told us about a person who initially, had been fearful of going out at specific times of the day. They said, "In a short space of time the person seemed very settled and secure with staff. They were going out at all times of the day and I was impressed by how well staff seemed to know the person."

Incident and accident reports detailed information of the incident, immediate and on-going actions taken and reflected on lessons learned. The registered manager analysed incidents to look for patterns or trends, which meant they had continuous oversight of risks to people. People and the risk of harm were considered the highest priority in all incidents. An example of this was for a person who did not receive their medicine at the right time. Staff immediately contacted the person's GP and sought advice from emergency services. Relevant others were notified and the person's health monitored. Staff reflected on the incident and recognised areas that could be improved. They were also provided with additional training to support them in their learning and minimise the risk of incidents happening again.

There were enough staff to support people who lived at the service. Any absences were covered first by staff from the home or from other homes owned by the same provider. As a last resort, agency staff were used. There was a vacancy, which the registered manager was recruiting for. They told us this wasn't a process they could rush as "It is so important that we get the right kind of staff in to support people's needs. The wrong person could have a detrimental effect on people so we take time to make sure we get it right." The registered manager told us that before an interview, potential candidates were invited to visit the service to meet people and the staff team. The registered manager then received feedback from staff and people which formed an important part of the recruitment process. They said, "If people do not like candidates or they make them feel uncomfortable, then they won't work here. The most important thing is that our people

are happy." For candidates that were successful, the provider had completed thorough background checks. This included applications to the Disclosure and Barring Service (DBS) that checked for any criminal convictions, cautions or warnings. Evidence of their previous experience and training was required before working at the service. This process ensured as far as possible staff had the right skills and values required to support people.

People were protected against the risk of abuse because staff knew what steps to take if they believed someone was at risk of harm or discrimination. Staff gave us clear examples of signs or symptoms that a person may be at risk and discussed actions they would take to address this. They knew who they could contact for support and were also aware of treating any concerns sensitively and confidentially. Staff told us they received regular safeguarding training and procedures were also reinforced during staff meetings. We found that all potential safeguarding concerns were reported appropriately and advice sought where needed. The registered manager reinforced the importance of their duty of candour and said, "Being open and honest is essential as well as learning from mistakes and growing."

People's medicines were safely managed. Staff were not able to support people with medicines unless they had received relevant training. Staff also had their competency to administer medicines assessed regularly. This was achieved through review of training, written tests and observations by a member of the management team. Some people took medicines on an 'as and when required' basis. Records detailed why the medicine was prescribed, the dose, maximum use within 24 hours and when the GP may need to review. There were medication risk assessments that detailed how the person may show they were in pain and when to offer pain relief medication. People's medication was stored in locked cabinets in their bedrooms which promoted their privacy and independence with managing their own medicines.

People lived in a safe environment. Regular health and safety checks included fire safety, maintenance of the building, electrical equipment and water temperatures. Legionella and asbestos safety checks were also up to date. There were fire risk assessments that included how a person may respond in an emergency and how to support them. There was also a 'grab bag' for staff to use. This included useful equipment such as a torch, first aid kit and high visibility jacket. Also included were fire procedures, the service contingency and disaster plans and each person's fire risk assessment for staff information.

We observed good practice in infection control and the environment was clean, warm and well maintained. Staff received regular infection control training and had a good knowledge of how to prevent the spread of infection. This included hand washing techniques, using coloured chopping boards for different food groups and ensuring a robust cleaning schedule was followed daily.

Is the service effective?

Our findings

People thought staff were effective because they, "Knew things" and "Always had the answer." Relatives agreed that staff were well trained and knowledgeable of people and their support needs. One family member told us, "Staff are particularly knowledgeable about autism and how this impacts on my relative. They understand that routine is extremely important and make sure this happens." Another said, "I had concerns about my relative and their weight. Staff worked with them to encourage healthier eating and I was pleased with that."

People were offered choice in all aspects of their care. People were given information in a format that met their needs, to help them make decisions. An example of this were leisure audits that were completed with people monthly. They were in a pictorial format and asked people to rate how they enjoy different activities. When decisions were required, people were involved with the process and signed their consent on relevant documentation. For those that were unable to consent, there were supported decisions that included views of those that knew the person best. Staff were able to relate principles of the mental capacity act to people they supported and accepted if they made what was deemed to be an unwise decision. One staff member told us, "A person here smokes and it is their right to do so. We just have to make sure they understand all the risks. We regularly see their GP or the nurse to review this."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS applications had been made where required and all conditions were being met.

Staff had the appropriate skills and knowledge to support people living in the home. They told us they received regular training which included food hygiene, first aid, safeguarding, health and safety and mental capacity. They had also received more specialised training in autism, epilepsy, stroke awareness and managing anxieties. One staff member said, "Anxiety training was particularly good for supporting people that live here. It detailed coping mechanisms and strategies for supporting with agitated behaviour." Another said, "It helped me to understand why they react the way they do and to look at it from their perspective." Staff had completed a mental health qualification. This long-distance learning course took three months to complete and staff felt it was, "In-depth" and "Hugely beneficial." Staff had also had Non-Abusive Psychological and Physical Intervention (NAPPI) training which focussed on understanding behaviour rather than using physical restraint. There were opportunities for staff to complete a National Vocational Qualification (NVQ) in Social Care for those who wished to develop their skills and knowledge. An NVQ is a work based award that is achieved through assessment and training. To achieve an NVQ, candidates had to prove that they had the ability to carry out their job to the required standard. A staff member who had completed their NVQ 3 in health and social care told us, "It taught me new skills and ways

to look at things as well as reminding me of basic care principles. I enjoyed it."

Staff spoke positively about their induction into the service. They described it as, "A robust system where I got to know about policies, procedures and people's routines", "A chance to shadow experienced staff and get to know people" and "An opportunity to ask lots of questions." Staff told us shadowing other staff had been the most beneficial part of the process. It was particularly in-depth because staff shadowed people with their key-worker. One staff member said, "Because key-workers know the people they support best, we get so much information, even about the slightest details." Following induction, staff were supported in their role with regular supervision and appraisals. Staff spoke positively about supervisions. One said, "I can bring up any issues and don't feel worried or belittled." Another said, "I can go to the registered manager or my senior as often as I need to. There are no set rules on how many supervisions staff can have."

People's nutritional needs were met and they told us they always had choice with what they wanted to eat or drink. One person told us, "Staff help me cook because I can't do it on my own. I choose what I want. We have house meetings about menus." People were involved with shopping for ingredients and preparing their food. Another person was supported to manage their diet because they had previously been underweight. They told us that they had a high calorie snack box which they filled weekly with their favourite foods. Staff were aware of this risk and monitored the person's weight as well as supporting them to have regular reviews with their GP.

The service supported people to maintain good health with input from health professionals on a regular basis. People were supported to access their GP, the learning disability team, occupational therapy, psychiatrists and dentists. They had annual health checks with their GP's and reviewed their medication which ensured it was still meeting their health needs. Each person had a health action plan which detailed all appointments and actions required to improve people's health. Staff also sought out people's opinions about health matters and respected their decisions. An example of this was for a person that was recommended surgery for a specific health condition. This was discussed at length with the person, health professionals and those that were important to them. The person decided they did not want to have the procedure and this choice was respected.

Professionals told us that feedback was given regularly and their guidance sought and followed. One professional said, "I regularly receive emails keeping me up to date with issues and have found the entire team to be very informative and responsive." The registered manager emphasised the importance of working together with others to achieve positive outcomes. They said, "Everybody has different areas of expertise and only working together and sharing that knowledge can make a positive impact on people's lives."

The design of the building met people's needs. Some people became anxious and needed space. Their bedrooms and other large communal areas allowed them the space they needed when required. One person had their own garden space to reduce their anxiety in being around others. Some people had their own flats to maintain their independence and living skills and were proud of their space and home.

Is the service caring?

Our findings

People told us the service was caring. Comments included, "Staff are a friendly bunch", "I'm happy here" and, "I like living here, it's a good place." One person said, "In my opinion there are three things that make a good home. Feeling safe, being happy and having things around me that make me happy. I have all those things here." People appeared relaxed around staff and interacted positively with them. Exchanges were friendly, with lots of joking and laughter. People had built particularly strong relationships with their keyworkers and told us they were, "Amazing", "Very good" and "Take me to do things I like."

We received numerous positive comments about the caring nature of staff from people's relatives. They described staff as, "Very conscientious", "Put themselves out there to look after my relative" and "Very kind and understanding." One relative had not met all of the staff team but said, "I know they're great because my relative tells me so and talks about them fondly." Another said, "It would be easy to think their needs are too complex and to give up but they never do and they seem to want to encourage people to succeed." Relatives also felt that staff supported them as well as their loved ones. One told us, "They offered support during a difficult time and I can't thank them enough."

Staff genuinely enjoyed working with people and looked forward to coming to work. One staff member told us, "The best thing is knowing that you're making a difference. If people are happy, I am happy." Another told us they loved their job because, "Every day was different and even the smallest achievement was celebrated."

Staff knew people well and showed interest in their preferences and hobbies. One person loved trains, so activities and holidays were centred on this interest. Staff understood people's routines and things that might make them anxious. One person had a particular routine when entering their room and staff were patient and respectful whilst waiting for the person to complete their routine. This helped the person to stay calm. Another person continuously came back to staff needing reassurance and staff were kind and consistent each time. People told us that staff were, "Always there for them" and that they could talk to them if they felt frustrated or anxious.

Staff knew how to promote people's independence and supported people to do as much on their own as possible. For example, one member of staff told us how a person had been supported with preparing their food and were now more independent when completing this task. The person was very pleased they able to do this and the staff member said, "They now chop fruit and vegetables with minimal support. It's all about engaging people and taking little steps at a time." A professional we spoke to felt that staff were particularly skilled at supporting people to become independent. They told us, "They encourage building skills and most important work with people to overcome worries and feel more confident."

Staff ensured that people's dignity and privacy was respected and promoted. People were addressed by their preferred name and their bedrooms were filled with photographs and personal belongings. People were given choice over the decoration and lay-out of their rooms. Their rooms were considered their own personal space and staff always asked permission before entering and respected that people needed time

by themselves. People's care records were stored securely in locked cupboards and electronic documents were password protected. Staff also knew how to protect people's confidentiality. Staff closed the office door before discussing people so that others could not hear personal information. Another staff member gave examples of only disclosing information on a need to know basis.

People's views were valued and they were consulted regularly about their experience of the service. They were given annual survey's in an easy read format to enable them to express their views to help managers improve the service. There were weekly resident's meetings where people discussed their preferences for activities, menus and changes to the home. Any compliments or complaints were raised and discussed. Staff also appreciated that this forum was not always suitable for everyone. Two people did not feel comfortable in group situations and so had separate meetings with staff on their own. The deputy manager said, "Their opinion's matter as much as anyone else's so we meet at a time and place where they feel most comfortable." One staff member said, "This is a people led service. It's led by them, not us. They let us know what they want and when they're ready to do things."

Is the service responsive?

Our findings

Relatives thought staff were "Fantastic" in the way they responded to people and any changing needs. They had regular contact with staff and felt well informed about their wellbeing. One relative told us, "I receive an email every month about my relative, such as what they've been doing, with photographs. They discuss with them what they want to share with me first and I like that. My relative and I then read it together." Relatives told us they had annual reviews with key-worker's and the deputy or registered manager and felt theirs and their loved one's opinions were valued.

Staff were responsive to people and were knowledgeable of what made them anxious. Their confidence in providing the right support had reduced people's anxiety and had a positive impact on their wellbeing. An example of this was for a person who was initially reluctant to participate in activities. They were now doing voluntary work, had joined a community choir and were having language and music lessons. The registered manager explained that the person had initially had a lot of anxieties about using public transport and staff did travel training with them to familiarise them with routes. As a result, the person was now travelling on public transport independently. Another person had severe sensory and challenging behaviour needs which had prevented them from going out. The registered manager purchased equipment and also modified the house car to help with over stimulation of the senses. Staff introduced a system, where the person was rewarded for positive behaviour. When the person received a certain number of rewards they were could choose an item from their 'Wish list'. Staff told us this had worked really well for the person and because they were being rewarded for positive behaviour, they were going out much more and without displaying as many behaviours.

Staff were knowledgeable of the principles of equality and diversity and respected that all people were different. They were supportive of people's religion and enabled them to attend local places of worship and related social events. A person's choices about their appearance and identity were valued and respected. One staff member said, "I don't care at all what they choose to wear. As long as they are happy and able to express themselves, that's all that matters." Staff had worked with the person to identify the impact that their choices may have on the wider community and the responses they may receive. This was to prepare them for any potential discrimination and allow them to make informed choices when expressing their individuality.

At the time of inspection, no one received end of life care. However, some people had an 'end of life' care plan which included what was important to them, funeral arrangements, people they wished to inform and attend. People were at the centre of this plan and their wishes respected. Staff had also acknowledged the need for personalised professional support for one individual when a family member became unwell and died. The registered manager sought out end of life training from an autism specialist who could provide specific guidance for the person in understanding what death means. The registered manager told us, "Structure and routine are important for this person so we knew this would be particularly difficult for them and needed additional support." Staff used picture cards to support the person with their understanding of what was happening and what to expect. They also provided emotional support to the person when attending the funeral. One staff member told us, "Although it was still hard, we were able to prepare the

person for what was to come and this definitely helped with their anxiety and grieving." Staff were aware that the grief process was still ongoing for this person and continued to offer bereavement support.

Each person had a care plan that was specifically designed around their needs, goals and aspirations and was reviewed regularly by people and their key-workers. People had their needs assessed before they moved into the home and the information gathered was used to develop their care plan. Each support file was specific to the person and emphasised their preferences and routines, which were important to them. People had pen portraits which were snap shots of the care people received. Also included was information on what motivates the person, what they do independently and what they need support with. There were in-depth medical and personal histories, parts of people's lives affected by autism, goals and development plans.

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

Staff were knowledgeable of people's communication needs and used a variety of tools to support them with this. One person had their care plan in a larger font to support them with reading. Another person's communication guidelines stressed the importance of always being cheerful when talking to them and we observed this happening. There were easy read policies and guidance available to support with people's understanding of topics such as how to make a complaint. One person could become anxious if they did not know what staff were working. The registered manager had created an information board with pictures of what staff were working that day to reduce their anxiety. Menus were also in a pictorial format for another person that required this for communication.

Communication plans for each person were detailed and specific to their needs. One person experienced high levels of anxiety and required specific responses from staff to feel reassured. The team had created a "Welcome to my world" document, which detailed all subjects that the person could be anxious about and scripted responses required from staff. Before working with the person, staff needed to demonstrate that they knew how to respond to each scenario. The deputy manager told us, "This way of working has really helped staff to support in the right way and help the person feel less anxious."

People took part in activities that encouraged social involvement and wellbeing and had choice and control over what they wanted to do each day. People told us that they enjoyed activities such as games nights, going to the pub, BBQ's, trips to the cinema or to the beach and bowling. Each person went on holiday once a year, which included trips to Staffordshire and Wales. One person told us, "My key-worker takes me out anywhere I want to go" while another said, "I like the activities here, especially going to the pub." Relatives told us they were impressed with the amount of activities offered. One relative said, "My relative has a lot of choice and the quality is also good. They do cycling, walking, trampolining, cooking, artwork – to name a few." Professionals agreed, one telling us, "Activities offered are varied and they have detailed timetables which change according to people's preferences." Each person also had their own 'self-care day', which gave them additional opportunities to build independence and domestic skills.

Relatives that had raised concerns were satisfied with responses and told us they received them within a timely manner. One relative said, ""I raised a concern once and they were instantly apologetic and dealt with the situation. I've never had to worry about it since." Another told us that when an issue arose with the provider, the deputy manager was "Excellent" in supporting them. The registered manager spoke with most relatives on a weekly basis and any issues were addressed immediately. There was a clear complaints policy

and easy read information about who people could contact if they were unhappy with their care. This was displayed clearly in several communal areas for people to see. There was also a 'concerns and worries' book that people could use whenever they wanted. The registered manager responded quickly and appropriately to any concerns raised. An example of this was for a person who felt there should be more parties held at the service to celebrate people's birthdays. The registered manager discussed this with people and then organised to put money aside each month for a party budget. When we asked the person how this made them feel, they told us, "Very happy. I felt listened to." They also told us about a request they had made for a specific dessert to be added to the menu and how the registered manager had responded. "It's a small thing but when I was growing up, this dessert was a happy memory. I talked to the manager about this and they got some for me. I really appreciated that."

Is the service well-led?

Our findings

People responded positively to the registered manager and seemed very comfortable around them. One person told us, "I talk to them and tell them what I've been up to. They're nice to me." Another person wanted to speak to the registered manager about some concerns. The registered manager took time to sit with the person and discuss what was worrying them. The person said, "They always do that. They sit and listen." The person was worried they were then upsetting staff but the registered manager reassured them it was good they were expressing their views. After the conversation, the person was smiling and laughing and said, "I feel so much better, thank you."

Relatives spoke highly of the management team. Comments included, "The registered manager seems helpful, knowledgeable and good leader" and, "They are conscientious and want to do a good job." They were positive about the deputy manager, who managed the service when the registered manager was not there. One relative said, "The deputy manager is absolutely brilliant. They are worth every penny and I have great admiration for them. I can't sing their praises enough." Professionals were also complimentary about the management team and described them as, "Very professional and polite", "Keen to improve the lives of people" and "Organised and thorough."

Staff felt well supported by the management team and said the service was well-led. Comments included, "The registered manager is here when you need them and nice", "They constantly check we are okay and manage the service well" and "The management team has been in the field a long time so they are very knowledgeable." Staff told us there was a strong emphasis on working together as a team to achieve mutual goals. One staff member said, "It is definitely team orientated here. We listen to each other, work together and communication is good." They told us there were numerous handover's each day, as well as a communication book which meant they were always up to date with people's support needs and notified of changes. Staff also said they attended regular staff meetings where they could discuss anything they wanted to. There was an agenda in the office that staff added to if they wanted to talk about anything. Any incidents were discussed so that staff were fully aware of how to support people. One staff member said, "There is always open and honest discussions, even when we disagree with each other we are respectful."

Quality audits were completed monthly. The registered manager, deputy manager and seniors reviewed people's care plans, staff files, health and safety of the building, medicines audits and incidents and accidents. Infection control audits had taken place and keyworker's reviewed and updated people's care plans when required. People's documentation was up to date and relevant to their support needs which suggested the audit process was effective. The provider also had a new quality assurance department who were completing audits quarterly. The registered manager told us they felt positive about this change. They described a recent audit as "Extremely thorough and really made us look at things in a different way."

Since our last inspection, the registered manager told us there had been lots of changes. There were four new directors who had had lots of involvement with manager's and staff, asking for their feedback. The registered manager said, "They are good at connecting with us and making staff feel valued." They gave an example of how they had received an email from one of the directors prior to their inspection, wishing them

good luck. The registered manager said, "It may seem like a small thing, but they took time to let us know they were thinking of us and that made us feel encouraged." They spoke highly of the operations manager, who supported them with regular supervisions. The registered manager described them as "Fantastic support" and "They are on the end of the phone if I ever need anything." New schemes had also been introduced to support staff to feel motivated. This included vouchers to reward attendance and additional annual leave for staff who remained at the service. The registered manager told us, "This has been so positive for staff and reduced sickness levels too." There was also a 'Good news board', which was used to recognise and celebrate with staff all their achievements.

The registered manager told us how important it was for them to remain up to date with current legislation and practice. They attended a registered manager's forum every three months, run by East Sussex County Council. They also went to care workshops and conferences, telling us, "They are a good way to understand the industry, get to understand and overcome challenges as well as network." The registered manager had received the same training courses as staff and attended further specialist training in managing anxieties so they could support and guide staff. They were also due to complete their NVQ 5 qualification in management within health and social care. They told us, "It has been difficult but also extremely interesting. Some of the research has been particularly good and I am keen to apply this to people living at St Matthews." An example of this was their passion for introducing the principles of 'Active support'. The registered manager explained, "This is a proactive way of supporting people. It is essential we support people in the right way before behaviours occur so then physical measures won't be required."

The provider asked for views about the quality of care and valued the feedback they were given. Questionnaires were completed yearly by people, their families and staff. This information was reviewed and a document produced which detailed positive feedback and constructive comments. Relatives told us although they received survey's, they never had anything negative to say about the service. One relative said, "It's all good. Nothing bad at all. If there was I would let them know before the annual questionnaire." We viewed the latest surveys to be received and all comments were positive. Suggestions made had been acknowledged and actions taken to improve the service. An example of this was a request from a relative that they receive more regular emails about how their loved one was doing and what they had achieved. With direction and consent from people, relatives now received a monthly newsletter that included photos and information that people wished to share.