

# Autism Sussex Limited

# 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](http://www.autismsussex.org.uk)

Date of inspection visit:  
01 December 2016

Date of publication:  
29 December 2016

## 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 provides personal care, support and accommodation for up to 10 people with a learning disability. This unannounced inspection took place on 1 December 2016. At the time of the inspection nine people were living at the service.

We last inspected St Matthew Road in January 2014. The service met all the regulations we checked at that time.

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 protected from the risk of abuse. Staff were aware of abuse and understood the safeguarding procedures in place about how to report any concerns to protect people from possible harm. Staff assessed risks to people and the registered manager put plans in place to reduce the impact of those risks. Accidents and incidents involving people were monitored and plans were put in place to prevent a recurrence. People received support from staff suitable for their role. The provider recruited staff in a safe and robust manner. There were sufficient members of staff to meet people's needs. People's medicines were managed appropriately and administered safely from staff assessed as competent to do so.

Staff received the training and support they needed to undertake their roles. Staff attended specific training to help enhance them to understand people's individual needs and how to support them. People gave consent before staff provided their care and treatment. Staff respected people's wishes and preferences. People who were unable to express their wishes or make their own decisions, received appropriate support from staff in line with the principles of the Mental Capacity Act 2005. This ensured staff made 'best interests' decisions on their behalf. People received food and drink appropriate for their nutritional needs and preferences. People had access to healthcare professionals when needed and received care and treatment they required to maintain their health.

People had developed positive relationships with staff. People were involved in planning their care. Staff treated people with dignity and respected their privacy.

People received individualised care. People's needs were assessed to identify each person's needs and wishes. People had care plans that staff regularly reviewed to ensure people received support in line with their changing needs and preferences. The service worked positively with healthcare professionals and organisations to ensure people's needs were met.

People felt confident to raise concerns and make a complaint if they were unhappy about their care. The registered manager encouraged people to feedback about the service and used their views to improve the

service.

The service had an open and positive culture. Staff were supported to undertake their roles. The registered manager together with the provider carried out checks and audits to monitor the service and identify areas for improvement.

## 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.

People were protected from the risk of avoidable harm. Staff knew how to recognise and report any abuse using the provider's safeguarding procedures to protect people from possible harm.

Risks to people were assessed and managed safely.

There were enough numbers of staff to meet people's needs. The provider followed robust procedures to recruit staff safely.

Staff managed and administered people's medicines safely.

### Is the service effective?

Good ●

The service was effective.

Staff received regular training, support and supervision to ensure they had the skills and knowledge they needed to meet people's needs.

Staff sought people's consent to care. The service complied with the requirements of the Mental Capacity Act 2005 and supported people who were unable to provide consent.

People received their choice of food and drink. People received the support they required to enable people to be as healthy as possible.

### Is the service caring?

Good ●

The service was caring.

Staff respected people's dignity and privacy.

There were positive and meaningful relationships between people and staff.

People and their relatives were involved in planning people's care. People were provided with the information they needed in a format they could understand.

### Is the service responsive?

Good ●

The service was responsive.

People had their health needs assessed and reviewed regularly.  
Staff had support plans in place on how to deliver people's care.

Staff encouraged people to be as independent as possible.

People were supported to raise any concerns and make a complaint. There were procedures in place to receive and act on any complaints.

### Is the service well-led?

Good ●

The service was well-led.

The service was open and promoted a positive, person-centred culture.

People and staff felt the registered manager was supportive and approachable.

The service had developed positive links with the local community and worked closely with healthcare professionals.

The registered manager carried out checks on the quality of the service and made improvements when necessary.

# St Matthew Road

## Detailed findings

### Background to this inspection

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

This unannounced inspection took place on 1 December 2016 and was carried out by one inspector.

We checked the information we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us by law. Before the inspection, the provider completed 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 used this information to help plan our inspection.

During the inspection we spoke with four people using the service and a health professional who was visiting the service. We also spoke with the registered manager, deputy manager and five members of the care team.

We looked at care plans for six people including their medicine administration records. We also looked at other records held at the service including staff recruitment, staff supervisions, appraisals and training records. We reviewed further records related to the management of the service including feedback from people, their relatives, quality assurance audits and health and safety documents.

We observed interactions between staff and people who used the service.

# Is the service safe?

## Our findings

People were safe at the service. People's comments included, "Yes I feel safe in this home" and "I am alright here" and "Staff are good. No concerns at all." One relative told us, "[Person] is kept safe in the home and when out in the community." We saw people comfortable around staff and at ease when they spoke with them.

People were safe from the risk of abuse as staff understood how to safeguard them. Staff had received training and had the knowledge about how to identify abuse. They understood their responsibility to report any concerns to the registered manager to ensure they took action to keep people safe from avoidable harm. The registered manager worked closely with the local authority on safeguarding alerts that involved people at the service. This ensured incidents were investigated fully to protect people. Staff understood how to 'whistleblow' to external agencies if this was necessary to keep people safe.

People were kept safe because staff assessed and managed risks to their health and safety. For example, a person's records included information about areas of potential harm such as self neglect, self-harm, injury through cooking, going out and fire safety and the support plans for staff to follow to minimise the risks. One member of staff told us, "We have risk assessments and plans which tell us how to manage any potential problems." Risk assessments in place had guidance for staff to help keep people safe.

People were safe at the service as staff knew what to do in the event of an emergency. The service had an emergency disaster plan to provide staff with guidance on the actions to take in the event of a serious incident, such as a fire, flood, an outbreak or high levels of staff sickness. The registered manager told us they worked closely and the service had agreements with other teams within the provider group to ensure there were sufficient numbers of staff to meet people's needs. There were robust and effective plans in place to guide staff in the event of an emergency. Records showed staff practiced regularly emergency drills to ensure people knew how to evacuate the building safely.

People were protected from the risk of injury. Staff understood their responsibility to report and record accidents and incidents that occurred at the service. The registered manager had completed audits and checks of how incidents were handled and ensured staff took appropriate action to prevent a recurrence.

People and their relatives told us there were always enough members of staff to meet people's needs. One person said, "Yes there is always someone around to help." Staff told us and records confirmed there were enough of them to ensure they were able to meet people's needs. The registered manager ensured the service covered adequately all routine work and staff absences. There were sufficient numbers of staff available to support people attend appointments and go out into the community. During our inspection, we saw staff respond to people's requests without delay.

People received support from staff who had gone through checks before they started working at the service. Recruitment files showed the provider followed robust recruitment procedures. The provider had received two references for each applicant, photographic identity, evidence of right to work and satisfactory

Disclosure and Barring Service (DBS) criminal record checks to ensure staff were suitable for their roles.

People received the support they needed with their medicines to maintain their health. There were systems in place for safe administering and managing of people's medicines. The registered manager made regular checks to ensure people had received their medicines safely. We checked people's records and medicine administration records (MAR) and saw that people had received all the medicines prescribed to them at the appropriate times and doses. Staff had accurately completed the MAR records and signed for on each occasion medicines had been given. We saw people's medicines were safely and securely stored to minimise the risk of misuse.

People were supported to remain safe when they showed behaviours that challenged the service and others. One member of staff told us, "We know what to do when people might cause harm to themselves or others." Another member of staff told us, "We know the triggers that can make a person become anxious and the action to take to reduce such events from happening." For example, one person preferred to spend time alone in the house and not participate in group activities as this made them anxious. Risk assessments showed how staff were to support the person to reduce risk of the person getting distressed.

# Is the service effective?

## Our findings

People received the support they needed to promote their mental and physical well-being. People and their relatives felt staff had the skills and knowledge they needed to meet people's needs. One person told us, "Staff know what they do." Another said, "Staff do a good job." One relative told us, "All the staff are capable."

People told us they received care from well trained staff who understood their needs. New members of staff underwent an induction when they started at the service to ensure they were competent to provide support to people. This included completing mandatory training as well as any specific areas of training needed to perform their roles. Staff told us they also spent time observing more experienced staff to help them get to know the people they would be supporting. Staff had regular meetings with the registered manager to go through and ensure they understood the policies and procedures which they needed to follow when supporting people. Staff were confirmed in post when assessed as competent to support people independently.

Staff received the training they needed to perform their roles. One member of staff said, "We get loads of training and many refresher courses." Another member of staff told us, "We can request additional training to improve our practice. The manager is good at addressing such needs." One healthcare professional told us, "I do absolutely believe the staff have the skills and knowledge to use with the people they are working with." The registered manager ensured staff attended mandatory training and refresher courses when due to keep their skills and knowledge current. Staff had attended training in autism, epilepsy, fire safety, risk assessment, first aid, food safety handling, person centred care, management of medicines and safeguarding adults. Records confirmed staff attended the training when required to improve their skills and to develop their knowledge about the support they provided to people.

People received care from staff who were appropriately supported in their role. Staff told us and records confirmed they had regular supervision meetings and an annual appraisal of their performance. One member of staff told us, "We talk about our work and discuss any concerns as well as any training needs we might have." The registered manager used the sessions to address how staff could improve their practice, discuss the ethos and values of the organisation, and any development needs. The registered manager undertook staff appraisals and discussed areas for improvement and the training they required to develop their skills and knowledge.

People told us staff asked them for their consent before they supported them with care. One person told us, "They will ask and don't impose." Staff told us they explained to people what tasks they wanted to support them with and made sure they agreed before they proceeded. Records confirmed staff sought people's consent before providing them with their medicines.

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).

Staff encouraged and supported people to make decisions about their care. The registered manager and staff had a good understanding of the principles of the MCA and DoLS. The service ensured where necessary people had MCA assessments carried by health professionals about whether people could make decisions about their care. Staff explained how they used knowledge of MCA to support people who were unable to make their own decisions. Records showed staff had worked with a person, their relatives and healthcare professionals to make a 'best interests' decision for them. Staff were able to explain to us what steps they would follow to ensure people in the service were not subject to unlawful deprivation of their liberty. The registered manager had made DoLS applications and received authorisations from the local authority. Records showed people subject to DoLS received appropriate support in relation to the authorisation.

People had sufficient food and drink. People said they could have what they liked for their meals. Staff knew each person's likes, dislikes and nutritional requirements and this information was recorded in people's care plans. Staff told us they met weekly with people and discussed the menu and what they would like included in their diet. People were encouraged to eat healthily. Staff promoted fruit and vegetables in people's diet. We saw people had access to fruits and snacks. People received the support they required to prepare their own meals and had access to the kitchen. People could prepare their own drinks when they wished.

People received the support they required to keep as healthy as possible. Staff monitored people's health and took action where necessary. For example, one member of staff told us if a person started to refuse their medicines or care, whilst they would respect their wishes, they would refer the person to their GP and local specialist services to reduce the impact on their health. Staff knew people's individual health needs and the support they required with their health. Staff understood when people's health was in decline. The service worked closely with people and their healthcare professionals to ensure they received appropriate care. People had an annual health check to monitor their health. Records showed visits to a person's GP, chiropodist, dentist, optician, practice nurse, psychiatrist and social workers to enhance their health.

People attended appointments, hospital check-ups and meetings to monitor their well-being. We saw records of involvement and correspondence with people's healthcare professionals and the action plans put in place on the support people required. Records showed staff followed a behavioural support plan in place to support a person with their mental health needs.

# Is the service caring?

## Our findings

People told us staff treated them with kindness and compassion. One person said, "Staff are very kind, more of family." Another said, "Staff treat me nicely, just like one of them." One relative told us, "Very friendly staff, could not ask for more." One healthcare professional told us, "Staff are helpful, supportive and accommodating to [people]."

People were able to develop positive and meaningful relationships with staff. Each person was assigned a member of staff who acted as a keyworker to provide them with one to one support. However, the registered manager ensured a number of different members of staff worked with the person to ensure they got to know a number of familiar and friendly faces. One person told us, "I usually go out with [staff's name] but also get to be with any of them really." Staff confirmed the registered manager reviewed and regularly changed keyworkers to prevent people from becoming dependent on them. Staff also said this meant any member of the team could provide care without causing the person distress or anxiety in the absence of their keyworker.

People told us they enjoyed good relationships with staff. One person told us, "I trust [names of staff]. They know me and we get on very well." Staff told us building a rapport with people was important as it enabled them to develop trust and understanding between the people and the service. They also said it helped people to feel at ease when they received their medicines and care. One healthcare professional commented, "The interaction with [people] was very good and showed they knew [person's name] very well." Staff showed us they knew people and understood their needs well and were able to explain people's different needs and wishes.

People and their relatives had been involved in planning about the care people received from the service. One person told us, "I have a say about my care." Another person said, "We discuss with staff how I want my care." One healthcare professional told us, "I do know the home listen to families where the [person] may not have a voice and they advocate for their relatives." Staff told us they always asked people about how and when they wanted their care provided and ensured people felt in control of their care. One person told us, "Staff know my routine and ask me if I need help with anything before I go out." Staff respected people's choices and supported them to maintain control about their care, support and treatment. Care plans showed staff involved people throughout the planning process.

People told us the service provided them with the information they required regarding their care and support. The registered manager showed us the information that was given to people which included complaints procedure, Mental Capacity Act 2005 and the service's statement of purpose. The information was available in easy to read format which helped people to understand what was being said in relation to their care. People had access to their care records that showed their goals and intervention and treatment plans in place to help them achieve this. For example, one person aimed to go out for a drive at least once a week with two members of staff.

Staff maintained people's dignity and respect. Staff told us they had received training during their induction

around dignity. The registered manager also reviewed each member of staff's understanding and practice of dignity in their supervision. This ensured staff were reminded of key issues around respecting people's dignity and how to do this.

## Is the service responsive?

### Our findings

People received their care in a person-centred way. People were happy that staff listened to and respected their wishes in relation to how they wanted their care delivered. One person told us, "Staff respect how I like my things done. They don't moan." People's care plans showed they had been involved in planning their care. Records showed staff had asked and recorded people's views, wishes and preferences.

People received care that was appropriate to meet their individual needs. The registered manager and staff assessed the needs of people before they started to use the service. This was to ensure the service was able to meet people's needs and to see if they were the appropriate service for each person. The service involved healthcare professionals and people's relatives in identifying the needs of each person and how best to support them.

Staff responded appropriately to people's changing needs. The service carried regular reviews with the person to check whether they were happy with the care provided at the service. Relatives and health professionals were involved in the reviews to ensure people's care plans were accurate and up to date. The registered manager organised social care and mental health reviews to ensure care to be delivered was agreed and appropriate for people's needs. Staff knew people's individual choices and routines but were flexible when necessary. Records showed staff asked people when and where they wanted to have their review meetings and records showed staff respected people's wishes.

People received the support and encouragement they required to be as independent as possible. People told us they attended their local GP surgery where possible when they were unwell. People accessed the local community and used public transport alongside the public. Staff commented this enabled people to gain confidence in their local community. Some people no longer required staff to accompany them into the community because of this.

People told us they knew how to make a complaint if they were not happy about their care. They felt confident to raise concerns or make a complaint. The service had provided people and their relatives with information about making a complaint. We checked the complaints log and found there were no complaints made regarding care provided to people in the past twelve months.

People were encouraged to express their views and concerns about the service. The service had a system in place to record comments, complaints and compliments from people and visitors. Staff told us they welcomed feedback from people because it helped them to improve their practice. The registered manager shared with people and members of staff feedback received and used it to develop the service.

## Is the service well-led?

### Our findings

People, their relatives and staff said there was a positive and open culture at the service. People told us they were happy with the support provided and that staff fully involved them in the care they received. One relative told us, "The staff team is committed and led by very able manager." Members of staff told us they felt confident, positive and motivated to carry out their responsibilities. One member of staff said, "I enjoy what I do. It's a fulfilling job." Another said, "It is a happy home and a happy team." Staff said the manager entrusted them to make decisions to ensure people received the care and support they required.

The registered manager promoted openness and informed staff of any changes occurring at the service and policy changes. There were clear lines of communication to help share information about people's health and service developments with people, their relatives and staff. There were regular staff meetings to discuss areas of improvement and to share best practice. One member of staff told us, "We share ideas within the team and discuss people's support needs." Staff used handover meetings held at the start and end of each shift to share information about people's well being. This ensured staff had up to date information about people before they started providing their support.

Staff held regular meetings with people to review their care and ensure they were happy with the care that they received. Staff understood the organisation's vision and values and how they used them to support people. The registered manager demonstrated that they had clear views for the future of the service, planning to support people to be as independent as possible and move towards independent living where appropriate.

People and staff were positive about the leadership of the service and were supported by the management team. One member of staff told us, "We are a good team. We support each other." Another member of staff said, "The manager is hands on and always available for advice and support." The registered manager showed detailed knowledge of people's individual and specific needs and regularly worked alongside people and staff to ensure they met people's needs.

The provider and registered manager were aware of their responsibilities in relation to their registration with the Care Quality Commission (CQC). The service sent notifications of incidents and safeguarding incidents to people to CQC as required by law. The registered manager had assigned a lead person for each of the five key questions CQC asks when inspecting to ensure the service provided support to people that met all the regulations. The registered manager recorded and monitored incidents and accidents in the service and had plans in place to minimise recurrence.

The registered manager carried out checks to improve the quality of care. The service had robust audits systems that enabled the registered manager to monitor the quality of service. One member of staff told us, "All our work is audited, including our practice, records and interactions with people." The registered manager reviewed medicine administration records to ensure they were accurate and staff had signed for what they had administered. People's care plans and records were audited regularly to ensure they reflected accurately people's needs and the support they required. The registered manager ensured staff had

guidance from healthcare professionals and followed support plans on how to meet people's needs. Other checks included a regular review of how staff managed people's finances to reduce the risk of misuse. The management team conducted spot checks of staff performance to ensure they had the competency to perform their roles and provided people's care with dignity and respect.

The registered manager worked in partnership with healthcare professionals and ensured people received appropriate support with their well-being. One healthcare professional told us, "I cannot speak highly enough of this [service] their approach and positivity towards [people] which they have been and their very supportive nature."