ASD Unique Services LLP

22 St Peters Road

Inspection report

22 St Peters Road
St Leonards On Sea
East Sussex
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Tel: 01424 777422
Website:

Date of inspection visit: 15 September 2015
Date of publication: 19/11/2015

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

Overall summary

This inspection took place on 15 September 2015. To ensure we met staff and the people that lived at the service, we gave short notice of our inspection.

This location is registered to provide accommodation and personal care to a maximum of four people with complex needs within the autistic spectrum. Four people lived at the service at the time of our inspection.

People who lived at the service were younger adults below the age of sixty five years old. People had different communication needs. Some people were able to communicate verbally, and other people used written communications, gestures and body language. 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.

Summary of findings

There were audit processes in place to monitor the quality of the service. Where audits identified shortfalls, it was not always clearly recorded as to whether the provider had addressed these shortfalls. However this did not have a direct impact on people because staff had ensured their needs were consistently met.

We have made a recommendation that the provider explores relevant guidance from reputable websites about quality monitoring and action planning to ensure any identified shortfalls are effectively monitored and recorded as completed.

Staff were trained in how to protect people from abuse and harm. They 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 and guidance for staff to follow to make sure people were protected from harm. Risk assessments took account of people's right to make their own decisions.

Accidents and incidents were recorded and monitored to identify how the risks of reoccurrence could be reduced. There were sufficient staff on duty to meet people's needs. Staffing levels were adjusted according to people's changing needs. There were safe recruitment procedures in place which included the checking of references.

Medicines were stored, administered, recorded and disposed of safely and correctly. Staff were trained in the safe administration of medicines and kept relevant records that were accurate.

Staff knew each person well and understood how to meet their support needs. Each person's needs and personal preferences had been assessed and were continually reviewed.

Staff were competent to meet people's needs. Staff received on-going training and supervision to monitor their performance and professional development. Staff were supported to undertake a professional qualification in social care to develop their skills and competence.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Three people were subject to a DoLS, and the registered manager understood when an application should be made and how to assess whether a person needed a DoLS.

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

Staff communicated effectively with people, responded to their needs promptly, and treated people with kindness and respect. People were satisfied about how their care and treatment was delivered. People's privacy was respected and people were assisted in a way that respected their dignity.

People were involved in their day to day care and support. People's care plans were reviewed with their participation and relatives were invited to attend the care reviews and contribute.

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

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

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 had freedom of choice and support to be as independent as possible.

People and staff were encouraged to comment on the service provided and their feedback was used to identify service improvements. There were audit processes in place to monitor the quality of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

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

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

Recruitment systems were in place to ensure the staff were suitable to work with people who lived in the service.

Good

Is the service effective?
The service was effective.

Staff had received regular supervision to monitor their performance and development needs. The registered manager held regular staff meetings to update and discuss operational issues with staff.

Staff had the knowledge, skills and support to enable them to provide effective care.

People had access to appropriate health professionals when required.

Good

Is the service caring?
The service was caring.

Staff provided care with kindness and compassion. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect and dignity by care staff.

Good

Is the service responsive?
The service was responsive.

Staff consistently responded to people's individual needs.

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

Good

Is the service well-led?
The service was well-led.

There were quality assurance systems in place to drive improvements to the service. It was not consistently clear from audit records that actions had been taken, however this did not have a direct impact on people because staff had ensured their needs were consistently met.

Staff held a clear set of shared values based on respect for people they supported. They promoted people's preferences and ensured people remained as independent as possible.

Good

Summary of findings

The registered manager was visible and accessible to people and staff. They encouraged people and staff to talk with them and promoted open communication. Staff were motivated and said they felt supported in their work.

22 St Peters 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 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 two inspectors. 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, deputy manager and four members of staff. We spoke with three people who lived at the service. One person was staying with their family at the time of our inspection. Two people spoke with us directly and another person wrote us notes during the day, which was their preferred communication method. We made informal observations of care, to help us understand the experience of people who used non-verbal communication. 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. After the inspection we received feedback from one health professional who had direct knowledge of the service.

Good

Is the service safe?

Our findings

People were supported to keep safe. One person told us, "I feel safe here." 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 understood people's individual communication methods. Occasional safeguarding incidents occurred between people at the service, as they sometimes had behaviours which were challenging. When incidents occurred 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. When talking about an incident one person told us, "Staff helped me keep calm. I read a social story and staff helped me." Staff told us about one person who was assessed as at risk when crossing roads. Staff said, "They are supervised at all times in the community. We are vigilant and alert when they are crossing roads as they can become distracted." This person had road safety rules explained in the form of a social story in their room to help remind them to safely cross roads.

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. Contact details for the local authority safeguarding team were available to staff if they needed to report a concern.

When a safeguarding incident occurred the registered manager talked to staff in team meetings about the incident and what could be done differently to reduce the risk of reoccurrence. After one safeguarding incident staff worked with the local authority and implemented their recommendations. Staff implemented an observation chart to observe and record any triggers to people's behaviour. Staff used consistent communication strategies to help people understand acceptable boundaries. For one person this helped them to understand positive behaviours. Staff kept to consistent routines for this person as this helped them manage their anxiety and reduce behaviours. In meetings staff discussed the need to follow consistent guidelines to support people. This supported staff to better understand people's behaviour and implement strategies to reduce risks to them and others.

There was a whistleblowing policy in place. Staff were aware of the whistleblowing policy and 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 three weeks in advance to ensure that staff were available for each shift. There was an on-call rota so that staff could call a duty manager out of hours to discuss any issues arising. Staff retention was high. This promoted a positive environment and consistent support service for people. Staff were available when people needed to attend medical appointments, social activities or other events. Additional staff were deployed when necessary to meet people's needs.

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. The registered manager provided us with this information within an agreed timeframe after the inspection as they did not have direct access to these records on the inspection day. The registered manager said they would review their protocol for accessing these records to ensure they could effectively demonstrate this for the purpose of future inspections.

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. Evacuation drills were completed four times a year to support people and staff to understand what to do in the event of a fire. All staff had attended fire safety training and first aid training. The fire alarm was tested weekly and all fire equipment was serviced every year.

The premises were safe. A member of staff stayed 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. The

Good

Is the service safe?

registered manager completed a weekly health and safety inspection of the home. All electrical equipment and gas appliances were regularly serviced to support people's safety.

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. Staff discussed accidents and incidents in daily handover meetings and team meetings. One incident recorded where someone had hit another person who used the service as they were distressed. A referral was made for the person to the 'crisis response team' for a review of their health and behavioural needs. Staff supported the person to find coping strategies to help them manage situations when they felt distressed. The person wrote their feelings and thoughts down on paper to communicate to staff and help alleviate their anxiety. These risk management measures were taken to reduce the risk of incidents occurring and people's care plans were updated with any changes made.

Care records contained individual risks assessments and the actions necessary to reduce the identified risks. The risk assessments took account of people's levels of independence and of their rights to make their own decisions. Care plans were developed from these assessments and where risks or issues were identified, the registered manager sought specialist advice appropriately. One person had a risk assessment in place to support them to manage potential behaviours which may challenge. This assessment identified triggers to the person's behaviours and techniques staff should use to reassure the person and de-escalate their behaviours. Staff reviewed the person's mood daily and tailored activities based on how they were feeling. For example when the person was observed to be agitated in mood, staff encouraged the person to do low stimulus activities to reduce their anxiety levels.

People were supported to take their medicines by staff trained in medicine administration. Staff had their competency assessed by the registered manager. Records showed that staff had completed medicines management training. 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.

All Medicine Administration Records (MAR) were accurate and had recorded that people had their medicines administered in line with their prescriptions. The MAR included people's photograph for identification. Individual methods to administer medicines to people were clearly indicated. Where people were independent with managing applications of cream, for example, this was clearly recorded.

The registered manager carried out regular audits to ensure people were provided with the correct medicines at all times. An external audit was completed by a pharmacist in January 2015 and no actions were required from this. Any medicines incidents were recorded, for example a staff member had omitted to record on a MAR that they had administered someone their medicines. This was reported to the local authority and investigated by the registered manager to reduce the risk of reoccurrence. The member of staff was removed from medicines administration duties, received additional supervision and completed competency assessments before resuming this role. New measures were implemented to improve systems, for example two members of staff were required to book in all new medicines supplies to reduce the risk of future errors. The medicines policy was updated to inform staff of all new changes.

Good

Is the service effective?

Our findings

People were satisfied with the support they received from staff. People said they liked the staff. We observed people to have a good rapport and warm, friendly interactions with staff and the registered manager. People appeared happy, smiling and relaxed in their home. Effective communication was promoted by staff. Staff explained how they communicated and responded to people with non-verbal communication needs. Staff were alert to changes in the person's mood. Potential warning signs were recorded in the person's care plan. Staff used 'flash cards' to convey meaning. For example when someone indicated through body language and gestures that they were unhappy, cards with different faces displaying different emotions were used to help the person to indicate how they were feeling. Staff gave the person reassurance. They worked with the person to identify different coping strategies, like going to their room to calm down, to write things down and use music to relax. Staff told us the person's moods had positively changed since they were supported to use these techniques.

Staff had appropriate training and experience to support people with their individual needs. Staff had a comprehensive induction and had demonstrated their competence before they had been allowed to work on their own. Essential training included medicines management, fire safety, manual handling, health and safety, mental capacity and safeguarding. This training was provided annually to all care staff and there was a training plan to ensure training remained up-to-date. This system identified when staff were due for refresher courses.

The registered manager had implemented the new 'Care Certificate' training for 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 told us they planned to use an 'observation template' recommended as part of the Care Certificate framework. This template would be used to record observations of staff practice to enable the registered manager and staff to discuss good practice and any areas for improvement. The registered manager had recognised that whilst staff were observed in practice, that findings from this had not always been recorded to improve staff practice where needed. They had included this in their improvement plan to address this shortfall.

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. Staff supported people to manage their behaviour whilst reducing risks to them and others. PBS training supported staff to understand and manage people's needs and develop effective behaviour support plans for them. Staff had also worked with a PBS professional to identify strategies to help staff manage people's individual behavioural needs. This helped staff to consistently support people to enable them to maximise their independence and quality of life. Written comments from this professional read, 'All my dealings with this company have been professional and productive. They are motivated to seek guidance from us when needed and willing to implement any plans of action that emerge' and 'They have a long established commitment to PBS training.' Staff were satisfied with the training and professional development options available to them. Staff received formal annual appraisals of their performance and career development.

People were given care and support which reflected their communication needs and learning disabilities. Menus, activity planners, care plans, complaints forms and questionnaires contained pictures so people could actively communicate their preferences and views about their support. 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. This person was at risk of hurting themselves when they became anxious. Staff told us, "We know them well and what the risks are when they become anxious. We are very aware of their moods and try not to overload them with too much information or activities, as this causes them anxiety." Staff recorded every communication method the person used to help them understand the person's needs.

Good

Is the service effective?

People gave their consent to their care and treatment. Care plans were provided in an accessible format to help people understand their support needs. Staff sought and obtained people's consent before they supported them. One staff member told us, "Some people give their consent verbally and other people let us know what they want by writing things down. People decide what they want to do. If people were unable to consent to something I would speak with the manager and consult with people's families." When people did not want to do something their wishes were respected, staff discussed this with people and their decisions were recorded in their care plans.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and DoLS with the registered manager. They had appropriately completed documentation when people's mental capacity had been assessed to determine whether they were able to make certain decisions. Such decisions included consenting to their care and treatment. When people did not have the relevant mental capacity, meetings had been held with their legal representatives to make decisions on their behalf in their best interest. The registered manager had submitted appropriate applications to the DoLS office to seek their authorisation when people were restricted of their liberty in their best interest. They followed the DoLS guidance about the submission of applications. Attention was paid to ensure the least restrictive options were considered, in line with the principles of the MCA and DoLS.

People liked the food and were able to make choices about what they wanted to eat. One person said, "We talk about menus in house meetings. I enjoy the food. I like roast dinners and they are on the menu." One person's goal was to develop their cooking skills. They had a keen interest in cooking and chose meals that they liked. We observed one person cooking a meal with support from staff. Their care plan recorded their choices and support needed to achieve their goals.

Staff knew people's dietary preferences and were able to give us detailed information on people's assessed dietary needs. They told us they had a duty of care to support people to have healthy meals. We saw 'house meeting' minutes, where people had discussed healthy eating and calorie controlled meals. People were supported to maintain a healthy eating regime as independently as possible. People had prepared a homemade casserole on the day of our inspection and the menu planner showed healthy meal options were available for people. People were supported to created individual nutritional meal planners based on their food likes and preferences. One person was supported to manage their weight. All weight monitoring records were accurately maintained and signed by staff. Staff gently reminded the person and prompted them to ensure they controlled their meal portion size to encourage them to maintain a healthy weight. Staff understood people's food preferences and acted in accordance with people's preferences.

People had health care plans which detailed information about their general health. People with non-verbal communication 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. One person went to a dental appointment supported by staff on the day of our inspection. Staff used a social story to prepare the person to help them understand what the dental visit would involve. Staff said the dentist knew the person well and always ensured they supported the person to manage their anxiety at visits. The person told us afterwards that the dentist had gone well and they were pleased with this. People's care plans contained clear guidance for care staff to follow on how to support people with their individual health needs.

Good

Is the service caring?

Our findings

People said they liked the care staff. One person said, "The staff are nice. We get on well. I talk to [the deputy manager] when I have problems and they help me resolve them" and "Staff are here to help me. They are caring. I trust the staff." 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 promoted people's independence and encouraged them to do as much as possible for themselves. Support plans clearly recorded people's individual strengths and independence levels. People chose what to wear, when to get up and go to bed, and what to do. One person was supported to increase their independence at a work placement they attended. Previously they had staff support to attend, however staff worked with the person to develop their confidence to go to work independently. They used a step by step approach to support the person on public transport until they were familiar with the route. The person had a mobile phone that they took with them if they wanted support or had any concerns. People spent private time in their rooms when they chose to. Some people preferred to remain in the lounge, kitchen or their bedroom and staff respected people's space.

Another person was supported to go to the shops to increase their independence skills. They made their own shopping list and did their own shopping. They were supported to go to the shops at off peak times, as they did not like crowded places, as this could increase their anxiety. They met staff in the café shop after they completed their shopping tasks. Another person went out independently to meet friends in town for lunch and coffee. One person wanted to move into a more independent living setting in the future. Staff supported them by identifying stepping stones for them to achieve greater independence. They were involved in future planning by attending key worker meetings to discuss their goals and objectives. 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. They had also identified employment opportunities. They were supported to complete cooking tasks, kept their room 'immaculate' and managed their own personal care. They had their own computer and were developing IT skills. Another person told us, "I like cooking, cleaning and helping out around the house. I like tidying my room and I do my own laundry." Staff promoted people's independence. This was recorded in people's individual care plans.

Staff were aware of people's history, preferences and individual needs and this information was recorded in their care plans. One person needed highly structured routines and did not benefit from too much sensory stimulation. Staff support them to identify activities of interest to them. They liked to go to the gym, go walking and swimming to get fit. They liked to attend discos and cafes. They liked to do arts and crafts activities at home which they found relaxing. They were also planning their own birthday party and had written lists of all the things they needed. Staff said, "We know they need structured routines and find new things difficult. We prepare them when they need to do something with social stories. We observe the activities they like to do and actively listen to find out what things they enjoy." People's care plans reminded staff that the person's choices were important and staff were aware of people's preferences. People were involved in their day to day care. People spoke daily with staff and their key worker about their care and support needs. Staff reviewed people's risk assessments regularly to ensure they remained appropriate to people's needs and requirements.

We observed staff treated people with respect and upheld their dignity. A staff member talked with us about how they supported someone when they became upset, "They like to write us letters to tell us how they are feeling. When they are upset we make sure they have a pen and paper. They like to go to their room and write things down, which helps them to calm down. This forms part of their coping strategy." Another staff member said, "We have confidential conversations with people and people go to their rooms to have private time. We have on-going training to promote people's dignity." 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. People were treated as individuals and were given choices.

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

Good

Is the service caring?

them. One person had a visit from an advocate on the day of our inspection. Staff ensured people were 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

Staff responded to people's needs. People communicated with staff to talk about what they would like to do and any issues of importance to them. One person said, "I like living here. I go out a lot to shops and cafes" and "I like to go to my club and learn circus skills with balls, hoops and pompoms. I walk there on my own." One person told us, "I decide what activities I do. I spent my birthday in London." The registered manager told us about a quality audit completed by people with learning disabilities, called the Q-Team. This team had visited the service to check the quality of support provided. Feedback from the Q-Team read, 'People are supported to be who they want to be and are able to access local events and to meet socially with friends and family.'

Peoples' care plans included their personal history and described how they wanted support to be provided. Each person had a communication book which had pictures, photographs and information about different activities they liked to do and what was important to them. This ensured people were consulted and involved with the planning of their care and support. People were supported to pursue interests and maintain links with the community. One person attended a club where they did paid work making teas and making packed lunches for people. Another person had a work placement where they did administration work. Staff knew people's likes and dislikes well. Another person was supported to attend taster sessions at a local college to help them decide whether they wanted to do an educational course. They had previously attended a local college where they had worked with animals, which was something they enjoyed.

People's preferences were clearly documented in their care plans and communication books, and staff took account of these preferences. We observed one person being supported to prepare a meal with the support of a staff member. They had their own food and meal choices folder that they used to keep their recipes in. They were given lots of support on how to prepare the meal, to wash their hands and instructions on what size to cut food. There were labels on the cupboards to remind them where to find kitchen equipment and food types. We observed the staff member gave them lots of encouragement and praise to develop their cooking skills. One person showed us their bedroom. They told us that they chose the colour on the walls and helped to keep it clean and tidy. They showed us where they took their laundry and how they used the washing machine. People had a pet rabbit, as this was something they had requested. People took care of the rabbit and had a rota to share this responsibility. There were picture prompts in the kitchen to remind people to help feed and care for the rabbit.

We asked staff about any changes to people's care plans due to a change in needs. We were told, "One person had a recent review with their social worker and the management team. We looked at what they had been doing and measured it to their last review. After discussion with the person, activities were changed to reflect their likes and preferences. Support was planned to help them to access the local college for further education." The person's needs were listened to and they fully participated in the meeting. Staff reviewed people's care and support plans regularly or as soon as people's needs changed and these were updated to reflect the changes. We asked a staff member how they are supported to get to know the people they work with, we were told, "People have personal information files with individual support plans which helped me to get to know people."

Staff had developed accessible weekly activity planners with people. Two people had visual timetables in their rooms which contained pictures of weekly activities they took part in. This acted as a prompt and reminded people what activities they had decided to do. One person was very active and always came up with different ideas about what they would like to do. People's care plans recorded their goals and activities they would like to test out. One person had identified a number of goals that they would like to achieve. They met with their key worker and discussed doing some voluntary work. Staff supported them to complete the application forms and attend a taster session to find out more about what was available. Staff reviewed and recorded people's responses to different activities to assess whether this was something they enjoyed doing. People were supported by staff who responded to their needs for social activities.

People were encouraged and supported to develop and maintain relationships with people that mattered to them. One person was staying with their family at the time of our inspection. Being around their family was an important part of their life. Another person liked to meet their parents at shops and cafes. Another person was going on holiday

Good

Is the service responsive?

with their grandparents and staff were supporting them to make the necessary arrangements. One person said, "I see my family regularly and phone them. I went to Portugal with my family this year." One person showed us their social stories on their notice board; they then explained why they used it. One of the social stories explained about how they maintained contact with their family. Staff were supporting someone to plan for an overnight stay with a friend. This information was written into people's care plans and staff supported them to organise this. People met with friends at college and social events. One person told us about how they had planned their own birthday party. They said, "I had a chocolate cake and friends came round." People could invite people of importance to them back to their home when they wanted to.

We attended a staff handover meeting at the end of a staff shift. Staff shared relevant up-to-date information about people. This included a discussion about supporting someone to attend a family member's birthday party. People's health needs were discussed as someone needed support to drink sufficient fluids to manage a health need. Staff talked about someone attending a dental appointment and the need to give the person a social story to help them understand the purpose of the appointment and when it was taking place to manage their anxiety. Staff demonstrated a detailed understanding of people's independence levels, likes and preferences, to include social activities, health needs and their preferred communication methods. This supported people to have continuity of care and meet their individual support needs.

People had regular discussions with staff and attended house meetings to discuss issues of importance to them. One person said, "I have general chats and meetings with [the deputy manager]. At house meetings we talk about things like activities and menus." One person told us that they wanted to try out basketball, squash and badminton. They discussed this in a key worker meeting and they were supported to actively take part in these sports. They said, "Staff listened to me." Staff talked to us about how they supported people to express how they felt about their care and what was in the care plans. They said, "People have a key worker and a co-keyworker and we have regular monthly meetings. Our approaches are different for each person. People will say or write what they want changed and these letters are kept." One person wrote their own key worker meeting notes to enable them to communicate and express their goals and aspirations. In this way people were encouraged and supported to express what was important to them and be actively involved in how they were supported.

Questionnaires were sent to people, staff, relatives and professionals so they could give feedback and develop the service. The registered manager gave out professional feedback forms whenever a professional attended the service. Some of the comments made by professionals read, "A relaxed, warm homely environment, good support of individual preferences" and "Engaging family, social workers and advocates, enabling people who use the service to access medical support as necessary, integrating people into the community." Staff were given the opportunity to complete surveys, with the choice of an anonymous response.

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 complaints had been received and that they had responded appropriately. Where there was a concern raised about a staff member, we saw that supervision had been carried out with that staff member to address the concern and a discussion held to reduce the likelihood of any reoccurrence.

Good

Is the service well-led?

Our findings

We observed people approach the registered manager, deputy manager and staff to ensure their individual needs were met. Staff said there was an open culture and they could talk to the registered manager about any issues arising. Staff said, "The company does take notice of any issues and the managers are very 'hands on'. The directors of the company visit regularly. The directors are available and they are on-call in any emergency" and "As a team we all get on. We are supported here and the management team is very approachable" and "I can't fault the management."

The registered manager completed monthly care plan audits. Records and care plans were up-to-date and detailed people's current care and support needs. People discussed their goals and aspirations with staff and these were recorded in people's care records. Staff knew people and their needs well so they were able to respond appropriately to questions about people's preferences and aspirations. However, it was not recorded that people's goals had been achieved or reviewed to check progress. We saw that one complaint had been received and the registered manager responded appropriately to address the complaint with a staff member. However the agreed outcome and date the complaint was resolved had not been recorded. Repairs had been identified as part of the maintenance audit, and the registered manager told us they had been completed. However dates for completion of repair work had not been recorded to demonstrate this. An infection control audit was completed in July 2015. The registered manager told us that the actions had been completed, however this had not been recorded. Where audits identified shortfalls, the provider had not recorded when they had been addressed. However this did not have a direct impact on people because staff had ensured their needs were consistently met.

We recommend that the service explores relevant guidance from reputable websites about quality monitoring and action planning to ensure any identified shortfalls are effectively monitored and recorded as completed.

The provider 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 26 January 2015. This was the highest rating that could be achieved. This demonstrated that essential standards of food hygiene were met effectively at the service.

Monthly audits were completed by the registered manager who sent a quality monitoring report complete with identified actions to the provider's head office. We saw that action plans were developed in the form of an improvement plan where any shortfalls had been identified. One audit completed in January 2015 identified the need for more involvement of service users in menu planning and for menus to include more of people's preferences. This was in response to feedback from someone who used the service. The person then discussed menu planning as a goal in their key worker meeting to further promote their independence. The menus were changed to ensure they included more of people's preferences, based on healthy meal options.

The registered manager promoted continuous service improvements. For example, they had implemented a Positive Behaviour Support (PBS) Competence Framework. This is accredited by the British Institute of Learning Disabilities (BILD) and was introduced in May 2015. The registered manager had implemented an action plan based on this framework. This included a continuous review of strategies used to support people to positively manage their behaviours. This aimed to enhance people's quality of life; promote staff training and good practice management and ensure on-going monitoring and evaluation of care practice. We received written feedback from the PBS professional, 'One of the strengths of this service is that it is driven by the principles of PBS and the values that underpin that model. This is evidenced by their support plans and the various systems and structures that are in place. In addition they are always receptive to external input, acknowledge when they need guidance, and act accordingly on such guidance.'

Staff were informed of any changes occurring at the service and policy changes. Staff attended monthly team meetings to discuss people's support needs, policy and training issues. This was confirmed in meeting minutes. Staff were encouraged to share ideas about what was important for

Good

Is the service well-led?

people, to support people to achieve meaningful goals. Meeting minutes showed that staff discussed where someone had changed activities and that they were enjoying the new sports activity they had chosen to do.

The registered manager and staff shared a clear set of values. The registered manager promoted openness of communication. She said, "The company enables people to live well and to lead meaningful lifestyles, the company review what they are doing. Staff assist people to live their lives in a positive way." Staff understood the need to promote people's preferences and ensure people remained as independent as possible. Staff described their philosophy of care as, "The service is all about the people, improving their well-being and supporting them in their life. We support their wishes and support them to make their own decisions. It is about what is important to them" and "We want to instil people with confidence and support people to move one with their lives."

The registered manager attended quarterly registered manager forums at East Sussex County Council to inform them about leadership and care sector initiatives. They were also part of a Positive Behaviour Network Team based in East Sussex. The registered manager provided a session on reflective practice and PBS to other professionals to share best practice within the care sector. 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.

We have been informed of reportable incidents as required under the Health and Social Care Act 2008. The registered manager demonstrated they understood when we should be made aware of events and the responsibilities of being a registered manager.