ASD Unique Services LLP

22 St Peters Road

Inspection report

22 St Peters Road
St Leonards On Sea
East Sussex
TN37 6JG

Date of inspection visit:
12 July 2018
20 July 2018

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05 September 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?	Requires Improvement

Summary of findings

Overall summary

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

This location provides accommodation and personal care to a maximum of four people with learning disabilities and autism. People who lived at the service were adults below the age of thirty-five years old. People had different care and support needs and had varying communication needs.

This comprehensive inspection took place on 12 and 20 July 2018 and was announced. There was a registered manager in place. 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.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The care service is delivered 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 which ensure people using the service can live as ordinary life as any citizen.

The management arrangements had not ensured quality monitoring systems had been maintained in all areas. Some quality and safety records including medicine records had not been completed in a consistent way. The registered manager took action to address the absence of records and there was impact on the care provided. Agency staff had not completed a full induction and a system to check agency staff working were suitable and safe to do so had not been established. Following a meeting with the provider they assured us action had been taken to ensure suitable checks were undertaken. Staff were not routinely issued with a job description. All these areas were identified to the registered manager as areas for improvement and two recommendations were made.

People were kept safe. Staff knew and understood their responsibilities to report any concerns under safeguarding vulnerable adults and protect people from abuse. People's medicines were managed safely. People received their medicines as prescribed by staff who had been trained to administer medicines safely.

Risks associated with people's health, safety and welfare had been identified and assessed, and guidance was in place to help staff to reduce those risks. There were sufficient staff deployed to meet people's needs and keep them safe, both at the service and when outside in the community. Recruitment procedures were

followed and informed decisions to employ suitable staff.

People's needs were effectively met because staff had the training and skills they needed to do so. Staff were supported well with induction, training, supervision and appraisal. People were supported to maintain their independence and control of their lives and staff supported them in the least restrictive way possible. People were encouraged to be involved in decisions and choices when it was appropriate. Mental Capacity Act 2005 (MCA) assessments were completed as required and in line with legal requirements. Staff had attended MCA and Deprivation of Liberty Safeguards (DoLS) training.

People were supported to have busy lives and to attend activities within the community. People had enough to eat and drink and were involved in menu planning, shopping and cooking. Everyone was supported to maintain good physical and mental health.

Staff were kind and caring and treated people with dignity and respect. People were encouraged to maintain important relationships with family and friends.

People and relatives were offered opportunities to feedback their views about the care provided and this was used to improve the service. The registered manager understood their legal responsibilities under the Health and Social Care Act 2008, including submitting notifications of events as required to the Care Quality Commission.

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? The service remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service has deteriorated to Requires Improvement The management arrangements had not ensured quality monitoring systems had been maintained in all areas. Staff felt very well supported and respected by the registered and deputy manager and provider. They had confidence in the management of the service. Statutory notifications were submitted to the Care Quality Commission when appropriate.	**Requires Improvement**

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 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 inspection took place on 12 July 2018 it was a comprehensive inspection and was announced. We telephoned the service 48 hours before the inspection visit because the service was a small care home for younger adults who are often out during the day. We needed to be sure that people and staff would be in. It was undertaken by one inspector.

Before our inspection we reviewed the information, we held about the service. We considered information which included safeguarding alerts that had been made, notifications which had been submitted and contact made with us through our contact team. A notification is information about important events which the provider is required to tell us about by law. We spoke with the local authority to receive any feedback from those commissioning the care and support provided. 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. This informed our inspection planning and judgements.

During the inspection we spoke with three people, two staff members and the deputy manager. We also spoke with a deputy manager from another service within the same organisation who was providing support as the deputy manager was new to post. Following the inspection visit we spoke with the registered manager and met with the provider and an administrator at the head office. We also spoke with two people's relatives, a social worker and a clinical specialist.
We made informal observations of care and support, to help us understand the experience of people who used the service. We sampled various records including two care plans and associated records, three recruitment files, medicine records, audits, health and safety checks and training records.

Good

Is the service safe?

Our findings

People's relatives and visiting professionals told us people were safe living at 22 St Peters Road. Relatives said, "I absolutely feel that people are safe in this home." Another said, "Yes people are safe, staff respond to the safety of people quickly." One professional said, "Staff understand the risks to people's safety and respond to them."

Staff had received regular training on safeguarding and had a good understanding of the different types of possible abuse and their responsibilities in safeguarding people. Staff told us they would report any concern if they believed anyone was at risk of abuse, reporting firstly to the senior staff working. They would not delay and would ensure this was passed to the registered manager and the safeguarding authority as necessary. Staff were familiar with the reporting procedures and involved in reporting safeguarding incidents and the actions to be taken following, to ensure people's safety. One professional told us staff were proactive in reporting and responding to any safeguarding incidents within the service. Staff were encouraged to reflect on any incident within the service so practice could be adapted and lessons learnt from previous experiences.

People's medicines were managed so they received them safely. Only staff who had received training in the management of medicines administered them. When giving medicines staff took their time to ensure the medicine was correct, they often used a second member of staff to double check. Medication administration records (MARs) were accurate and demonstrated medicines had been given to people at the right times and the right dose. Medicines were stored securely and appropriately, in a locked cabinet.

The staffing arrangements ensured there was enough staff available to meet people's individual needs. The registered manager confirmed there had been some staff instability and changes over recent months, but improved staffing had ensured suitable numbers were being maintained. Ongoing recruitment was being progressed. Any shortfall in staffing numbers were replaced with the use of agency staff. This ensured staff were available to provide the individual support required which included, one-to-one support within the service and two-to-one support for activities in the community. Staff were deployed to enable people to carry out their chosen activities and keep them safe. For example, people enjoyed swimming with support.

Staff recruitment records showed the required checks were undertaken before staff began work. This ensured as far as possible only suitable people worked at the service. These checks included obtaining references, identity checks and completing a Disclosure and Baring Service (DBS) background check. The DBS identify if prospective staff had a criminal record or were barred from working with children or adults at risk. Staff completed an application form, gave a full employment history, showed proof of identity and had a formal interview as part of their recruitment. Written references from previous employers had been obtained.

The provider promoted a safe, clean and pleasant environment. Maintenance issues were identified and responded to quickly ensuring the service was well maintained. For example, a damaged ceiling was replaced promptly. Risks associated with the environment were identified and responded to. A relative

confirmed trip hazards identified had or were being dealt with to ensure people's safety. Safety checks were completed on services and equipment. The service was clean and staff understood the principles of infection control. Contingency plans were in place to respond to any emergencies such as flood or fire. Personal emergency evacuation procedures (PEEPs) had been completed for all people. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people safely from the building in an emergency. The registered manager confirmed that a copy of each person's PEEP was readily accessible in the event of an emergency.

Good

Is the service effective?

Our findings

People told us they had their needs met and they were satisfied with the care and support provided at 22 St Peters Road. Relatives told us care and support was delivered in an individual way. A full assessment was undertaken of each person. This included people's lifestyle preferences, as well as their rights, consent and capacity was taken into consideration, discussed and recorded, where appropriate. The registered manager and other senior staff involved people and their family members in this process, where appropriate. In this way people's individuality and preferences were central to the development of any care and support plan implemented. For example, what people liked and disliked was known to staff including food preferences. Staff worked closely with health and social care professionals and incorporated specialist advice into practice and within the documentation. For example, recent strategies had been developed along with a clinical psychologist to enable people to understand and manage their own behaviour safely.

The registered manager and senior staff had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLs). This legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. Staff had received training on MCA and DoLS and recognised the importance of gaining consent from people before any care and support was provided. There was information within care plans about how each person communicated their needs and wishes and staff could describe how each person made their needs known. Senior staff knew if people were unable to make complex decisions and when suitable representatives would need to be involved to support them in making a decision in their best interest.

People who lack mental capacity 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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met and there was appropriate documentation. The registered manager had assessed that people were only deprived of their liberties when necessary and suitable DoLS had been authorised by the local authority.

The provider was committed to staff training and developing staff skills and competency to provide effective care in this specialist area. Staff continued to receive annual training in a variety of subjects including safeguarding, first aid, infection control and food hygiene. Staff and records confirmed specialist training had also been given to provide staff with the skills to meet the individual needs of people. This had included understanding learning disabilities and people with autism. Staff also undertook 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 could support people to manage their behaviour whilst reducing risks to them and others. Staff demonstrated skills in using PBS when dealing with people's behaviours that challenged. Training was also extended in order to respond to people's changing needs. For example, Makaton training was being provided to respond to one person's specific communication needs. New staff completed an induction, which included spending time with other experienced staff which allowed them to get to know the people they were supporting and for people to get to know the staff member.

Staff told us they were well supported and received regular supervision and a yearly appraisal. Staff found these sessions constructive and a time for a two-way sharing of information.

People had enough to eat and drink. Staff worked with people to provide a varied, nutritious and well-balanced diet. People were involved in choosing meals for the weekly menu taking account of people's choices and preferences, they also shopped for the food and assisted with cooking when able. Healthy eating was promoted and recipes used took account of calories which was important for those people wanting to lose weight. Care records showed that people's weights were monitored and guidance was given to staff about people's dietary needs and preferences. This included responding to a dietician's guidelines to reduce the risk of choking for one person.

22 St Peters Road provided a homely environment. The provider took account of people's needs and had made adjustments to promote people's safety and the provision of effective care. For example, an en-suite bathroom was adapted to provide a space where staff could attend to a person's personal care needs.

There were arrangements in place to ensure people's health needs were met. People were supported with health and social care appointments. These included GPs, dentists, opticians, chiropodists, psychiatrists and social workers. Health support plans were used and reviewed to ensure people's health needs were monitored and responded to effectively.

Good

Is the service caring?

Our findings

People liked the staff and relatives were confident that staff were kind and caring towards people. One relative told us, "She is happy, safe and settled the staff have a good relationship with her and she loves the deputy manager." Another said, "Staff interaction with her is very good, they are always kind and friendly towards her." A visiting professional acknowledged the appropriate caring approach of staff. They told us staff promoted people's independence rather than providing too much of a caring role.

The atmosphere in the service was friendly and relaxed. People were treated with respect and dignity. They were involved in any conversation taking place and were given support at the pace they found comfortable. There was an emphasis on independence and emotional support. Staff maintained a calm approach and praised people on their achievements. For example, one person was cooking lunch. A staff member praised their progress despite the person being disappointed with the outcome. Staff responded with compassion and kindness when people became anxious or upset. Staff made time for people and listened to what they had to say. Two people needed to seek staff re-assurance. Staff engaged with these people positively and calmly. They were skilled at distracting them, and successfully helped them become calmer.

Staff had a very good knowledge of the people they supported, including their life histories, the things they liked and didn't like and the people who were important to them. Peoples' equality and diversity was respected. Staff adapted their approach to meet peoples' individualised needs and preferences. There were individual person-centred care plans that documented peoples' preferences and support needs, enabling care staff to support people in a personalised way that was specific to their needs and preferences. People had been supported to maintain their religion if they wanted to. People had been supported to maintain links with their family and friends. One relative told us, "Staff understand how important this contact is and make every effort to facilitate regular meetings and joint activities." Staff told us some people enjoyed each other's company and formed friendships, others preferred to form friendships with people outside of the service and staff supported both. There was a strong, person centred culture within the service. Staff respected people's individuality, their choices and wishes and encouraged them to make day to day decisions. People had a key worker who they had chosen as a staff member they liked and trusted. The key workers met regularly with people and formed positive relationships to support and develop people's care and support plans.

People bedrooms were seen as their own private space. They had control of who entered them and had personalised them to reflect their individual tastes and interests. Staff knocked on people's doors and asked for permission to enter. One relative told us how the bedroom had been redecorated to the person's own taste. One person told us they liked their room and it contained all they wanted.

Staff understood their responsibilities in managing people's sensitive information and maintaining confidentiality. People's paper records were locked away and not left out on view.

Good

Is the service responsive?

Our findings

People and their relatives with the consent of people, were involved in the planning of people's care and support. A relative told us, "We are included with any care review and discussions about care."

People's support was planned with them and with people who knew them well. This included their relatives, key worker, the registered and deputy manager and any health professionals involved in their care. Detailed assessment of people's care and support needs were completed before they began using the service. This meant the provider was certain that their needs could be met. This information was used to inform the admission process and to develop individual support plans. For example, people's communication needs were identified and developed as a priority to ensure people's views were taken into account at an early stage.

People's support plans contained information about how they liked to be supported. They were developed using PBS and included levels of support required in personal care, with routines, communication needs and promoting choice, independence and supporting individuals with day to day decisions. Staff had also worked with a PBS professional to identify strategies to help staff manage people's individual behavioural needs. The support plans provided guidelines for staff on minimising risk and maintaining a consistent level of care and approach to maximise people's independence and quality of life. Individual short, medium and long-term goals were agreed and reviewed on a regular basis to develop people's life skills. People's support plans had also been reviewed regularly which ensured they remained current and staff offered appropriate support. A visiting professional told us they were updated regularly on people's progress and were working with the staff to improve the quality of life for people living at 22 St Peters Road.

No one at the time of the inspection required end of life care. The deputy manager told us peoples' end of life care were being discussed with people and their relatives. End of life care, my future and end of life care easy read plans were being completed. These would be used to promote an individual approach to ensure end of life care would be followed.

People were supported to take part in meaningful activities that they enjoyed, and to be part of, and engage with the local community. Each person had an individual activities programme which was flexible to accommodate their individual needs. Keyworkers had a responsibility for developing this programme with people and their representatives to enable activities that were worthwhile and interesting for people. For example, on the day of the inspection visit one person was accompanied to a horticultural training centre as they had an interest in gardening. Another person talked to us about their art and how they enjoyed painting. This was scheduled within their activity programme. During the inspection people and staff were talking about a community disco that was being held that evening and to which most people were wanting to attend. Activities were also planned and developed between all five homes within the organisation. This included outings to the theatre and group BBQs. This encouraged socialisation between people who did not live together and with different staff across the organisation.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the

Accessible Information Standard (AIS). Services must identify record, flag, share and meet people's information and communication needs. People's individual communication needs had been assessed and responded to. People's support plans contained details of the best way to communicate with them and staff used a variety of resources to facilitate this. One staff member told us how one person responded positively to pictorial cartoon characters, and that a system had been developed to use them to improve engagement and facilitate communication. A visiting professional told us staff understood people well and recognised the different ways people communicated. A relative told us, "They are patient and take time to understand what is being communicated, be that verbal or nonverbal."

The registered manager encouraged regular feedback from people and their relatives and the service had a complaints procedure. Any complaints or concerns were dealt with quickly. Keyworkers discussed any concerns with people to ensure people felt listened to and action could be taken to resolve any concerns early. Relatives told us they could raise their concerns directly with the deputy or registered manager. One relative said, "I have not had to make a complaint, I talk to the manager and she responds, we work together."

Requires Improvement

Is the service well-led?

Our findings

People and relatives were relaxed and comfortable with the management arrangements and knew who the registered manager and provider were. Relatives told us they could speak to both and believed that what they said would be listened to and taken into account.

The registered manager was also the registered manager for the four other care homes within the organisation. She routinely spent one day a week in each service but worked flexibly across the services to respond to identified needs. For example, ensuring her availability for training from a specialist nurse on a specific care need for one person being admitted to one of the care homes.

The registered manager was supported in her management role at 22 St Peters Road by a deputy manager who was appointed in April 2018. Before this appointment, the deputy manager role had not been stable with staff sickness and a vacancy to this post for three months. Staff turnover had also been high with a reliance on agency staff to maintain staffing levels. This was being resolved with staff recruitment.

There had been a lack of stable and consistent management within the service that had impacted on the quality monitoring systems in the service. We found records were not always completed and saved in a consistent way. For example, some medicine audits had not been completed and health and safety checks were not available to confirm they had been undertaken. The registered manager advised these had been incorrectly filed. Due to staff changes the responsibility for these identified roles had not been allocated to designated staff. Medicine records relating to topical creams had not been completed and PRN guidelines were not in place for all people. This had not impacted on people's care and the registered manager confirmed suitable records and guidelines had been provided before the second day of this inspection. We found agency staff working in the service had not completed a full induction and a system had not been established to check agency staff working were suitable and safe to do so. Following our meeting with the provider they confirmed in writing that they had taken steps to check staff employed via an agency were suitable and safe to work for the organisation. We also found staff were not routinely issued with a job description. This meant staff were not always clear on their roles and responsibilities. For example, the deputy manager was new to post and although had management responsibilities, was not clear on what areas she was responsible for. All these areas were identified to the registered manager as areas for improvement.

We recommend that the provider establishes a robust system to assure themselves that any agency staff working within their care homes are suitable and safe to do so. We recommend that all staff are issued with a clear job description.

There was an open and supportive culture within the service. The staff encouraged people to see the service as their home and to be as independent as possible. Staff felt supported by the registered and deputy manager and all staff said they could raise any issues with them. One staff member told us, "The manager is brilliant, so supportive. This includes supporting you as a person. They were excellent when I needed emotional support." Staff felt they were listened to and could influence changes within the service. For

example, one staff member described how they had influenced the procedures for handling people's monies. In this way staff felt valued and had formed a team that worked well together. One staff member said, "Nothing is too much trouble for anyone, staff are always so positive."
Communication within the team was effective and enabled staff to keep up to date with the running of the service. Staff meetings took place on a regular basis. They were used to remind staff of the values of the organisation and staff had the opportunity to discuss issues, share ideas and reflect on practice. These meetings were used to review where things could be improved and any lessons learnt from incidents. A staff member told us, "We have a staff meeting each month, we can talk about how we are feeling, any troubles. Everything is open, no secrets." A handover meeting took place at each change of shift which ensured all staff had up to date information about people's routines or changes to their support needs.

Systems were in place to help monitor the quality and safety of the service and identify areas for improvement. The registered manager completed a monthly audit which covered the quality of the care and support provided to people along with the views of both people and staff. Records were audited to ensure they were full and accurate. An action plan was used to monitor any findings. People and relative's views were sought and recorded with the use of surveys. This information was used to improve the service. For example, staff were developing extra activities that interested people, including a coffee morning, bowling and arranging people to go to a gymnasium.

Incidents and accidents were recorded by staff which were reviewed by the registered manager to try to identify any patterns and reduce the likelihood of reoccurrence. Where appropriate, these were identified and shared across services to enable lessons learnt to be shared. The service sent notifications to the CQC as required.