ASD Unique Services LLP

63 Collier Road

Inspection report

63 Collier Road
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Date of inspection visit: 12 August 2015
Date of publication: 23/10/2015

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 12 August 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 three people with learning disabilities. Two 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 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

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. Two 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 them 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 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.

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.

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.

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

Good

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

Before an inspection, we usually 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. However we had not requested that the provider completed a PIR on this occasion and we took this into account when we made the judgements in this report.

During our inspection we spoke with the registered manager and three members of staff. We spoke with people who lived at the service. One person was able to speak with us directly. We used observations and talked with staff to better understand people's needs. We made informal observations of care, to help us understand the experience of people who used non-verbal communication. We looked at two 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 written feedback from three professionals who had direct knowledge of the service.

Good

Is the service safe?

Our findings

People were supported to keep safe. Staff looked out for signs of pain or distress where people used non-verbal communication. Staff had a good understanding of people's needs as they could interpret their different sounds and gestures and body language when people expressed their needs and wishes. Some safeguarding incidents occurred between people who lived at the service, as they sometimes had behaviours which were challenging. Staff said, "We are vigilant and alert to signs of changes in people's mental health. We ensure staff are close at hand to support people to keep safe. We review where we physically position ourselves to support people and reduce risks. We have adapted the premises to keep people safe." When incidents occurred staff used pictorial social stories to support people to gain a greater social understanding in different situations. Social stories were used 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.

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 and that safeguarding policies were discussed in staff meetings. 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. They implemented an observation chart to observe people and record any triggers to their behaviour. 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 which informed staff what to do in the event they needed to whistleblow and what external agencies they could contact to report any concerns. 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. For example, one person attended a social event at a theatre requiring an overnight stay, Staff were flexible in supporting the person to do this. People went on holiday requiring overnight stays and staff supported them to achieve this. This meant that 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 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

Good

Is the service safe?

safety. The registered manager had reviewed and adapted the environment based on people's needs. Reinforced doors and Velcro curtains had been fitted, furniture was fixed to walls and the TV was fixed to the wall in a sealed unit as people had previously damaged items and this action reduced the risk of people being harmed in their home. An external post box had been fitted as one person liked to collect the post and this had been incorporated into their routine. Prior to this the person had a tendency to remove the post box off the internal wall when agitated. This had removed the risk of this incident occurring. The environment was intentionally minimalist and free from clutter and decorative items. This was based on the need for a low stimulus environment to support people's well-being and reduce the risk of people getting agitated or anxious.

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 regular team meetings. One incident recorded where someone had thrown an item of crockery at someone when distressed. Staff changed the seating in the dining area to ensure people were not sitting too closely and staff had space to support people safely. Crockery was subsequently kept at all times in cupboards when not in use. Two separate sofas were set up in the living room so that people had their own defined seating space. These two areas had previously been identified as 'hot spots' where incidents were more likely to occur. 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 promoted low stimulus activities away from highly populated areas to reduce the person's anxiety levels and the risks to them and others.

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 audits to ensure people were provided with the correct medicines at all times. Any medicines incidents were recorded, for example when a member of staff had omitted to administer medicines to someone at the scheduled time. This was reported to the local authority and investigated by the registered manager to reduce the risk of reoccurrence. Staff received additional supervisions and completed competency assessments before resuming this role. One person's medication had recently changed and this was updated in the care plan. A new PRN 'as required' protocol had been written for them and the registered manager sent a memo to all staff to alert them to this change. This system helped ensured that people received their medicines safely.

Good

Is the service effective?

Our findings

People were satisfied with the support they received from staff. One person said they liked the staff and one person with non-verbal communication indicated that they liked the staff by using positive body language. We observed people to have 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. One staff member said, "I use prompts and different cues to support people to understand what to do and I point at items of reference to support people to understand what I am saying."

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 who 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. For example, where people had previously struggled to visit populated places such as shops, staff had supported them 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. 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 said the training helped them to consistently support people to enable them to maximise their independence and quality of life. Staff were satisfied with the training and professional development options available to them. Staff received formal annual appraisals of their performance and career development.

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 described how one person gave consent due to their non-verbal communication needs, "They will show me if they like something or don't want to do something." 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.

People were given care and support which reflected their communication needs and learning disabilities. One person had labels placed on furniture in their bedroom to remind them where things were kept. Menus, activity planners, care plans, complaints forms and questionnaires contained pictures so people understood what they had decided to eat and take part in. 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, "They communicate their wishes to us by tapping items of reference, pictures or parts

of their body. They vocalise using different sounds to convey their wishes and views." Staff recorded every communication method the person used to help them understand the person's needs.

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's goal was to develop their cooking skills. They had a keen interest in cooking and chose meals that they liked. We observed them cooking a meal with support from staff. They showed us a menu planner with step by step guides on how to prepare and cook food. They had requested to have steak and chips and this was now on the menu. They told us they liked the kitchen, which had just been recently refurbished. Their care plan recorded their choices and support needed to achieve their goals. One person used non-verbal communication to communicate the food they liked. Staff used photos of different food types to assess whether they liked them. Staff said, "We use an accessible questionnaire with pictures of food. When the person likes the food they tap the picture. When they do not tap on a food type, we removed this from the menu." This was recorded to ensure staff provided them with food of their choice. One relative gave written praise to a staff member for the 'brilliant work' they had done with 'X' encouraging their communication with social stories to help them understand more about healthy and varied food and how they had prepared a detailed care plan for this. They wrote that, 'X is now eating a varied diet.'

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. People had prepared a fresh roasted vegetable dish on the day of our inspection and the menu planner showed healthy meal options were available for people. One person was being supported to manage their weight. All weight monitoring records were accurately maintained and signed by staff. A member of staff said, "In one supervision I talked about how best to support someone to manage their weight. We discussed strategies and from this implemented a healthy eating plan for the person. We prepared menus based on homemade healthy options." Staff understood people's food preferences and acted in accordance with people's consent.

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 relative gave written feedback, 'I am impressed with how staff planned in advance and supported X with their dental treatment.' Staff used a social story to prepare the person to help them understand what the dental operation would involve. Staff supported them to attend the dental appointment. Staff worked with the dental nurse beforehand and had arranged a private room for the person to manage their anxiety. This plan was agreed in consultation with the person, staff, their relatives and relevant health professionals in their best interest. 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 and where they had non-verbal communication indicated with positive body language that they were happy with the care 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. We observed staff engaged with people to talk about things of interest to them, to include going back to college to be with the animals and about planting some rhubarb. They talked about going swimming and going to different shops of interest to the person. One visiting professional had written, 'I feel the needs of individuals are always met with great care and understanding.'

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. Where people could complete activities independently this was clearly recorded in their support plans. 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. We observed one person cooking with staff support in the kitchen. They showed us what they making and we observed them cleaning the kitchen whilst preparing their own meal. Staff told us about how they supported the person to increase their independence in cooking meals, "It is a learning process. We prepared them by helping them identify ingredients needed for meals and assist them to cook meals to help them learn the process."

Another person was supported to go to the shops and buy things for themselves to increase their independence skills. This activity had previously caused the person high levels of anxiety. Staff worked with the person and a PBS behavioural expert to develop positive strategies to support the person. This involved preparing the person before visiting the shop, giving them clear instructions about what to buy and prompting them and providing reassurance to them whilst in the shop. The person was then able to go to the shops with two staff members. The person knew the shop staff well and was able to independently exchange money for goods. This had promoted the person's independence and had balanced the person's right to freedom of choice whilst managing risks to themselves and others.

Staff were aware of people's history, preferences and individual needs and this information was recorded in their care plans. One person liked to go to college and work with animals, go out to town and go for walks. One person wanted to go to the pub and the staff member accompanied them to do so. 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 keyworker about their care and support needs. People's care plans were written in an accessible format to help people get involved in their own care planning. Risk assessments were reviewed regularly ensure they remained appropriate to people's needs and requirements.

We observed staff treated people with respect and upheld their dignity. A staff member said, "We respect people's privacy and dignity. When people are in the bathroom we leave them and ensure doors are closed. We prompt people and check on them. Where people want private time we leave them in their rooms to be by themselves. We give people their space. I have had training and discussions around dignity which reinforces my understanding. Dignity is at the forefront of my mind." 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.

Information was provided to people in a format they understood. One person was supported to create a communication book with pictures and photographs of activities and items of importance to them. Staff had created a portable communication book that they took with them on trips. This helped them communicate their needs with staff outside of the service. They had picture based cards to help them make choices about what they would like to do and make decisions such as what they would like to eat. Staff supported people to read social stories to help them understand information based on different contexts. Staff said when one person shredded the social story this meant they had read, processed and understood the information. Staff kept daily records of the

Good

Is the service caring?

person's behavioural responses to every activity they undertook and reviewed the records daily. This helped staff to understand what the person responded well to and activities that needed to be reviewed.

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 they liked the house, their room and the staff. A professional's feedback read, 'They have a good relationship with myself keeping me updated on relevant issues' and 'I worked with a client there last year and found the staff very supportive and helpful. The person's needs were very complex and challenging and staff were very pro-active and always looking at the difficulties and what worked well to enable them to come up with new ways to support the person.'

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 liked to be very active. On the day of our inspection they went to visit the aquarium. Afterwards they told us they had really enjoyed looking at the fish. They had a particular interest in the Beatles and staff told us how they had attended a Beatles day. The person told us they went to college and worked with the animals. They had obtained certificates of achievement and qualifications in working with animals. Staff knew their likes and dislikes well. One professional provided written feedback to us, 'The service provided at 63 Collier Road has provided X with well supported personalised support and care. I am pleased they have a good understanding of X's needs and provide a tailored service to meet their needs.'

Another person liked to observe trains. This activity was in their diary for the day of our inspection, however due to bad weather they needed to change their plan at short notice. The person went to a café with staff instead and went on a country drive in their car which was one of their favourite activities. Staff said they coped well with the change in activity and showed their enjoyment by smiling in the car on the trip. People's preferences were clearly documented in their care plans and communication books, and staff took account of these preferences. 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.

Staff had developed accessible weekly activity planners with people. As part of their routine, one person was given their planner every morning to remind them of the activity they wanted to do. Staff said that this helped them to process what they were doing and prepare for the day. 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. For example one person wanted to go trampolining. There was a small trampoline in the garden for people to relax and practice on. Another person with non-verbal communication responded better to fewer choices and had selected activities of interest to them. Staff reviewed and recorded their responses to different activities to assess whether this was something they enjoyed doing. Staff had written in a questionnaire, '63 Collier road is well equipped for people's needs. Every effort is made to support people with activities.' 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 liked to see their family regularly. The home had arranged barbeques where people's families and friends attended. Every Christmas the provider hired out a local village hall for people to attend a party with their families and friends. One person liked to talk about their family and maintain telephone contact with them. This information was written into people's care plans and staff supported them to do this. People met with friends at college and social events. People could invite people of importance to them back to their home when they wanted to.

We attended and observed a planning meeting, as a new person was due to move to the service. The deputy manager demonstrated a good level of knowledge about the care, health and behavioural needs of the person. They had also gained a lot of information about the person's independence levels, likes and preferences to include social activities, food preferences and their preferred communication methods. They had spent time with the person to develop a clear understanding of their needs through observations in different settings and care plan

Good

Is the service responsive?

assessments with staff that knew the person well. They had also taken into account the needs of people living at the service to support people's well-being and safety. We observed a high level of staff participation at this meeting as they were keen to learn about the new person and how best to support them. Staff had also read the care plan for the person to better understand how to support them. One professional provided written feedback, 'I worked with the service to place someone with mental health and learning difficulties. The service was very supportive and went out of their way to support the transition. Unfortunately the person did not take up the placement due to [changes in their health], however the service kept the placement open and continued to try to work with them by visiting them for many months.'

Questionnaires were sent to people, staff and relatives so they could give feedback and develop the service. We read questionnaires where people had positively indicated that they were 'happy', 'liked their keyworker', 'felt supported by staff', 'liked the food', and 'were cared for, with their privacy respected and were involved in decisions.' The complaint policy was written in accessible language with pictorial aids to support people to understand how to make a complaint. No complaints had been recorded since our last inspection. One relative had commented in a questionnaire that they were generally satisfied but sometimes reminders were needed around laundry. The registered manager reviewed this and discussed this with the staff team in a meeting and implemented a system to ensure people did not wear other people's clothes by accident.

Good

Is the service well-led?

Our findings

We observed people approach the registered 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, "This a supportive environment. We have a great team which is friendly and supportive. There are no tensions here, there are good communications" and "As a team we all get on. We are supported here and the management team is very approachable." Staff comments from questionnaires read, 'The service is very supportive, helpful and gives us information' and 'This is a well run company staffed by a professional, supportive team. People's best interests are the priority. I am happy here because of this.' Professional's written feedback read, 'The service is well managed' and 'The registered manager is very approachable, will act on concerns immediately and is aware of any issues within the service.'

The registered manager completed monthly care plan audits to ensure that they were up-to-date and that actions had been addressed. Records and care plans were up-to-date and detailed people's current care and support needs.

The registered manager completed an environmental audit to include cleaning schedules to ensure that the service met essential infection control and health and safety standards. The service had attained a National Food Hygiene Rating of '5' on 11 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.

There were audits in place intended to improve service quality. Monthly audits were completed by the registered manager who sent a monthly quality monitoring report complete with actions needs to the provider's head office. We saw that action plans were developed where any shortfalls had been identified. Actions from these audits had included improvements to the complaints policy. The registered manager improved the complaints policy by adding pictures to help people understand what to do when making a complaint. Menus had also been redeveloped to include more of people's food preferences, healthy food options and accessible instructions to help people make their meals independently with support from staff. Although these actions had been completed, they had not been recorded as completed, dated and signed to demonstrate this in the action plan.

The home had recently been fully refurbished to include a new kitchen and downstairs toilet and additional hand washing facilities. This need was identified through the provider's audit process. The external walls of the premises had been painted and internal spaces had been arranged to create more space for people. Staff said this had led to people engaging with each other more socially. One person said they really liked the new kitchen. A new booking system for maintenance work had recently been implemented based on a priority system taking account of people's safety in their environment.

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. Monthly service reviews were conducted by a PBS professional. The last review was completed on 4 August 2015, where the service acquired a rating of 74% compliance in these areas. The registered manager's aim was to incrementally increase compliance in these areas. We received written feedback from the PBS professional, 'The service supported one person with autism from my caseload who flourished whilst being there. 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. One staff member said, "I find team meetings useful. We discuss issues as a team and are able to put our views

Good

Is the service well-led?

forward." This was confirmed in meeting minutes. One example of this was a discussion about a new template to be used to record goals set for people as part of the PBS Competence Framework. The purpose of this was discussed and staff were encouraged to share ideas about what was important for people, to support people to achieve meaningful goals. Staff also discussed New ideas for activities for people and recorded that they had contacted one person's family to find out about other activity preferences the person may have.

The registered manager and staff shared a clear set of values. The registered manager promoted openness of communication. She said, "This is a supportive company. This is people's home we give people proactive opportunities to develop their skills, access the community and be as independent as possible. We enable people to be safe and settled and support them positively with their life transitions." 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."

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

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.