Aspens Charities

Ellasdale Road

Inspection report

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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

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

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

Ellasdale road provides accommodation and personal care for up to six people who have learning disabilities and some associated physical and/or sensory disabilities. Each person had a large bedroom with shared bathroom facilities.

This is the service's first inspection. They were previously registered under a different provider; however, the same people were living at the service and most staff had continued their employment with this provider.

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

Although quality audits were completed regularly, they had not identified some inconsistencies we found. Mental capacity documentation did not reflect the views of the person or how the decision was made that they lacked capacity. Some people whose support needs involved restrictive practises, did not have mental capacity assessments specific to these.

People were safe. There were detailed and person-centred risk assessments for people and the environment to ensure they and the building remained safe. People received their medicines from competent and trained staff in the way they were prescribed. Staff had a good knowledge and understanding about potential risks and were aware of the process to follow if they suspected anyone was at risk of abuse. We found accidents and incidents were responded to in a timely way and actions taken to ensure they did not reoccur. Staff were recruited safely and there were suitable numbers to meet people's needs.

Staff had the skills and knowledge to support people and meet all their needs. They received an in-depth induction into the service and company, where they learned about people, their preferences and routines. Further support was provided in regular training, supervisions, appraisals and team meetings. People's nutritional and health needs were met. Where concerns were identified, additional support was sought from health and social care professionals.

Everyone we spoke to felt that staff were kind and caring. We observed interactions between people and staff to be warm and genuine. It was clear that staff enjoyed working with people. People's dignity, independence and privacy was promoted. Staff knew people, their preferences and support needs well.

Care plans were tailored to individual needs and highlighted areas where additional support was required. People had their own key-worker; this was a named member of staff who had a central role in their lives and would oversee their support needs and care plans. Staff knew people's communication and emotional support needs very well. People had their own individual activity timetables that were person centred to their interests and hobbies. They had control over what they wanted to do each day. People's wishes and goals were linked in with activities and regularly reviewed with people. No formal complaints had been raised, however there was a clear and accessible complaints policy and relatives told us they had no concerns raising issues.

Staff, relatives and professionals spoke highly of the registered manager and felt they were professional, supportive and a strong leader. There was a strong emphasis on working together to achieve mutual goals and an open, transparent, supportive culture was promoted.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People received their medicines safely.

Person centred assessments highlighted any areas of risk and actions to take to reduce this. Health and safety checks were also completed to ensure the environment was safe.

Staff had a good understanding of how to recognise signs of abuse and who to report concerns to.

Staff were recruited safely and there were suitable numbers of staff to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff were knowledgeable of offering people choices and sought their consent when providing support.

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

People's nutritional needs were met.

There was lots of involvement from health and social care professionals to ensure people's needs were consistently met.

Is the service caring?

Good

The service was caring.

People had their privacy and dignity respected and their independence promoted.

Staff had built good relationships with people and were warm and patient in their interactions.

Relatives and a professional spoke highly of staff and felt they were always kind, caring and supportive towards people.

Is the service responsive?

Good

The service was responsive.

People had in-depth care plans that detailed their care needs, choices, preferences and routines. These were reviewed regularly with people.

Staff were very knowledgeable of how to meet people's specific communication needs and used a variety of tools to do so.

People were given complete choice and control over what they could do each day. Activities were person-centred to people's interests and goals.

Relatives were knowledgeable about the complaints process and felt comfortable raising any issues.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The provider did not always demonstrate understanding of the mental capacity act, particularly regarding seeking and documenting the views of people where restrictive practices were identified.

Everyone we spoke to was complimentary of the registered manager and the way the service was run.

Management and staff worked together as a team to achieve positive outcomes for people.

Ellasdale Road

Detailed findings

Background to this inspection

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

The inspection took place on the 1 October 2018 and was undertaken by two inspectors. This visit was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that our visit would not disrupt the lives of people more than necessary.

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

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

Following the inspection, we spoke with two relatives and one professional to gain their views of the service provided at Ellasdale Road.

Good

Is the service safe?

Our findings

Some people told us they felt safe. Although other people were not always able to tell us they felt safe, we saw they were comfortable and relaxed around staff that knew them well. Relatives agreed that people were safe. One relative said, "It's very safe. Security is good and my relative always has support when they need it. There are always lots of staff around." Another relative told us, "Staff are very aware of safeguarding and there are lots of risk assessments to keep people safe." A professional told us, "They stick to people's routines and you can see this helps them feel safe and secure. Some people who were very anxious when I first met them, now smile and engage and appear more relaxed."

Assessments of risks, both personal and environmental were completed. These were related to managing medicines, going out, travelling on public transport and risks associated with eating and drinking. People that could become anxious, had Positive Behaviour Support Plans (PBSP'S). These are plans that include specific information on behaviours that could challenge, early warning signs that the person was anxious, things to avoid and calming techniques. For one person with Epilepsy, their risk assessment included the types of seizures they could experience, signs that they may be feeling unwell and patterns of illness, so that staff could be aware of when the person was most at risk.

Incident and accident reports detailed information of any incident, immediate and on-going actions taken and reflected on lessons learned. The registered manager analysed incidents to look for patterns or trends, which meant they had continuous oversight of risks to people. When incidents occurred, time was spent with people to discuss what happened and where things could be improved. An example of this was for an incident between two people who lived at the home. Even though one of the people was unable to verbally express their views, staff had spent time observing and analysing their behaviour. They used a variety of communication methods, such as picture cards, to determine how the person felt and whether they wanted any further action to be taken. Advice was sought from relevant health and social care professionals and people's relatives. Plans of action were implemented to ensure that incidents did not reoccur. As a result, there had been no further incidents of this nature.

There were enough staff to support people. Any absences were covered first by staff from the home and then regular agency staff. Due to people's specific support needs and anxiety regarding familiarity, agency staff were not used during the day, but as a second person with regular staff for night shifts. The registered manager told us they were currently recruiting to cover absences but it was important they had the right staff to meet people's needs. Before an interview, potential candidates were invited to visit the service and have an informal chat about the role with the registered manager. This was so they could meet people and understand what their roles and responsibilities would entail. Following a formal interview, potential candidates were then invited to join staff at the home, so they could be observed in how they interact with people and others. The registered manager said, "These processes help candidates to decide whether the role is right for them and whether they have the right personality and strengths to work with people. It takes longer, but it is worth it if we manage to recruit right." For candidates that were successful, the provider had completed thorough background checks. This included applications to the Disclosure and Barring Service (DBS) that checked for any convictions, cautions or warnings. Evidence of their previous experience and

training was required before working at the service. This process ensured as far as possible staff had the right skills and values required to support people.

People were protected against the risk of abuse because staff knew what steps to take if they believed someone was at risk of harm or discrimination. Staff were knowledgeable of signs that a person may be at risk and of who they should report concerns to. One staff member said, "The bottom line is, I'm here to protect people. It doesn't matter who may be involved, I would always report and record everything." Staff received regular safeguarding training to ensure they were up to date with current legislation and best practice. We found that all potential safeguarding concerns were reported appropriately and advice sought where needed.

People's medicines were managed so that they received them safely. Staff were not able to support with medicines unless they had received relevant training. They also had their competency to administer medicines assessed regularly. This was achieved through a review of training, written tests and observations by a member of the management team. Some people took medicines on an 'as and when required' basis. Records detailed why the medicine was prescribed, the dose, maximum use within 24 hours and when the GP may need to review. There were medication risk assessments that detailed how the person may indicate they were in pain and when to offer pain relief medication. Other people received 'as and when required' medication to manage their anxieties. Assessments explained procedures to follow and early warning signs that the person may need their medicine. Another person had medicines prescribed to support with a severe allergy. Guidelines were clear of the support required by staff and the importance of having the medicine available to the person at all times. We observed staff taking this medicine and the guidance with them, when they went out with the person. People's Medicine Administration Records (MAR) were completed daily and their medicines given as prescribed. MAR records were checked by staff every day during handovers so that any errors could be identified immediately. People's medication was stored in locked cabinets in their bedrooms which promoted their privacy and independence with managing their own medicines.

People lived in a safe environment. Regular health and safety checks were completed that included fire safety, maintenance of the building, electrical equipment and water temperatures. We viewed compliance certificates where professionals had completed safety checks for electrical equipment or the risk of legionella and asbestos. Each person had a Personal Emergency Evacuation Plan (PEEP) which included person-centred information on what support was required. This included specific information about people's anxieties and how these could be managed in an emergency. The local fire service had been informed about people, which rooms they were in and how they may respond to a fire situation. There was also an emergency file that staff picked up in an emergency. This included people's PEEP's, the service continuity plan and contact details for staff and relatives. A list of people's medicines had also been included, in the event that medicines got destroyed.

We observed good practice in infection control. The environment was clean, warm and well maintained. There was personal protective equipment (PPE), such as gloves and aprons, available for staff to use when provided support with personal care. Staff received regular infection control training and had a good knowledge of how to prevent the spread of infection. A professional also told us, "I am always impressed with how clean, homely and calm the environment is when I visit."

Good

Is the service effective?

Our findings

Relatives and a professional told us they thought the service was effective because staff had the skills and knowledge to meet people's needs. One relative said, "Staff know people, autism and support needs very, very well." A professional told us, "I was impressed with staff, they are very knowledgeable about people and autism, particularly surrounding anxiety or challenging behaviour."

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

Staff used pictures and objects of reference to gain people's views. They continuously asked people how they were and if they were enjoying activities. Two people required a monitor in their bedroom to manage risks to their health and we observed that this practice was only used when necessary and the person was always informed. Some people had been appointed legal representatives to support with decision making. Staff were knowledgeable of who these people were and when they should be consulted. This was also clearly documented through their care plans. One staff member told us, "I would be horrified if I didn't have choices. This is why every opportunity a person can make decisions, they should."

Staff had the appropriate skills and knowledge to support people living in the home. They told us they received regular training which included first aid, safeguarding, data protection, mental capacity, equality and diversity and health and safety. Staff had Non-Abusive Psychological and Physical Intervention (NAPPI) training which focussed on understanding behaviours that challenged, rather than using physical restraint. Staff had also received more specialised training such as epilepsy and autism to meet the specific needs of people. Following autism training, staff were required to complete an in-depth autism focus workbook to demonstrate how training had developed their understanding of supporting people. The registered manager said, "The focus on autism training has been most useful for staff as it makes them more confident when analysing people and their support needs." There were opportunities for staff to complete a National Vocational Qualification (NVQ) in Social Care for those who wished to develop their skills and knowledge. An NVQ is a work based award that is achieved through assessment and training. To achieve an NVQ, candidates had to prove that they had the ability (competence) to carry out their job to the required standard.

Staff spoke positively about their induction into the service. They told us it had recently changed and they were now receiving a four-day company induction. This provided the opportunity for new staff to meet other new starters and understood management roles within the company. Following this, staff completed

induction specific to their service and this included reading people's documentation, shadowing more experienced staff and gaining understanding into people's routines and preferences. Following induction, staff were supported in their role with regular supervision and appraisals. Staff spoke positively about supervisions. One staff member said, "I can discuss everything, how I'm feeling, areas I'd like further learning in; it's very much a two-way process between the registered manager and I." Another said, "I always feel really good after supervisions and can request one whenever I feel the need to."

People's nutritional needs were met. People grew their own fruit and vegetables in the garden. They could eat what they wanted at a time that suited them. Menus were decided by people and food options were varied. Daily meals were presented in a pictorial format and there were numerous options for alternatives if people changed their minds. Where risks had been identified with regard to nutrition, there were detailed assessments for managing these. For example, one person could experience a specific health issue if they didn't drink enough and this was closely monitored by staff. Another person required their food intake to be recorded and monitored to ensure they were receiving a well-balanced and varied diet. Meal times were a social occasion where people and staff ate together.

The service supported people to maintain good health with input from health professionals on a regular basis. Records showed that they were supported to access their GP, the learning disability team, specialist behaviour consultants, nurses and mental health professionals. Where people experienced anxiety going out to appointments, professionals such as hairdressers and dentists came out to visit them at the home. People had annual health checks with their GP's and reviewed their medication which ensured it was still meeting their health needs. People also had their own easy read hospital passports. With people's permission, these were to be given to paramedics or hospital staff if the person needed to go to hospital. These plans included details about the person such as allergies, contact details for the home and their families and any medical history. There was also a list of their current medication, their methods of communication and how to alleviate any anxiety.

Relatives felt that the staff were responsive to people's changing needs. One relative had been involved with several multi-disciplinary meetings and said, "Staff were very good at checking everything out from every angle. They always follow up on things I ask." A professional also told us that staff were good at communicating changes to people's needs and responsive to guidance or ideas. They said, "Staff actually helped me increase my knowledge of working with autism and more specifically, supporting with anxieties. I've applied this knowledge to my practice and used it in other services which has been extremely beneficial."

The design of the building met the needs of people. Some people became anxious and needed space. Their bedrooms and other large communal areas allowed them the space they needed when required. There were also pictorial signs on doors to support people to navigate around the building. There were various communal areas for people to relax in which were homely and decorated with people's artwork and photographs. There was also a large garden with a seating area, greenhouse and a den for a person who liked their own space.

Good

Is the service caring?

Our findings

People told us they thought the service was caring. They told us, "I like staff, they're nice" and, "I like living here." When we asked one person to describe staff, they smiled and gave us a 'thumbs up'. Relatives praised the staff and the support they gave people. Comments included, "It's not just a job to them, they are wonderful. They really do their best to provide the best quality of life to people", "It feels like a home, staff understand my relative so well. As a parent, that means a lot" and, "I cannot fault the care provided by staff, my relative is so happy and well looked after." A professional also spoke highly of the caring nature of the staff team. They told us, "I work in a lot of care homes and this is definitely one of the best ones. Staff are incredible with people, attentive and really caring. I always look forward to going there."

Staff were passionate about working with people and looked forward to coming to work. Staff told us, "I love it here. I feel part of a team and everyone is committed and caring" and
"I actually love coming to work, everything about it is enjoyable, but most of all the people. It's all about the people." Another staff member said, "It's all about what you give to people. If you take the time to engage, they give you so much back. It's incredibly rewarding working here."

Staff knew people well and showed interest in their preferences and hobbies. We observed staff asking one person about their interest in building models and were enthusiastic in their responses. Another person wanted to learn how to play the piano. Their key-worker used colourful stickers on piano keys to support them to learn and the person was now able to play a number of songs. The staff member told us, "I cannot explain how emotional it was for staff and the person's relatives when they played the piano for us. We all got very tearful."

We observed interactions between staff and people and found them to be warm, genuine and engaging. Staff were friendly and concerned about people's well-being. One person's care plan emphasised the importance of creating a calm and relaxing atmosphere to reduce the person's anxiety and we observed this happening. Staff were playing the person's favourite music. A variety of activities were offered and staff listened to the person's choices. They talked to the person in a calm and encouraging manner, checking their understanding each time they gave information. The person was smiling and joining in with activities. A staff member said, "I think because people know us so well, they feel comfortable and it's helped us build trust." They explained how another person used to always say yes to everything. This would then lead to being anxious if they actually didn't want to do something. Staff worked with the person to express their emotions via a pictorial chart and since then, they had been able to explain more easily whether they liked something or not. The staff member said, "It's amazing because now they say no. Now they have a voice." The person's relative said, "The key-worker has really worked hard on improving life skills, such as managing money and making choices. They now say how they feel."

Staff demonstrated a good understanding of promoting independence and supported people to do as much on their own as possible. We observed staff using objects of reference to encourage people to make choices about what they wanted to eat or do. One staff member encouraged a person to bring their laundry downstairs and put into the washing machine. Another person chose and prepared their own meals every

day with staff support. Staff gave us further examples of encouraging people to do elements of their own personal care independently and as a result this has built their confidence and skills.

Staff had understanding of equality and diversity and ensured that people's dignity and privacy was respected and promoted. People were addressed by their preferred name and their bedrooms were filled with photographs and personal belongings. People were given choice over the decoration and lay-out of their rooms. Their rooms were considered their own personal space and staff always asked permission before entering and respected that people needed time by themselves. Staff had knowledge of the home's confidentiality policy and how it related to the people they supported. People's care records were stored securely in locked cupboards and electronic documents were password protected. The staff office contained personal information about people and we observed staff double checking it was locked when not in use.

People's views were valued and they were consulted on a regular basis about their experience of the service provided. People took part in monthly meetings where they could discuss what was going well and if further actions were needed to reach goals. We saw one person having their monthly review with their key-worker. The staff member used pictures to support the person to choose activities and express emotions. They asked how the person felt about a variety of issues and explored concerns or worries with them. People were also given annual survey's in an easy read format to gain views and improve service provision.

Good

Is the service responsive?

Our findings

Relatives felt staff and management were responsive to people and were, "Always involved and invited to reviews to discuss relative's care." One relative said, "They don't assume they know everything and seem to really value my views and what I have to say", while another said, "I am reassured that we all have my relative's best interest at heart." A professional agreed, telling us, "I have never met a more responsive staff team and manager."

Each person had a care plan that was specifically designed around their needs, goals and aspirations and reviewed regularly by people and their key-workers. People had their needs assessed before they moved into the home and the information gathered was used to develop their care plan. There was personalised information about people's sensory needs, how they liked their environment, their structures and routines. There was also specific information about how autism impacted on their lives and assessments that highlighted where people were independent or required additional support. Some people required information to be in a pictorial format to assist with communication and they had additional easy read care plans. People had a 'This is me' document which gave a snap shot about them and the care they received. These were all presented in their own individual format and some had been completed by people. The registered manager had also introduced a 'Key worker focus'. Each week, staff were asked to look at a specific person's preferences, support needs and goals and generate ideas for improvement.

Staff were responsive to people and were knowledgeable of what made them anxious. One person could become very anxious and 'stuck' in certain aspects of their routine. We observed staff supporting the person in this situation during the inspection. The staff member was calm and patient. They gave the person space when it was needed and lots of reassurance. Various other techniques used were consistent with the person's anxiety plan. From this support, the person was then able to move onto another part of their routine. The staff member told us, "This can happen and that's okay, it takes as long as it takes. The way I see it, the person has no choice about their anxiety because they feel trapped. I have a choice to help and support them and I do."

From August 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard (AIS). The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively.
Staff were knowledgeable of people's communication needs and used a variety of tools to support with this. Complaints policies and other documentation regarding the change of provider had been produced in an easy read format. Some people had pictorial prompts on their timetables to ease any anxieties regarding routines. We observed one staff member using pictures to communicate with a person about appropriate clothing to suit the weather. Another person carried around their own personalised communication book which they used to communicate with others. For one person, who could not communicate verbally, we saw staff using Makaton, a form of sign language. People all had detailed individual communication plans. One person could become very anxious and there was specific guidance on scripts staff should use and actions to take. We observed staff following this guidance when supporting the person during the inspection.

People took part in activities that encouraged social involvement and wellbeing and had choice and control over what they wanted to do each day. Staff told us that people used to go to a day service but would often become anxious about going or not always engage in activities. Instead of this, people were now enjoying activities of their choosing with staff from Ellasdale Road. One person told us, "Activities are here now, it's much better, I like everything here, I'm happy." Staff were proud of the range of activities. One staff member told us, "We put a lot of thought into activities and watch to see if people enjoy them." Another said, "They really have a lovely time here, each timetable is so varied and enhances quality of life." One person was passionate about sewing, so they bought a sewing machine, and cushions they had made were in communal areas. Some people had expressed an interest in learning to ride a bike and so the registered manager purchased three adaptive bicycles to support them to do this. Some people had voluntary jobs that included their interests. For example, one person who loved animals volunteered at a cattery. People enjoyed other activities such as ice-skating, horse-riding, pottery classes, going to Zumba or to the gym. They received massages at the service from a professional once a month. People also went on holidays each year. They were excited to show us photos and told us how much they enjoyed themselves. One person did not like going out and staff used innovative ways to encourage them to join in with activities. They built a den for the person in the garden, which contained their favourite things and allowed them to have a quiet space other than their bedroom. Staff told us about future plans to recycle bottle tops. A staff member said, "This is something to get us all more involved with the community." One person, who was passionate about using computers, was going to create posters to raise awareness.

People had person centred goals, and activities were organised for them to achieve these. One person was supported to write letters to their relative each week as their goal. Another person had expressed a wish to go camping. One staff member told us, "We wanted to support them to do what they wanted at a pace they could manage so they didn't experience any anxiety." Staff started off by camping in the garden with the person, which they really enjoyed and were now looking at going a little further. The staff member said, "We have looked at camping closer to home as the next step and then if that goes well, as a holiday away." There were specific activity guidelines for people that included their preferences and routines. Goals were reviewed with people at key-worker meetings and included how they were doing so far and if any further support was needed.

Although no formal complaints had been received, relatives told us they would feel confident to raise any concerns with the registered manager. There was a clear complaints policy and easy read information about who people could contact if they were unhappy with their care. This was displayed in people's bedrooms.

No person was receiving end of life care during the inspection. The registered manager had given thought to how they could adapt downstairs living space to meet people's needs if they became unwell and unable to use the stairs. This included renovations that had been made to a bathroom into a large, more accessible wet room. The registered manager told us about conversations they had had with relatives regarding people's end of life wishes. However due to people being young and healthy adults, this was not something that people or relatives wanted to discuss at the time. The registered manager advised they would review this during annual reviews and document any further responses.

Requires Improvement

Is the service well-led?

Our findings

Quality audit tools were completed every month and looked at staff files, health and safety of the building, medicines audits and incidents and accidents. The local authority had visited to complete an external audit and the registered manager told us this was helpful. The provider also had a new quality assurance department who were completing audits quarterly. The registered manager reviewed people's documentation twice a year and key-worker's updated care plan's when things changed. Although quality assurance audits had been completed regularly, these audits had not identified some inconsistencies which we found during the inspection.

Staff showed understanding of choice and consent in day to day practice, however, people's care records did not always meet guidance in line with the Mental Capacity Act. There were specific decision-making forms related to managing people's personal care. These included views from professionals and relatives. However, there was no evidence to demonstrate the person's views had been considered and how the decision for a lack of capacity was reached. Some people were living with practices which restricted their movements or privacy. For example, some people had monitors in their bedroom at specific times of the day to manage risks associated with a health condition or anxiety. There was no evidence of any best interest discussion to show that the person's views or those that knew them best had been considered, or that their capacity to consent had been assessed. From what we observed and what staff told us, people did not appear distressed by these practices. However, it is important that the provider do all that is practicable to obtain and document the views of people as part of the decision-making process.

Although people couldn't tell us their views about the registered manager, they were relaxed and comfortable around them. The registered manager talked with people about their interests and people smiled and engaged with them. The registered manager knew people and their support needs extremely well. Relatives agreed and described the registered manager as, "Brilliant", "Very professional, caring and kind", "Hard working" and, "Is absolutely there for people." They praised the deputy manager also and comments included, "They are really grounded and listen to me" and, "New in post but not to the service. They do a very, very good job." One professional said, "I have a lot of respect for the registered manager, they are brilliant and very helpful. They take a real interest in how what I do can improve people's wellbeing. In my opinion they go above and beyond for people, we really need to duplicate them and the staff team so that all services are the best they can be."

Staff told us that they thought the service was well-led, because the registered manager was, "Very approachable", "Genuinely caring", "Brilliant", and "Lovely to people and staff." Staff told us that they were encouraged to share ideas and work as a team to achieve mutual goals and improve the lives of people. One staff member said, "We are like one unit. All working together towards one goal, everyone helps each other." Staff told us they attended regular staff meetings where they could discuss anything they wanted to and ideas were generated to improve people's support. They also used daily handovers and a communication book to feedback information to the staff team. One staff member said, "I find handover's particularly informative because they are very detailed and person centred."

Since the last inspection, there had been changes to the provider of the service. There were new directors who the registered manager told us were, "Keen to learn about services and people" and "listening to feedback from managers and staff to improve services." The registered manager felt well supported by their manager and had regular supervisions. They were always available via phone or email if they had any questions or concerns.

The registered manager was passionate about continuous learning and involved with a number of initiatives to ensure they were always up to date with current legislation and practice. This included regular meetings with managers from other provider locations and a West Sussex Partners in care group, which involved meeting with managers from a variety of different services. Topics discussed included employment law, CQC's role and meeting regulations as well as sharing ideas and positive outcomes. The registered manager had completed the same training as their staff team and was a coach for Positive Behaviour Support. This meant that they could provide direct support to staff to meet the needs of people that lived at Ellasdale road.

The provider sought out views about the quality of care and valued feedback given. People and relative's views were sought in an annual questionnaire. People's questionnaires were available in an easy read format to encourage communication. Feedback given was analysed and generated into a graph that gave overall views of the service. An annual partnership meeting gave relative's the opportunity to meet with management and staff and to have informal discussions about people. We viewed the latest surveys received and all feedback was positive.

The service had received lots of compliments from relatives and professionals. Relatives comments included, "Great to see all the communication and trust between people and staff", We are very appreciative of all the hard work done by staff" and, "Seeing our relative so happy is wonderful for us." Professionals had written emails to the registered manager with their views. One professional said they were "Wowed" by the service and the warm, welcoming environment. They thought all staff were professional and friendly and were impressed with the communication between staff and people. Another said, "You all do a wonderful job supporting people and I am sure your great work will continue." These compliments had been included in a newsletter so that positive views were shared with people and staff.