

East View Housing Management Limited

East View Housing Management Limited - 51a Chapel Park Road

Inspection report

51a Chapel Park Road
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East Sussex
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19 February 2018

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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?

Good ●

Summary of findings

Overall summary

East View Housing (51a Chapel Park road) is a residential care service for one person with learning disabilities. It is a flat which is attached to another East View Housing care home. The accommodation is on one floor with a lounge, kitchen, dining area, bedroom, bathroom and toilet facilities. Although the flat is part of the same building as 51 Chapel Park road and management and staff are the same, it has its own separate entrance and has been registered as an independent service.

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 on-going 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 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.

Staff had a good knowledge of how to keep the person safe and how to recognise signs of abuse. There were individual in-depth risk assessments completed, which were person and task specific. Where risks had been identified, actions had been taken to manage the risks and promote independence. Staff were aware of the person's needs and followed guidance to keep them safe. There were sufficient numbers of suitable staff to ensure their safety.

Staff received a variety of training to ensure that they had the skills and knowledge to support the person. They received an in-depth induction and regular supervisions, which meant they felt supported and up to date with support needs and policies and procedures.

The person was supported to have maximum choice and control of their life and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Nutritional needs were met. They were given choice and control over what they wanted to eat and drink while still encouraged to make healthy choices. They were also encouraged to be independent when preparing food.

The person received care that was personalised to meet their needs. They had a key-worker; this was a named member of staff who had a central role in their life and would oversee their support needs and care plans. The care plan was detailed and tailored to their individual needs. Staff knew the person they cared for very well and what was important to them. Staff supported and encouraged them to engage with a variety of social activities of their choice. Staff treated them with kindness, compassion and respect and promoted their independence and right to privacy.

The person, their relative and staff were complimentary about the management team and how the service

was run. Feedback was sought from the person and their relatives and used to improve the care. The person knew how to make a complaint and these were encouraged using an easy-read format to support with individual communication needs. The management team promoted a strong team work ethos which made staff feel appreciated in their role.

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 remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained caring.

Is the service responsive?

Good ●

The service remained good.

Is the service well-led?

Good ●

The service remained Good.

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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 15 February 2018 and 19 February 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often supporting staff or providing care. We needed to be sure that they would be in and that our visit would not disrupt the lives of people there more than necessary.

East View Housing (51a Chapel Park road) is a 'care home'. 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 using the service can live as ordinary a life as any citizen. (Registering the Right Support CQC policy)

One inspector was present on the 15 February 2018 and two Inspectors on the 19 February 2018. Before the inspection, we checked the information held regarding 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. 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.

On the days of inspection we spoke with the person that used the service about their day to day experiences. We spoke with two staff members, the registered manager and deputy manager. We spent time reviewing records, which included one care plan, two staff files, 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' the care for the person living at the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care.

Following the inspection we spoke with a relative about their experiences of the care and support provided at 51a Chapel Park road.

Is the service safe?

Our findings

The person told us that they felt safe. We observed they were comfortable and relaxed around staff that knew them well. A relative felt confident that the person was safe and told us, "We know our relative feels safe and happy and it's a wonderful thing. It is difficult leaving a relative in someone else's care but knowing how happy they are and that they are looked after helps reassure us."

There were sufficient levels of staff to support the needs of the person who lived at the service. The person had the same staff who worked regularly with them which meant they knew and felt comfortable around familiar people. The registered manager advised that they preferred not to use agency staff, so any absences were covered by other core staff from 51 Chapel Park road. This ensured that the person received continuity of care.

The provider had completed thorough background checks as part of the recruitment process. This included applications to the Disclosure and Barring Service, which checked for any convictions, cautions or warnings. References from previous employers had been sought with regard to their work conduct and character. This process ensured as far as possible staff had the right skills and values required to support the person living at 51A Chapel Park road. A relative confirmed this, saying, "We feel that staff are vetted well and as a result there are good, caring people with our relative."

In-depth risk assessments had been completed for the person, staff and the building, that were person and task specific. They detailed any risks and how the person could be supported to manage these. There was a clear emphasise on the preferences of the person throughout.

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. The person did not receive regularly prescribed medicines, however a staff member advised us that they self- administered homely remedies and were sometimes supported with an 'as and when required' medicine during the summer months if they chose to have it.

Staff demonstrated a good knowledge of how to recognise and report signs of abuse. Safeguarding training was reviewed regularly and also a topic discussed in team meetings to ensure staff remained up to date with current practise.

People lived in a safe environment. Regular Health and Safety checks were completed which included equipment, fire safety checks and regular fire drills. There was a detailed Person Emergency Evacuation Plan (PEEP) for the person. This ensured that staff and the person knew how to evacuate the building in an emergency. Staff had a good understanding of how to prevent the spread of infection and we saw that personal protective equipment (PPE) was used regularly to support this.

Is the service effective?

Our findings

A relative told us they felt the service was effective. This was based on meeting staff and how they involved people in decision making. They told us, "There is no doubt the staff are trained because they know exactly how to support them (my relative)." They also said, "They always offer my relative choices although often they may decide they don't want to do something. Staff encourage them as best they can but also respect their choice if they absolutely decline."

Staff had the appropriate skills and knowledge to support the person who lived at 51a Chapel Park road. Staff told us that they received training in managing medicines, moving and handling, health and safety, food hygiene, safeguarding adults and equality and diversity. Staff were also in the process of completing more specialised training in Autism. We viewed the training plan that showed training was up to date and regularly reviewed.

All staff received regular supervisions with the registered manager. Appraisals were also completed annually and considered staff's individual goals, positive work practise and areas for improvement. This was confirmed by staff and individual staff records. Staff told us that they received a thorough induction programme where they learned about their roles and responsibilities and shadowed an experienced member of staff. Records also showed that new staff completed the Care Certificate as part of their induction. This qualification sets out the standards expected of staff and guides them in providing safe care.

Staff demonstrated clear understanding of involving the person in decisions and asking their consent before providing care and support. This was observed in interactions between staff and the person and also documented within their care plan. Staff had a good understanding of the Mental Capacity Act and how it related specifically to the people they support.

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).

The person's documentation addressed their capacity throughout. Best interest decisions were person specific and detailed involvement from the person and the important people in their lives. The assessment detailed how the person processed information, what decisions they could make and where support may be needed. There were also pictures used as reference to support with communication.

The person's nutritional needs were met. Staff demonstrated understanding of their preferences and but also encouraged healthy eating. The person chose their menus for the week. They told us they were learning to cook with staff and a staff member confirmed that the person's confidence was growing with preparing

food.

The service supported the person to maintain good health with input from health professionals if they were feeling unwell. The person also had a yearly review of their health and well-being with their GP. There was a 'Healthcare appointments' document in their care plan that detailed any advice given by professionals during appointments throughout the year.

A relative told us that the person's home was ideal for them and the support they needed. "My relative is very anxious around other people so living on their own is absolutely ideal." They also said, "They (my relative) love their flat and are very happy there. It suits them perfectly and we feel very lucky."

Is the service caring?

Our findings

Staff told us that they enjoyed working at the service and the best part about the job was, "Being with people and watching them grow in confidence". A relative spoke very highly of the caring nature of staff and of their key-worker, who worked with the person almost every day. "Staff are very pleasant, sweet and approachable. I find them very caring, particularly my relative's main worker. We are very impressed with them."

The relative explained that before moving into 51a Chapel Park road, the person had lost a lot of their confidence. "We were so scared but not anymore. You can see the difference in my relative being with staff that talk to them and care. Their speech and confidence has grown so much. We are very pleased with the quality of care they receive."

Staff knew the people and their support needs well. We observed this in interactions between the person and their key-worker, who had worked together for over 8 years. Exchanges were friendly, with references to previous activities they had done together and shared jokes. The staff member was patient and kind, even when having to repeat information several times. They knew the person's anxieties, for example about a weekend away they took every year, and were able to reassure the person about how this would be managed. The person seemed very comfortable around the staff member and smiled at them, saying, "You're a treasure you are."

Staff ensured that people's dignity and privacy was respected and promoted. The person was addressed by their preferred name and their bedroom was considered a safe place where they could go if they needed space.

We saw that people were enabled to be as independent as possible. The person's key-worker explained that their confidence had really grown and that, "It's amazing to see them becoming more independent." An example they gave was for when they go shopping together. At first, the person remained with staff all the time and became anxious at the thought of separating. Now their key-worker can park outside a familiar shop and the person will go inside independently to get their newspaper. Equally, when they go to familiar places, like the supermarket, the person is happy to go off on their own to find shopping items. A relative confirmed, "It's taken a long time, but my relative is slowly building their confidence and it's so wonderful."

People were involved in making their own decisions and encouraged to express their views. We saw that choices were offered in all aspects of care. The person told us that they talked with their key-worker once a month about what they wanted to do and where they wanted to go. Staff also explained that once a year, a questionnaire was completed with the person regarding their views of the quality of the service. Questionnaires were pictorial, with evidence of the person's responses and staff support given.

Is the service responsive?

Our findings

A relative told us the service was responsive to changing needs and always kept them informed. "Every time my relative comes home, their key-worker comes in for a cup of tea and we all sit together and talk about how they've been and what they've been doing. Their keyworker always rings us too if there are any issues."

People received care that was tailored to them as individuals. Before moving into the service, support needs were assessed and detailed 'Pre-admission plans' completed with involvement from people and their families. These assessments were then used to formulate the person's care plan, which was individual to them. It included information about their preferences, dislikes, daily routines, choices and what was important to them. For example, in the person's care plan it emphasised how important it was to the person to go to Church every week and staff facilitated this. There was evidence to show that their care plan was reviewed regularly with them, their family and their key-worker. This was confirmed by a relative who advised, "We are involved in all reviews which happen at least once a year, however if anything changes before that, we always talk."

The provider was responsive to the person's changing support needs and worked with health professionals and outside agencies to improve quality of life. Although minimal health involvement was required, the person received regular support from other professionals for activities such as bowls and horse-riding. Their key-worker told us, "The help we have received from Instructor's means that the person is encouraged to interact socially with others in a positive way. Their confidence seems to have grown as a result and they enjoy the activities."

The person took part in activities that encouraged social interaction and wellbeing and had complete choice and control over what they wanted to do each day. The person's key-worker advised that initially, the person had been reluctant to join in with activities but this had improved over time. The person told us that they went horse riding, trampolining, played bowls and also liked going to the cinema. They talked with their key-worker about a holiday that they went on together each year. Staff also told us how the person was very interested in politics and how they had written some letters to members of parliament, who had then visited the house.

The person's views were always listened to. They were actively encouraged to express their views about the service and were given clear information about how to make a complaint. This was available in an easy read format. This document had pictures as a communication tool and also space to write what was upsetting them. Any complaints or concerns were well documented and consideration made to where and how improvements could be made. There were clear actions with appropriate timescales and an emphasis on complainant satisfaction with the outcome of the complaint.

Although no-one required end of life support during inspection, the provider had talked with people about their preferences for the future. The person was young and healthy and did not see end of life support discussions as a priority. This view was respected.

Is the service well-led?

Our findings

The management team at 51a Chapel Park road consisted of a registered manager, a deputy manager and a senior carer.

The person told us they liked the registered manager and we could see that they had built a relationship based on mutual respect and trust. A relative also spoke highly of the registered manager. "I have always found them to be very pleasant, approachable and caring. We are very pleased with the management team."

Staff had absolute confidence in the registered manager and praised their character and work ethic. One staff member said, "You can tell they genuinely care about the person. I have no complaints whatsoever about management." Another said, "The registered manager is so supportive. Even if they're not on call, they encourage us to phone them if there are any issues." The registered manager also advised that they have regular support from management and the nominated individual that worked at East View Housing's head office.

We were told by staff that there was a strong ethos of working together and ensuring that the staff team were made to feel part of the service. Staff were encouraged to communicate and ask questions if they had concerns. One staff member said, "It's a nice feeling working here, comfortable, happy and welcoming. It's why staff stay and work here for years."

The registered manager had good oversight of the service and the people living there. Monthly quality monitoring audits looked in depth at the quality and consistency of people's support plans as well as the safety of the service. Any actions identified were addressed immediately. Additional audits were completed by East View Housing's quality assurance manager.

The provider sought out views about the quality of care and valued feedback given. Questionnaires were completed yearly by the person, their family, staff and other stakeholders such as health professionals. Any actions identified for areas of improvement were addressed and feedback given to the relevant person. A relative told us that they filled in a questionnaire recently and constructive feedback was addressed immediately.

Staff demonstrated good, up to date knowledge of policies and procedures, as well as relevant legislation related to health and social care. We viewed staff meeting and staff forum minutes and staff confirmed that they attend these regularly. Staff told us that in each meeting they discussed the person's support needs and could then raise any other issues. They also had a 'topic of the month'. This could be about policies and procedures such as managing medicines, safeguarding adults or mental capacity.