

East View Housing Management Limited

# East View Housing Management Limited - 24 Tower Road West

## Inspection report

24 Tower Road West  
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## Ratings

### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



## Overall summary

This inspection took place on 28 November and 1 December and was unannounced. The home was last inspected in November 2013 and no concerns were identified.

24 Tower Road West provides personal care and support for people with various forms of learning disability. The home can accommodate up to six people. Five people were living at the home when we inspected.

# Summary of findings

The home is one of a number of locations operated by East View Housing Management Limited, who provide support locally for people with learning disabilities.

Accommodation is provided over three floors with communal lounge and dining areas. The top floor of the property is a set up as a self-contained annex, providing accommodation for people wanting to live more independently.

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

Our inspection showed that whilst the service offered people a comfortable environment and their basic care needs were being supported, there were shortfalls in a number of areas that required improvement.

Although care plans provided staff with clear guidance about how to support people with behaviour that challenged, action taken and evaluation to learn from these incidents did not always happen.

Personal emergency evacuation plans were not in place for each person living at the home and one person had missed an appointment with their GP because staff had not supported them to attend.

Some procedures to record the safe administration of medicine were not always carried out and information was missing from staff recruitment files.

The provider was not meeting the requirements of the Mental Capacity Act (MCA) 2005 because Deprivation of Liberty Safeguard applications had not been made when they were needed.

Staff were not supported through a system of regular supervision that positively promoted their development, because this process had lapsed.

The service was not always responsive to people's needs because their goals and wishes were not always effectively progressed or followed up.

The management of the service did not always ensure that key tasks were carried out to ensure the safety and promote the quality of the service that the home provided.

There were also positive aspects of care at the service. People were very complimentary about the caring nature of the staff and were happy living there. They told us staff were kind and compassionate and respectful of their privacy and dignity.

Staff interactions demonstrated they had built rapport with people who responded to this positively. Activities were varied; people could choose how to spend their day. They took part in activities in the home and the community and told us they enjoyed them.

The service encouraged people to express their views and be involved in developing the home. The provider undertook quality assurance reviews to measure the standard of the service and actively sought to improve it where they could.

There were breaches of regulations. You can see what action we told the provider to take at the back of the full version of the report.

# 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 not consistently safe.

Incident behaviour logs did not always record the action taken or follow up action required.

Emergency evacuation plans were not completed for each person and some safety checks had lapsed.

Medicines were not always administered safely because records were not completed when some people did not take their prescribed medicine.

Some information required to support recruitment processes was not available.

There were enough staff on duty to keep people safe and to provide care and support to people when they needed it. Staff knew how to identify abuse and what action to take to keep people safe.

**Requires Improvement**



### Is the service effective?

The service was not consistently effective.

Deprivation of Liberty Safeguards had not been put in place for some people who were unable to consent to their care and treatment at the home.

Some staff supervisions were not up to date and no appraisal system was in place.

Poor communication meant that a health appointment was overlooked.

Staff had the skills and knowledge to support people with their needs and wishes.

**Requires Improvement**



### Is the service caring?

The service was caring.

People were supported to express their views and be actively involved in making decisions about their care and support.

People were treated in a kind and compassionate way and staff were caring.

Staff were friendly, patient and discreet when providing support to people and took time to speak with people and engage positively with them.

People were treated with respect and their independence, privacy and dignity were promoted.

**Good**



### Is the service responsive?

The service was not consistently responsive.

**Requires Improvement**



# Summary of findings

Some key worker reviews were not clear if people's goals and wishes remained current or how they were actively pursued.

There was an accessible complaints procedure and people were confident that any concerns would be addressed and action taken where necessary.

Care plans were individual and person centred.

## Is the service well-led?

The service was not consistently well led.

Audits had not identified that some safety checks were not completed as often as required.

Staff had a good understanding of the vision and values of the service.

The service had a registered manager. Staff told us the management team were approachable, supportive and helpful.

**Requires Improvement**



# East View Housing Management Limited - 24 Tower Road West

## Detailed findings

### Background to this inspection

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

This inspection took place on 28 November and 1 December 2014 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we asked the provider to send us a 'provider information return' (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was well completed and received before the inspection.

We contacted the Local Authority contract monitoring staff that were involved in monitoring the care of people who used the service. We did this so we could obtain their views about the quality of care provided at the service. We also reviewed the data we held about the service, including any statutory notifications that they had sent us. A notification is information about important events which the service is required to send us by law.

During the inspection we undertook general observations in communal areas. We looked at how staff interacted with people, how people were supported at lunch time and during some activities. We spoke with the manager, the deputy manager, the quality and performance manager and three care staff. We met and spoke with all five people who used the service. We looked at specific parts of each person's care records and three care plans in full. We reviewed staff rotas and training records together with other records relating to the management of the service such as audits, policies and risk assessments.

# Is the service safe?

## Our findings

Everyone told us that they felt safe. Comments included “I’m fine, I feel happy and safe” and “I don’t have any concerns, I definitely feel safe”. People were relaxed and at ease with each other. They told us the house was their home, they were happy living there and staff made them feel comfortable and reassured.

Although people told us they felt safe, we found examples of care practice which was not safe.

Where needed, people’s care plans contained guidance for staff about how to safely and consistently support people with behaviour that challenged. This included information about behavioural triggers and support strategies. However, when some behavioural incidents had occurred, staff did not always record the action taken or whether any follow up support was required. Learning outcomes were not always logged to minimise the risk of incidents happening again. This made it difficult for staff to evaluate the suitability and development of behavioural management strategies and to know if the plans fully addressed people’s needs to ensure that they were safely and consistently supported.

Staff and some people told us they knew what to do in the event of an emergency, however, we found that personal emergency evacuation plans were not in place for each person. These plans are intended to provide key information to emergency services. For example, about people’s mobility, their communication needs and any other specific requirements. Some people at the home had limited communication and mobility. Plans were not in place to ensure relevant information could be effectively conveyed in an emergency situation. In addition, some safety checks such as the fire drill and emergency lighting tests had lapsed. People were placed at risk because plans intended for use in an emergency were not complete and some safety checks were not completed when they needed to be.

The lack of review of incidents and accidents and missing emergency evacuation plans placed people at risk of not receiving the support they required. This is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Recruitment processes showed and staff told us they had an interview and before they started work and we saw the provider had obtained references and carried out criminal record checks. However, we found some staff files did not contain a photograph as proof of identity or commentary to indicate it had been seen. This is required to validate that the candidate is the same person the other checks relate to, which help to ensure that staff are who they say they are and suitable to work with people at risk.

This is a breach of Schedule 3 of regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were stored appropriately and administered by trained staff. There were appropriate systems in place to order, monitor and safely dispose of medicines not administered. No controlled or refrigerated medicines were used, although facilities were in place if required.

We looked at a sample of medicine administration records, most of which were correctly completed. However, on the date of our inspection there were two instances, for one person, where prescribed medicines were not signed for by staff as administered. Discussion with the manager and the person found they had refused their medicine that day. Staff knew how they needed to account for medicines that were not given and the member of staff concerned recognised they had not done so. This did not promote safe and complete administration practice and was contrary to the home’s medicines administration policy. We have identified this as an area that requires improvement.

Staff received safeguarding training as part of their induction and this was refreshed regularly. The home’s policies ensured staff had guidance about how to keep people safe from harm and protect their rights. These included clear systems on protecting people from abuse. Staff were knowledgeable when they described different types of abuse and what action they would take if they suspected abuse had taken place. There was a flow chart and contact numbers to assist staff in decision making and reporting procedures.

Systems were in place to support people to manage their money. People’s income and expenditure were recorded

## Is the service safe?

and receipts obtained when people bought items. Records showed checks of people's money had been carried out by staff, and the manager as well as the quality and performance manager.

Each person's care plan contained detailed risk assessments. These complemented people's activities and were specific to their needs. The assessments outlined the benefits and aim of the activity, the associated risk and set out the measures taken to reduce or eliminate risk. Staff and the manager were clear about the need to balance risk for people while ensuring they were enabled to enjoy activities and try new experiences. People told us they knew about their risk assessments, staff spoke to people about them and they were encouraged to be involved in planning them. Staff told us they felt confident about managing risks. People told us that they felt safe on outings and in the home. We asked one person about staff balancing risks with things they liked to do, they told us, "I think they have got it right".

Health and safety checks had been undertaken to ensure the safe management of the home, food hygiene,

hazardous substances, staff safety and welfare. A business continuity plan instructed staff what to do if the home was not able to function normally, such as in a loss of power or an evacuation.

Staff levels and their skills mix were based upon people's dependency assessments and were continually reviewed. We saw an example where staffing had recently increased to accommodate a higher dependency need. Agency staff were used when needed as well as staff working at other services owned by the provider. Records showed when possible the manager used the same staff from the same agency who each received an induction. This helped to ensure that they were familiar with the home and offered some continuity for the people they supported. People and staff told us they thought enough staff were in place. Staff were aware of people's individual needs; we saw people were supported appropriately. People told us they were confident staff knew how to support them safely and meet their needs.

# Is the service effective?

## Our findings

People spoke cheerfully and were very positive about their home and the staff who supported them. They told us they received the right amount of support and felt that staff supported them well. One person said, “The staff are all friendly, I find them extremely good. I don’t really think of them as staff”. Another person told us, “They all know what to do, what we are like and the things we like. I wouldn’t want to live anywhere else, that’s what I think anyway”.

Although people were happy and felt supported, we found examples of practice which required improvement.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS).

DoLS form part of the Mental Capacity Act (MCA) 2005. It aims to make sure that people in care settings are looked after in a way that does not inappropriately restrict their freedom, in terms of where they live and any restrictive practices in place intended to keep people safe. Where restrictions are needed to help keep people safe, the principles of DoLS ensure that the least restrictive methods are used.

Some people were able to consent to receive care and treatment at the home. However, DoLS authorisations required for other people, unable to consent to live at the home, had not been made when they needed to be. A person must not be deprived of their liberty for the purpose of receiving care or treatment without lawful authority. The manager had identified that DoLS applications were needed, however, due to time pressures, this had not happened.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff felt supported and told us that the manager and provider listened to them, however, we found that supervision had lapsed for some staff. Supervision is an important process where staff can talk through any issues about their role, any training needs, or about the people they provide care and support to. It is intended to provide a manager with a structure for the development of staff and a formal opportunity to address any concerns. Supervision

had previously taken place as one to one meetings, and although planned to resume in the new year, had lapsed. The system for supervision of staff and monitoring of their competencies, training and development was not implemented. This meant that the registered manager did not have oversight and understanding of the performance of all staff. This could therefore place the people they supported at risk.

This is a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Communication within the service was not always effective. Although staff handover processes were thorough and informative, some basic communication systems within the service were not effective. For example, records for one person showed they had missed an appointment with their GP for a medication review. We discussed our concern with the manager, although staff had recorded the appointment in the home’s diary, it had been missed. A subsequent appointment had been made and taken place. We have identified this as an area that requires improvement.

Staff had received training to effectively support the people they looked after. For example in safeguarding, food hygiene, fire evacuation, health and safety and equality and diversity. Staff completed an induction when they started work and shadowed experience members of staff until the manager was confident they were competent to work unsupervised. Staff also received additional training specific to peoples’ needs, for example around behaviour that challenged and supporting people with learning disabilities. There were opportunities for staff to complete some training which was accredited by the Local Authority. This training is designed around best practice and aimed to develop knowledge and standards of care in the local area. Staff told us they were happy with the quality of training received and felt it provided them with the knowledge and skills they needed.

An initial nutritional assessment was completed on admission to the home and people’s dietary needs and preferences were recorded. People showed us a pictorial menu and reference cards with pictures of different foods



## Is the service effective?

which helped them choose what they wanted to eat. The menu was regularly changed. One person told us “There is a good choice of food, we all have favourites. The food is very good”.

People’s weight was regularly monitored, with their permission. Where needed, some people received a specialist diet to support them to manage health conditions, such as swallowing difficulties or to reduce the risk of choking. Some people received support from the speech and language therapy team and dieticians. For example, about slowing the pace at which they ate their food and how much fluid they should drink. Where recommendation were made, we saw they were put into practice and appropriate records kept. Staff understood people’s dietary requirements and how to support them to eat safely and stay healthy.

We observed lunch, it was relaxed and informal. People were considerably supported to move to the dining area, or could choose to stay in the day lounge. People were encouraged to be independent throughout the meal and staff were available if people wanted support, extra food or drinks. Some people stayed at the table and talked with others, enjoying the company and conversation.

Despite the missed GP review, care records showed when there had been a need, referrals were made to appropriate health professionals. Where people may have difficulty expressing how they felt, communication plans contained guidance to help staff recognise how people’s behaviour, demeanour or facial expressions may change, if for example they were in pain. Where possible, people consented to their care and treatment. Established procedures were in place and used to support people who were unable to consent, including access to an advocacy service and best interest meetings.

People felt that the home offered suitable accommodation for their needs. Adaptations had been made for some people as their needs had changed. For example, one person moved to a downstairs bedroom because of their decreased mobility. The person’s en-suite bath was changed with their agreement to a seated shower because of their difficulty in using the bath. The person told us the change of bedroom and alteration to their bathroom suited their need.

# Is the service caring?

## Our findings

People were supported with kindness and compassion. People told us caring relationships had developed with the staff who supported them, which they found comforting and reassuring. Everyone we spoke with thought they were well cared for. One person told us, “I think this place is first class”. People told us they were treated respectfully and with dignity. They felt their independence was actively promoted.

Interactions between people and staff were positive, respectful and often made with shared humour. The atmosphere was light, calm and friendly. When staff supported people, they responding promptly to any requests for assistance. They spoke with people in soft tones and were gentle and unhurried in their approach, giving people time to process information and communicate their responses.

People were consulted with and encouraged to make decisions about their care. One person told us this helped them to feel valued because they were listened to. They told us, “We talk things through and they let me decide what suits me best. I like that”.

Staff supported and encouraged people to be as independent as possible. One person lived on the top floor of the home which was converted into a self-contained flat. They told us this had helped to improve their daily living skills and, because they had greater freedom, this made them feel more confident about the choices and decisions they made. They were reassured that staff were at hand if

needed and felt part of the community living at the home. Staff told us that nothing was prejudged or set in stone and people were treated as individuals. This was supported by what people told us and our observations.

Each person had a detailed pen picture. This included the most important things about them, the most important things to them and the most important areas where they required support. Staff were knowledgeable about people’s life experiences and spoke with us about people’s different personalities. They knew what people liked and didn’t like. Staff told us they had got to know people well by spending time with them and, where possible their relatives, as well as by reading people’s care records.

People said they had their privacy and dignity respected. Several people told us, “They knock on my door and wait until I tell them to come in”. People were dressed in clothes of their choice, they told us they felt clean and well cared for. Staff and the manager confirmed that the importance of dignity and respect was emphasised to all staff from “day one”.

Care records were stored in a locked cabinet when not in use. Information was kept confidentially. Staff had a good understanding of privacy and confidentiality and there were policies and procedures to underpin this. Staff supported people in doing what they wished, people were happy and engaged in their own individual interests, as well as feeling supported when needed.

Although we did not see any visitors during our inspection, people told us that their friends and family were welcomed and could visit at any time. The manager told us, “Relatives and friends can visit whenever they want, it’s the residents’ home and we are respectful of that”.

# Is the service responsive?

## Our findings

People told us they received care and support specific to their needs. They felt staff knew what they liked and which activities and interests which were important to them. People had regular activities and outings, some people felt they especially benefitted from Reilley House, a day centre run by the provider. They told us this gave them an opportunity to see old friends, make new friends as well as learning new things such as mosaic making and practicing life skills. Other people told us how they were supported to see their family and keep in touch with friends.

Although people felt the service was responsive to their needs, we found some examples of practice which were not. For example, people told us and records confirmed that key worker reviews had taken place. However, looking at the reviews, it was difficult to see how issues people raised at previous reviews were progressed in the current review. In one case a person told staff they wanted to go to a different day centre, they had enquired about a course and also some voluntary work. Subsequent reviews did not link back to the person's requests or give any indication of progress or continued relevance. This did not promote peoples involvement and devalued the worth of key worker reviews. We have identified this as an area that requires improvement.

Care records provided detailed information for staff about how to deliver peoples' care. For example, information about how people preferred support with personal care, their physical well-being, communication, mobility and dexterity. Daily records provided detailed information about each person. This made it easy for staff to see how people were feeling, how they had spent their day and what they had to eat and drink.

People had been involved in drawing up their care plan. This helped to ensure it reflected what people wanted it to

say and what was important to them. These then formed the basis for care and support provided. Care plans were reviewed monthly or when peoples' needs changed. People were involved in the reviews, which they usually checked and signed. We asked one person what was particularly important to them, if staff knew what it was and if staff had got it right when they supported them. The person told us they particularly enjoyed listening to music. Staff had supported them to download all of their favourite songs on to a digital music player. The person visibly excited to have all of their music in one place and immediately accessible. They told us "Staff had got it right".

Other people we spoke with felt their care plan was right because it set out the support they needed and how they wanted to receive it. One person proudly showed us their new bedroom. They had wanted to move to a larger room and have a double bed. They were supported to do this. The person was pleased with their room. By their reaction, it was evident that supporting them to do this had had raised their sense of individuality.

Service user meetings had been recently reinstated. People told us they thought they were a good idea and showed us the lounge wallpaper and other decoration which was decided and agreed at a previous meeting.

The home's complaints and compliments policy was available in pictorial form. The manager confirmed that the home was not dealing with any complaints at the time of our inspection. Staff and the manager confirmed they welcomed people's views about the service. Staff clearly explained how they would support people to make a complaint if the need arose. People we spoke with did not raise any concerns and told us they were certain any complaint they may needs to raise would be taken seriously and looked at properly.

# Is the service well-led?

## Our findings

People were actively involved in developing the home and monitoring the quality of service. Examples included assisting staff to carry out environmental checks of the home and taking part in meetings where things like decoration and improvements to the home were decided. One person told us, “We get asked what we think about the home quite a lot and things do change. We have got new curtains”.

Although people were happy with how the home was led, we found some areas required improvement.

A registered manager was in post. They spent three days a week at this home and two days a week at another home run by the same provider. The provider and manager identified the benefit of a deputy manager. This would help to provide support for the manager, management oversight and continuity for staff and people at the home. An interim deputy manager was recently brought in from another home run by the provider until the advertised post was filled. When the manager did not have the support of a deputy, management tasks such as DoLS applications, staff supervisions and the effective oversight of some aspects of running the home did not take place or had lapsed. Other checks such as testing of some key fire safety equipment did not take place consistently, some staff training planning was out of date and safety testing of portable electrical appliances had become overdue. Management systems had not prevented or addressed these short comings.

This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a positive and open culture within the home. Staff told us they worked closely as a team and the manager and provider were supportive and approachable. Staff said there was a genuine open door policy. Staff were encouraged to ask questions, discuss suggestions and address problems or concerns with management.

Staff meetings occurred regularly, with the last one having taken place in October. Meetings were planned and staff could add items to meeting agendas. Staff told us that they found meetings helpful for discussing and sharing best practice.

The home had a clear commitment to the people they supported. This was ‘To provide individuals with safe, friendly and comfortable housing with well trained and experienced staff, providing community integration and personal development’. This guiding principle was underpinned by key values to promote and support individual clients by ensuring personal dignity, respect and rights, choices and individuality, privacy and independence. The manager told us that the values and commitment of the home were embedded in the expected behaviours of staff. Staff recognised and understood the values of the home and could see how their behaviour and engagement with people affected their experiences living at the home. We saw examples of staff displaying these values during our inspection, particularly in their commitment to care and support and the respectful ways in which it was delivered.

Detailed audits of the home were completed by a quality and performance manager employed by the provider, this helped to ensure standards were scrutinised objectively. This had most recently happened in August 2014. As a result of the audit, action points had been raised and passed to the manager for their action. These included a lack of evidence of reviews and auditing care plan information as well as improvements required in relation to the management of medicines within the home.

The water supply at the home was suitably managed to ensure it did not present a risk of scalding or potential source of Legionella.

Questionnaires were sent out to families and feedback was obtained from people, staff and involved professionals. Returned questionnaires and feedback were collated, outcomes identified and appropriate action taken. The information gathered from regular audits, monitoring and the returned questionnaires was used to recognise any shortfalls and make plans to improve the quality of the care delivered.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered provider had not taken steps to ensure that care and treatment was provided in a safe way for service users including assessing risks to their health and safety, doing all that is reasonably practicable to mitigate any such risks, ensuring persons providing care and treatment have the qualifications, skills, competence and experience to do so safely and ensuring the proper and safe management of medicines. Regulation 12(1)(2)(a)(b)(c)(g)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>Recruitment procedures were not established and operated effectively to ensure that information was available in relation to each such employed person specified in Schedule 3. Regulation 19 (3)(a)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Service users were not protected from abuse and improper treatment because established processes were not followed to ensure service users were not deprived of their liberty for the purpose of receiving care or treatment without lawful authority. Regulation 13 (5)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

## Action we have told the provider to take

The registered person had not ensured that staff had received appropriate supervision and appraisal.  
Regulation 18 (2)(a)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems or processes must be established and operated effectively to assess and improve the quality and safety of the services provided, assess, monitor and mitigate risks and evaluate and improve practices. Regulation 17 (1)(2)(a)(b)(f)