

East View Housing Management Limited

East View Housing

Management Limited - 5

High Beech Close

### Inspection report

5 High Beech Close  
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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 Management Limited 5 High Beech Close is a care home providing social and residential care for up to four people with learning disabilities. On the day of our inspection there were four people living in the home. People had varied needs related to their learning disabilities and general health needs, associated with an ageing client group. 5 High Beech is a two storey property with bedrooms located on the first floor. The provider runs a number of care homes locally and is also a national provider of care.

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.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated 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.

People told us they felt safe. Staff knew how to safeguard people from abuse and what they should do if they thought someone was at risk. Incidents and accidents were well managed. People's medicines were managed safely. There were good recruitment procedures and enough staff to meet people's individual needs.

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

People were treated with dignity and respect by kind and caring staff. Staff had a good understanding of the care and support needs of people and had developed positive relationships with them. People were supported to attend health appointments, such as the GP or dentist. People had enough to eat and drink and menus were varied and well balanced. People's meals were served in a way that respected their specific needs. One person needed food served in a particular way to meet their health needs and through additional planning staff made sure this did not have an impact on the person's social life.

People were supported to take part in a range of activities to meet their individual needs and wishes. All attended day centres for varying numbers of days each week. Activities were also arranged at home and people told us they enjoyed having meals out, theatre trips and holidays. People also told us they enjoyed visiting their friends and inviting friends and their family members to their house.

The environment was clean and well maintained. The provider had ensured safety checks had been carried out and all equipment had been serviced. Fire safety checks were all up to date.

The organisation continued to have good quality monitoring systems. Feedback was regularly sought from people, relatives and staff to hear their views of the service. People were encouraged to share their views on a daily basis. People and relatives were given information on how to make a complaint and said they would be comfortable raising a concern or complaint if they needed to.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# East View Housing Management Limited - 5 High Beech Close

## **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 comprehensive inspection took place on 1 May 2018 and was announced. The registered manager was called the day before our inspection to let them know we were coming. We did this as the location was a small care home and people are often out during the day. We needed to be sure that someone would be in. When planning the inspection we took account of the size of the service and that some people at the home could find visitors upsetting. As a result, this inspection was carried out by one inspector.

East View Housing 5 High Beech Close 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.

Before the inspection we reviewed information we held about the home. This included notifications of events that had affected the service such as any safeguarding investigations. 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 day of inspection we spoke with three people about their day to day experiences. We spoke with the registered manager, deputy manager and a support worker. We spent time reviewing records, which included two care plans in full and aspects of a third care plan. We looked at one staff file, staff rotas and

training records. In addition we viewed documentation related to the management of the service such as accidents and incidents, quality assurance and meeting records. We also 'pathway tracked' the care for two people living at the service. This is where we check the care detailed in individual plans matches the experience of the person receiving care. We received feedback from a visitor to the service.

# Is the service safe?

## Our findings

People told us they felt safe living at 5 High Beech Close. A staff member told us that as they were still relatively new in the home they made sure they planned every trip thoroughly to take account of risks and to ensure people felt safe.

Risks to individuals were well managed. Where risks were identified there were appropriate risk assessments and risk management plans. This helped people to stay safe while their independence was promoted as much as possible. For example, following a change in one person's needs, a sensor was fitted to their bedroom door and to the front door to alert staff to check if the person needed support.

Incidents and accidents were reported and investigated. For example, one person had a fall outside the home when it was dark. Records showed a request was made to have increased lighting on the pathway between the home and sister home next door and this had been addressed. This demonstrated the home took action and learned from accidents to minimise the risk of a reoccurrence.

Staff had an understanding of different types of abuse and told us what actions they would take if they believed people were at risk. Staff had received training in safeguarding and were able to tell us that if an incident occurred they reported it to the management team who were responsible for referring the matter to the local safeguarding authority.

Appropriate checks for the recruitment of staff were carried out and ensured as far as possible, only suitable people were employed. There were enough staff to keep people safe and meet their needs. For example, additional staff was arranged at short notice if someone was unwell or decided they did not want to go to their planned day activity.

People's medicines were managed so they received them safely. Medicines administration records (MAR) showed people received their medicines as prescribed. Staff had received training in the management of medicines. Some people took medicines on an 'as and when required' basis (PRN) for example, for pain relief. There were good procedures in place to make sure people received their medicines when they needed. There was a safe procedure for storing, handling and disposing of medicines.

People were protected from the risk of infection. All areas of the house seen were clean. Staff had received training in food hygiene and infection control. There were cleaning schedules that ensured cleaning tasks were completed either on a daily, weekly or monthly basis. Audits were then carried out to ensure tasks had been completed. Gloves and aprons were available for staff use.

People lived in a safe environment because the home continued to have good systems to carry out regular health and safety checks. These included, servicing of gas safety, electrical appliance safety and monitoring of water temperatures. There were robust procedures to make sure fire safety checks were carried out and to carry out regular fire drills to ensure people and staff knew how to respond in the event of a fire. The business continuity plan had been reviewed and provided guidance to assist staff in a range of emergencies

such as extreme weather, infectious disease, damage to the premises, loss of utilities and computerised data.



## Is the service effective?

### Our findings

People had enough to eat and drink. Menu meetings were held weekly to plan the meals for the week ahead and records showed people received the foods they had asked for. Menus were varied, nutritious and well balanced. One person had received support from the local Speech and Language Team (SALT). There was detailed advice and guidance within their support plan about how their food should be served to minimise the risk of choking.

People were supported to attend a range of healthcare appointments to meet their individual needs such as GPs and dentists. Any specialist health care advice received, for example, easy read literature on medical treatments was included within their care plan documentation. Each person had a care passport that would be used if they needed to go into hospital. This included, "Things you must know about me", "Things that are important to me" and "My likes and dislikes." This would assist hospital staff to provide care in a person centred way that suited the individual.

People had the equipment needed to meet their individual needs. For example, if they used a walker or needed a wheelchair for long distances. Grab rails were positioned to support people in getting in and out of the bath. Some people could not use a mobile phone so they used the house phone to make and receive calls. One person had their own mobile phone and enjoyed the privacy and independence this gave them to keep in touch with friends and family. Staff told us they used the internet to support people to make choices about furniture and booking theatre trips. When one person was in hospital they used social media so they could speak to their friends.

Staff demonstrated a thorough understanding of involving people in decisions and asking their consent before providing care and support. This was seen during interactions between staff and people and was also documented within care plans. Staff knew people very well and recognised they were able to give consent for day to day living decisions, but may need additional support with understanding more complex decisions, such as issues to do with their health. 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). Where appropriate an application had been submitted for a standard authorisation and the home was awaiting the outcome.

Staff continued to receive training in a variety of subjects including safeguarding, medicines, first aid, infection control and food hygiene. Specialist training had also been provided in relation to nutrition and diet, and epilepsy. We asked if staff had received training in dementia but this had yet to be arranged. Following our inspection the registered manager confirmed a course had been booked for staff to attend. One staff member told us they had attended training in dementia in their 'own time.' They told us they had learned about how people perceive different textures so sometimes things like flooring might need to be changed. They were also advised not to disagree with people as what they are saying is their reality. They had discussed this with staff to make sure they understood this. They had also introduced a life story/memory for one person to support their specific needs. They told us the course had given them an

invaluable insight into what it would be like to have dementia.

Staff attended supervision meetings regularly and told us they felt well supported in their role. A staff member told us the registered manager was, "Very supportive. If we ask for something it is done. When we asked for training on Makaton, (a form of sign language), it was arranged. Another staff member told us, "She is so patient with me. She has been 100% supportive.

## Is the service caring?

### Our findings

People's diverse needs were respected. One person had a pureed diet. We asked how this impacted their life. Staff told us the person had found it difficult to adjust to their diet so they always involved them in the preparation so they could see the food they were eating and they ensured it was served in a way that suited them. We were also told the impact of going out had been minimised as staff always phoned ahead to restaurants and asked if they could bring a blender or explored the menus to make sure there was a suitable meal option. On a recent trip to London, they planned a visit to a French restaurant and rang ahead. Staff told us the chef had gone the extra mile and made pureed French onion soup as requested and had made pureed mocktails (cocktails without alcohol) for the person. A person's relative told us staff, "Always looked at the individual and treated (person) with the utmost respect, kindness and patience."

People were supported by staff who knew them well. Staff had enlisted the support of one person's family members to help create a life story book with the person. The person had a diagnosis of dementia so it was important to them to spend time looking through the photographs of them and their family members in their younger days. The book demonstrated the research that had been done to ensure the person's life story was presented in a way that meant something to them. It was obviously important to the person and reflected various aspects of their personality and things that were important to them such as the music and food they liked.

All staff received training on equality and diversity and we asked them how this was put into practice on a daily basis. A staff member told us, "Everyone is an individual and we encourage people to make choices and ensure they are respected and carried out." Another staff member told us, "We keep it person centred and then we can't go wrong. They share similar interests in many ways and are easy going so don't mind compromising at times. For example, with the TV. If they want to watch something different they all have a TV in their bedroom."

Bedrooms had been personalised to reflect each person's individual tastes and interests. People's bedrooms were seen as their own personal area and private to them. Staff knocked on people's doors and only entered when permission had been given.

People were supported to make and keep relationships. People told us they enjoyed visiting their friends and inviting friends and families to their house. A staff member told us, "I am not shy from exploring sexuality or gender if I thought there was a need. People here are happy. One person is in a relationship and we ensure they have regular opportunities to spend time together in a way that suits them." Staff also told us people had opportunities to meet people through a weekly club and a monthly disco if this was something they wanted and they invited their friends to the house for dinner.

Care plans demonstrated people were encouraged to do as much for themselves as possible to maintain their independence. People also enjoyed helping around the house. When the online shopping arrived, everyone helped to put it away. People told us they helped with preparing the meals and the washing up. One person told us they enjoyed baking.

## Is the service responsive?

### Our findings

People led busy and active lives. Everyone attended day centres throughout the week for a variety of days. Each person also had a designed house day to catch up on household chores such as cleaning and laundry and to do personal shopping. Saturdays were used as shopping days or days out and Sundays were seen as rest days with opportunities to do arts and crafts or have pampering sessions and inviting friends to visit. Regular trips were arranged to theatres, a recent theatre outing had been to see 'Beauty and the Beast.' People had opportunities to go on holidays.

People were kept up to date on a range of matters that affected them. There was a notice board in the dining room that included information people would be interested in. For example, menus were displayed, minutes of the latest house meeting and details of the home's fire evacuation plan.

People told us they would talk to their keyworkers (names staff member who has responsibility for ensuring a person's needs are met), if they had any worries or concerns. There was an easy read/pictorial version of the complaint procedure on display. The document would assist people who were unable to use the full complaint procedure, to raise any concerns or worries they might have. There were no complaints or concerns recorded.

People received care tailored to them as individuals. Before moving into the service, support needs were assessed and people had the opportunity to visit the service on a number of occasions before making a definite decision about moving there. This also enabled the people already living at the service an opportunity to get to know the person and to share their views on whether they thought the move was a good plan. Information from the assessment process was then used to inform a more detailed care plan which included information on people's health and support needs their preferences, dislikes, daily routines, choices and what was important to them.

Each person had a detailed care plan with specific advice about how they communicated their needs. For example, when one person was anxious they were known to mumble so staff were advised to be aware and to adapt their approach. Where a need was highlighted, there was information about how the person would benefit from support and the consequences of this support not being provided. This enabled care to be tailored specifically to meeting the person's needs and wishes.

At the time of inspection there was no one who needed end of life care. However, one person had died since the last inspection and the home had used easy read literature provided by the local community learning disability service to help explain death and how to cope. One person was very proud to show us the memory book they had made with lots of pictures of their friend. Staff told us people chose flowers for the funeral and the person's family had supported people's wishes by acknowledging a request the curtains did not close following the service. The person's relative told us, "I know the carers went above and beyond their remit in their care and for that we will be eternally grateful." One person was able to relate to the service in that they identified certain hymns and songs and flowers they would like when they died. Whilst each person had an end of life care plan, the service had identified through the Provider Information Return (PIR) that a

more detailed assessment of each person's needs would be carried out in relation to dying and death and this had been put on hold to enable people and staff to grieve.

## Is the service well-led?

### Our findings

There was an open and relaxed culture that enabled people and staff to feel included in all aspects of the home. People were very happy and content in their surroundings. There was a registered manager in post. People and staff gave very positive feedback about the registered manager. One person told us "She's lovely, she is." A staff member told us, "This is just like any normal house. If we get stuck we can bounce ideas around and come up with solutions. If we get it wrong she tells us and supports us."

Staff meetings were held regularly and there were detailed minutes kept. Minutes demonstrated an inclusive and supportive approach was used to ensure all staff were kept up to date with changes, praised for their individual contributions and had opportunities to share their views on the care provided. All discussions were documented and actions reached were clear so that if a staff member had not been at the meeting they would clearly understand the agreed actions and outcomes.

The organisation continued to have good quality monitoring systems which included a very detailed annual quality assurance provider report and annual medicine audit. A number of shortfalls had been identified in May 2017 and the actions taken were recorded. The organisation's quality monitoring officer then revisited the home to check all actions had been addressed. We were told provider visits were also to be introduced as a way of enhancing the organisation's monitoring systems. In the interim, the registered manager carried out monthly manager's reports that included regular audits of the service, for example in relation to medicines, care plans and cleanliness. There was also an analysis of any accidents and incidents to check appropriate actions had been taken and to identify if any lessons could be learned.

The organisation had carried out an annual survey to seek the views of people and their relatives. The survey was for the organisation as a whole rather than the home. We were told where shortfalls were identified the relevant registered manager was advised and actions taken. The registered manager told us no actions had been required in response to feedback received from this survey. We asked if an overall analysis was sent to people and families regarding the outcome and any actions taken but this had not been done. The registered manager told us they would raise this at their next meeting as they felt this would be a positive response to the survey. Records showed the response to the staff survey was low but on the whole positive. Where shortfalls had been identified, for example in relation to supervisions and training the proposed actions to address matters raised were made known to staff. It was evident actions had been addressed as some staff had said they did not like quality of the training and a new system had been introduced. This demonstrated the organisation listened to what staff said.

Records were kept of all incidents that had occurred in the home and the home sent notifications to the CQC when appropriate. A notification is information about important events which the provider is required to tell us about.