East View Housing Management Limited

East View Housing Management Limited - 368 The Ridge

Inspection report

368 The Ridge
Hastings
East Sussex
TN34 2RD

Tel: 01424754703
Website: www.eastviewhousing.co.uk

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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

This inspection was carried out on 27 and 28 July 2016 and was announced. We gave short notice of this inspection due to the needs of people living at the service.
This service provides care and accommodation for up to six people with learning disabilities and autism. Six people lived at the service at the time of our inspection.

There was a registered manager in post. A registered manager is a person who has registered with the CQC 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.

At the last inspection undertaken on the 31 March and 01 April 2015, we asked the provider to make improvements in relation to a number of areas. Some aspects of staff recruitment processes required improvements to ensure all valid checks had been completed on staff. Records of incidents of behaviours that challenged required more detailed information to support risk assessments and to reduce the risk of future occurrences. Some areas of the home required refurbishing. Further training was required to help staff provide support to meet people's individual needs and how to apply the Mental Health Act and Deprivation of Liberty Safeguarding in their work roles. Food and drink supplies required further monitoring to ensure they were suitably replenished and to provide people with required choices. Communication by staff required improvements to ensure that people's individual needs were met. Individual activity planners needed to be updated and presented in the ways identified in people's care plans. Improvements were needed to ensure people's goals and wishes were effectively progressed and to explore new activities which met people's preferences. A quality monitoring system was in place but required improvement to enable the service to identify shortfalls we found at the last inspection.

The provider sent us an action plan stating they would have addressed all of these concerns by 01 October 2015. At this inspection we found the provider was meeting these regulations and had acted upon the recommendations made.

Staff knew how to recognise signs of abuse and how to raise an alert if they had any concerns. Risk assessments were centred on the needs of the individual. Each risk assessment included clear measures to reduce identified risks and guidance for staff to follow or make sure people were protected from harm. Accidents and incidents were recorded and monitored to identify how the risks of recurrence could be reduced.

There was a sufficient number of staff deployed to meet people's needs. Thorough recruitment procedures were in place which included the checking of references and personal identification.

Medicines were stored, administered, recorded and disposed of safely and correctly. Staff were trained in the safe administration of medicines and kept relevant records that were accurate.

The CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Appropriate applications to restrict people's freedom had been submitted and the least restrictive options had been considered. Staff sought and obtained people's consent before they helped them. Staff training in the Mental Capacity Act 2005 (MCA) and DoLS was effective. People's mental capacity was appropriately assessed about particular decisions. When necessary, appropriate meetings were held to make decisions in people's best interests, as per the requirements of the MCA.

Staff received regular one to one supervision sessions and all essential training for their role. The staff supported people to have meals that were in sufficient quantity and met people's needs and choices. Staff knew about and provided for people's dietary preferences and restrictions.

Information was provided using accessible language and contained pictures about menus, activities and how to complain, to help people understand this information.
Staff knew each person well and understood how to meet their support and communication needs. Staff communicated effectively with people and treated them with kindness and respect.

People were promptly referred to health care professionals when needed.

Personal records included people's individual plans of care, life history, likes and dislikes and preferred activities. People's individual assessments and care plans were reviewed monthly or when their needs changed. The staff promoted people's independence and encouraged people to do as much as possible for themselves.

People were involved in the planning of activities and a varied and individualised activities programme was in place which met people's preferences. People's feedback was actively sought at house meetings and monthly review meetings.

Staff told us they felt supported by the registered manager and they had confidence in their leadership. The registered manager was open and transparent in their approach. They placed emphasis and priority on the person centred needs of people at the service.

There was a system of monitoring checks and audits to identify any improvements that needed to be made. The management team acted on the results of these checks to improve the quality of the service and care provided.

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.

Staff knew how to recognise signs of abuse and how to raise an alert if they had any concerns. Staff knew how to refer to the local authority if they had any concerns or any suspicion of abuse taking place.

There was a sufficient number of staff deployed to ensure that people's needs were consistently met to keep them safe. Safe recruitment procedures were followed in practice.

Medicines were administered safely. There was an appropriate system in place for the monitoring and management of accidents and incidents.

Risk assessments were centred on individual needs and there were effective measures in place to reduce risks to people.

Is the service effective?

Good

The service was effective.

Staff understood the principles of the Mental Capacity Act 2005 and about the Deprivation of Liberty Safeguards (DoLS). The documentation in regard to MCA processes was appropriate and demonstrated understanding about the processes to follow in line with legal requirements.

The registered manager had submitted appropriate applications in regard to the DoLS and had considered the least restrictive options to keep people safe.

The staff supported people to have meals that were in sufficient quantity and met people's needs and choices. Staff knew about and provided for people's dietary preferences and restrictions.

People were referred to healthcare professionals promptly when needed.

Is the service caring?

Good

The service was caring.

Staff communicated effectively with people and treated them with kindness, compassion and respect.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

People's privacy and dignity was respected by staff.

Appropriate information about the service was provided to people and visitors.

Is the service responsive?

Good

The service was responsive to people's individual needs.

The delivery of care was in line with people's care plans and risk assessments. Each person had an activities programme that was inclusive, flexible and suitable for their individual needs.

People or their legal representatives were invited to be involved with the review of people's care plans. People's care was personalised to reflect their wishes and what was important to them.

The service sought feedback from people and their representatives about the overall quality of the service. People's views were listened to and acted on.

Is the service well-led?

Good

The service was well-led.

The registered manager welcomed people and staff suggestions for improvement and acted on these. Staff had confidence in the registered manager's style of leadership.

There were audit systems in place to ensure that essential standards of care were met.

The registered manager placed emphasis and priority on meeting people's needs in a person centred way. There was an open and positive culture which focussed on people.

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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 carried out 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 was carried out on 27 and 28 July 2016 and was announced. The inspection team consisted of one inspector.

The registered manager had not received a Provider Information Return (PIR) at the time of our visit. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We gathered this information during the inspection. Before our inspection we looked at records that were sent to us by the registered manager or the local authority to inform us of significant changes and events. We reviewed our previous inspection reports.

We looked at records which included those related to people's care and medicines. We looked at two people's assessments of needs and care plans and observed to check that their care and treatment was delivered consistently with these records. We reviewed documentation that related to staff management and three staff recruitment files. We looked at records concerning the monitoring, safety and quality of the service, menus and the activities programme. We sampled the services' policies and procedures.

We spoke with four people who lived at the service and two relatives to gather their feedback. We also completed observations to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, the deputy manager and two care workers. After the inspection we obtained feedback about the service from three professionals with direct knowledge of the service. At the last inspection on 31 March and 01 April 2015 we found improvements were required at the service. At this inspection we checked to see whether the provider had made the required improvements and completed a comprehensive inspection of the service.

Good

Is the service safe?

Our findings

People were supported to keep safe at the home. We spoke to staff and completed observations to inform our judgements. Relatives told us, "X is safe there. Staff are always there. Their keyworker knows them well and is very good. There is good security at the service." Staff told us, "When I am out in the community with people, I am always scanning the environment for cars to keep people safe around roads. One person finds being around dogs difficult. I scan to see if there are any dogs. I am always on guard. People's safety is paramount." Written feedback from a relative stated, 'this home is wonderful for X. They are well looked after and safe.' We observed staff prompting someone who was walking fast. They were at risk of falls. Staff prompted them discreetly to walk slowly and to hold on to rails to reduce the risk of falls to keep them safe.

At the last inspection on 31 March and 01 April 2015, some aspects of staff recruitment processes did not fully meet requirements and may not be sufficiently robust enough to protect people.

At this inspection, safe recruitment procedures were followed to ensure staff were of suitable character to carry out their roles. Criminal checks had been made through the Disclosure and Barring Service (DBS) and staff had not started working at the service until it had been established that they were suitable. Staff members had provided proof of their identity and references had been taken up before staff were appointed and references were obtained from the most recent employer where possible. Disciplinary procedures were followed and action was taken appropriately by the provider when any staff behaved outside their code of conduct.

At the last inspection on 31 March and 01 April 2015, records of incidents of behaviours that challenged did not always provide sufficient information to support risk assessment reviews or promote learning, understanding and evaluation of strategies to reduce the risk of future occurrences.

At this inspection the provider had made improvements to the system for recording and analysing accidents and incidents. Incidents were monitored to identify any areas of concern and any steps that could be taken to prevent accidents from recurring. Appropriate logs were completed, inputted in a computerised system, analysed and audited by the registered manager to identify any trends or patterns. An audit had highlighted that someone had an incident of behaviour which challenged. Staff discussed the incident and reviewed what other ways they could have dealt with the situation. Staff agreed that waiting until the person was in a more positive mood before explaining something they should not be doing, may have averted this incident. Staff completed an incident form, reviewed and updated the person's risk assessment to ensure that this risk was made known to staff and documented the best way of dealing with this situation. This information supported staff to develop and evaluate behavioural management strategies to help ensure that potential causes of behaviours were understood. This supported the development of behavioural risk assessments, staff understanding and response to behaviours and helped to ensure that people were safely and consistently supported.

At the last inspection on 31 March and 01 April 2015 we found some areas of the home required improvement and refurbishment.

At this inspection, the provider had completed a full refurbishment of the home. For example people bedroom and communal areas had been redecorated and new furniture, fixtures and fittings were in place. Some bathrooms had been completed refitted and others had been refurbished to a good standard. The provider had put in place a rolling schedule of refurbishments at the home. The provider had put in place a robust maintenance system to ensure maintenance and repair work was prioritised and dealt with in a timely way. Each person's room had been assessed for possible hazards. The premises were well maintained and systems were in place to ensure the service was secure. There was a system in place to identify and log any repairs needed and action was taken to complete these in a reasonable timescale. Only one area of maintenance was outstanding. This was a request to resurface the driveway. The provider advised that quotes for this work were in place and the work was due to be completed in the next few weeks. On the day of our inspection the television required repair. The maintenance person came to the service promptly to repair it. A relative told us, "The premises are lovely. I would like to live there myself. People have their own rooms and bathrooms and privacy. X's bedroom is kept clean and tidy."

The home's fittings and equipment were regularly checked and serviced. Safety checks had been carried out throughout the home and these were planned and monitored effectively. These checks were comprehensive, appropriately completed and updated. They addressed the environment, water temperature, appliances and fire protection equipment. Portable electrical appliances were checked regularly to ensure they were safe to use.

The home environment had been adapted to meet people's individual needs. Rooms were minimalist and free from clutter, to reduce the risk of hazards and to reduce the risk of injury in the event of potential incidents of behaviour which challenge. Televisions were attached to walls to reduce the risk of possible breakages. Protective guards were placed around radiators and where needed, people had padding on the walls to reduce the risk of possible injuries.

People were kept safe from the risk of emergencies. The provider had a robust fire procedure in place. People had an individual Personal Emergency Evacuation Plan (PEEP) in place. PEEPs identify people's individual independence levels and provide staff with guidance about how to support people to safely evacuate the premises. This included communications to include giving people simple instructions, such as, 'X fire out' and staff giving people praise to encourage them to leave the building and for one staff member to remain close to the person to monitor their safety. PEEPs recorded support and equipment they would need in the event of fire evacuation. Fire protocols were in place which recorded how people would respond or how staff would ensure their safety in the event of a fire.

There was a business contingency plan in place that addressed possible emergencies such as extreme weather, infectious diseases, damage to the premises, loss of utilities and computerised data. Procedures were in place to ensure continuity of the service in the event of adverse incidents.

Staff understood the procedures for reporting any safeguarding concerns. All of the staff we spoke with were able to identify different types of abuse and were clear about their responsibility to report suspected abuse. They were aware of the whistleblowing procedure in the service and expressed confidence that any concerns would be followed up. Staff were up to date in their training in the safeguarding of vulnerable adults. The registered manager had a detailed safeguarding policy in place that reflected local authority guidance. To support enhanced understanding, one staff member took the lead for researching safeguarding policies and procedures and presented their findings to the staff team. The registered manager discussed safeguarding matters and other key training areas in staff meetings and used real life examples to support staff knowledge in this area.

There was a sufficient number of staff to meet people's needs in a safe way. We looked at staffing rotas that indicated that enough care staff were deployed during the day, at night time and at weekends. The registered manager reviewed staffing levels regularly, took into account people's needs and staff skill mix to ensure a sufficient number of staff was deployed. Additional staff were deployed when necessary, for example; when people needed one to one support when they were unwell and needed to attend health appointments, when they needed support to take part in activities and to go on holidays. The registered manager told us they had two vacancies which they were actively recruiting to. Agency staff were seldom used to cover staff absences and when they were used, the same staff were requested as they were familiar with the service, the service's policies and people's needs. People's requests for help were responded to without delay.

People's medicines were stored, managed and administered safely. The medicines administration records (MARs) were detailed and accurately completed. The MARs were appropriately completed and did not contain any omissions without a reason being recorded. We observed medicines being administered to people. Staff introduced themselves to the person, explained what their medicines were and asked if it was convenient for them to take these medicines at this time. Staff gave people time and support to take their medicines without rushing.

The provider had a protocol in place should a medicines error occur. We received a notification from the provider on one occasion when this occurred. The provider acted promptly and appropriately to reduce risks to the person. They obtained medical advice and monitored the person to ensure they remained safe and well. They ensured staff received refresher training in medicines management before resuming this role. They reviewed their medicines policies and changed their training to ensure it was more accessible and simplified to promote improved staff understanding in practice. No further errors had been reported.

Risk assessments were centred on the needs of the individual and were reviewed monthly, or sooner when people needs changed. Assessments in regard to falls took account of people's previous falls history, their medicines, their medical condition, their balance and abilities. Measures in place to reduce the risks of falls included providing people with customised foot wear. Staff were aware of people's risk assessments. We observed staff discreetly prompt someone to walk slowly and to hold on to door rails when going into the garden, to reduce the risk of possible falls. Risk assessments were in place where people and others were at risk from behaviours which may challenge. Detailed behaviour plans were in place which identified potential triggers to people's behaviours and how staff should support people safely when they occurred. These were regularly reviewed to ensure they were suitable for people's individual needs.

Good

Is the service effective?

Our findings

People appeared happy with the care and support provided by staff. Relatives told us, "I am very pleased with the staff. I cannot fault them. I am very pleased with X's key worker. They know X well and work well together on a one to one basis."

At the last inspection on 31 March and 01 April 2015, the provider had identified areas of training that would help staff provide support to the people they cared for. However, this training had received little priority and in some instances had not been delivered.

We found improvements had been made at this inspection. Staff said, "The training is fantastic." One staff member talked to us about training they had in supporting people with autism. Staff said, "It gave me insights into what people with autism may experience. One area was when people get too much information and when they are in busy environments it can lead to information overload. I am mindful of this when supporting people who may experience this. I ensure we find calm and quiet spaces. For example we went to a pub for lunch and it got noisier in there. The person wanted to stay there. So we arranged to take our lunch into a quiet part of the pub garden instead. This way we still met the person's wishes."

People received effective support from staff that had been trained to help them to maximise their independence and increase their quality of life. Staff had completed training in Positive Behaviour Support (PBS). This training supported staff to develop people's personal skills and competence in different social situations. PBS training supported staff to understand and manage people's needs and develop effective behaviour support plans for them. Where needed people had a PBS plan in place. This plan provided staff with guidelines on how to reduce the potential for behavioural incidents and enhance people's quality of life. The training helped them to consistently support people to enable them to maximise their independence and quality of life.

Staff told us about how PBS training enabled them to positively and effectively support people. Staff were able to explain with confidence how they had supported people when incidents occurred. One staff member showed us some methods they used to keep people and themselves safe that they had learned on training. They told us, "We look out for signs the person's mood is changing for example from chatting to shouting. We talk calmly with the person to reassure them. We try and distract people with topics of interest to them." One staff member showed us the physical positions they had learned on PBS training to help them protect themselves, people and also maintain their balance. They told us where people may have behaviours which challenge; they would direct the person away in a pleasant manner. They would use a non-aggressive approach, keep the situation calm and use the least restrictive means to keep the person safe from harm. One person's relative told us, "They manage X's behaviours very well. Staff are very experienced. This is reassuring for me."

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Training provided included health and safety, first aid, dementia care, manual handling, safeguarding and infection control. Training records were up-to-date. The provider had

monitored staff training needs and scheduled training courses for staff. Additional training included person centred care, positive risk taking meaningful activities for people with dementia. Since the last inspection a 'Learning pathway' had been set up to ensure that staff had access to all the training they needed to meet the needs of their role. Training was tailored to the needs of people who used the service. Staff were satisfied with the training and professional development options available to them. Staff received formal annual appraisals of their performance and career development. One educational professional wrote, 'Over the last three years I have visited the service on a regular basis to meet with [staff]. I have completed many observations there. On each occasion I have observed good practice, some excellent practice. Staff seem very competent and well trained and I know that the manager supports her staff.'

New care staff underwent a thorough induction when they started work. This included shadowing senior care workers for approximately two weeks before they could demonstrate their competence and work on their own. The competency of all staff administering medicines had been assessed and documented. The Care Certificate had been introduced for new staff as part of their twelve months induction and to all staff to support their competence in practice. This certificate was launched in April 2015 and is designed for new and existing staff, setting out the learning outcomes, competencies and standards of care that care homes are expected to uphold. Care staff received one to one supervision sessions every three months and completed an annual appraisal of their performance.

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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Appropriate applications to restrict people's freedom had been submitted to the DoLS office for people who needed continuous supervision in their best interest and were unable to come and go as they pleased unaccompanied. The registered manager had considered the least restrictive options for each individual to keep them safe. When appropriate, Independent Mental Capacity Advocates (IMCAs) were enlisted to help represent people's views when families were not available. Where people did not have capacity to make decisions about complex health needs the registered manager had ensured people had advocates to include family members and best interest meeting were held with people, their relatives and specific health care professionals to make decisions in the least restrictive way in their best interest.

At the last inspection on 31 March and 01 April 2015, the provider had identified areas of training that would help staff provide support to the people they cared for, which included how to apply aspects of the Mental Health Act and DoLS in their work roles. However this had not implemented in practice.

At this inspection, improvements had been made to the training in in MCA and DoLS. To support enhanced understanding, one staff member took the lead for researching MCA and presented their findings to the staff team. Staff had access to policies and procedures to support their knowledge. The registered manager discussed aspects of the MCA and other key training areas in staff meetings and used real life examples to support staff knowledge in this area.

Staff had completed training and were able to explain the principles of the MCA and what the MCA meant in

practice. Staff told us, "I know when people consent to something as they engage with me and the activity. If they don't want to do something they won't engage. I encourage people to do things, for example household chores, but if someone does not want to do something, I will try again later. We adapt different activities to check whether the person wants to do something. Some people use sign language for example if they want to eat something or they are not hungry." Staff said, "Where people are unable to make decisions, we involve the person, their family and others in best interest meetings to discuss the risks and benefits of a particular decision." We saw that the registered manager discussed the MCA and DoLS with staff in supervision. The staff member demonstrated they understood how to apply the key principles of MCA in practice.

Records indicated that people's capacity to consent had been accurately assessed, recorded and acted upon by staff. For example, in each person's care file there were individual documented mental capacity assessments to show how people's mental capacity had been assessed regarding each specific decision, and recorded minutes of meetings having taken place to reach a decision in their best interest. People could be confident that legal processes were followed and that appropriate decisions were taken in their best interest.

At the last inspection on 31 March and 01 April 2015, people were offered choices of food that were not always available to them. Some supplies of food and drinks had run low or run out and had not been replenished; this meant there was little choice of food at the home.

At this inspection, people were offered different choices of food. We observed lunchtime where people had decided what lunch they wanted. Some people wanted sandwiches other people wanted pitta bread. Some people had yoghurts, fruit and crisps depending on their preferences. People had chosen each evening meal on the menu from photos and staff had given people simple recipe instructions to follow. People told us they were excited about cooking meatballs and spaghetti for their evening meal, which they chosen. People food likes and dislikes were clearly recorded in their care plans. We observed lunch being served in the dining areas. Menus provided flexibly met people's needs. The registered manager told us that people had requested to have a barbeque during the weekend. Staff took people food shopping and ensured their request was met. People were supported by staff with eating and drinking when they needed encouragement and aids were available.

We checked the food supplies in the kitchen and found there were adequate food supplies in place. Since the last inspection, the registered manager had put in place a new system of replenishing food supplies. The new system involved delegating the task to a staff member on each shift. Food supplies were planned in advance. The staff member responsible for purchasing food supplies needed to sign records to demonstrate this task had been completed after each shift. Each month the menu was agreed with people's involvement. People shopped for some food items and staff purchased food items each month to ensure foods supplies were regularly replenished. This was recorded and staff signed to say they completed each delegated task.

Where people were at risk of choking, they were referred to the GP or a speech and language therapist (SALT) when necessary, and their recommendations were followed in practice. Staff were able to explain how they supported people safely and effectively. Care plans recorded a list of foods the person should avoid and clear guidance for staff to follow. Information was provided in an accessible format using pictures to support the person's understanding of their health need. Where there was a recent change of needs, the registered manager referred the person for a review of their SALT needs. Written feedback from SALT stated, 'I found staff supporting X were confident, competent, respectful and dignified.' They found the assessment was a 'delight and positive experience.' People were weighed regularly when there were concerns about their health. Fluctuations of weight were noted in a dedicated care plan and appropriate referrals were

made to health care professionals when needed.

People's wellbeing was promoted by regular visits from healthcare professionals. One relative told us, "X sees their G.P regularly. They also see the dentist, and have [their needs] seen to." People had been referred to healthcare professionals when necessary. People attended well person clinics as a proactive way of maintaining good health. Records confirmed if people were not well, staff supported them to go to the doctor. Staff told us they knew people and their needs very well and would immediately know if someone was not well. This was supported by disability distress assessment tools (DisDAT) which described people's demeanour if they were unwell. Where people had specific medical conditions, information was available about this within their care plan to inform and help staff understand the person's health needs. When people became unwell, information was promptly communicated to staff at handovers so effective follow up was carried out.

Where people required complex hospital and dental treatment, the registered manager ensured detailed pre planning to ensure people's needs were met. This involved managing people's anxieties by taking them for regular trips to the hospital to meet health staff beforehand. Care staff were actively involved in hospital admissions to reduce people's anxieties whilst in hospital. This ensured that staff responded effectively when people's health needs changed. One health professional wrote, 'I worked with the care home to admit a patient for treatment. It was a very complex process requiring advanced planning and team work. My experience with the staff and care home was very positive. The staff were totally engaged and proactive in supporting the admission of this patient and their immediate care afterwards.'

Good

Is the service caring?

Our findings

People had developed positive relationships with staff that cared for them. Relatives told us, "X's dignity is maintained and staff are always respectful to X. They are very caring. Staff are brilliant with X" and "Staff are genuinely caring and they communicate well with me." Staff said, "I enjoy being with the residents. It is great fun. I use sign language and I speak slowly with X to make sure they understand me. X will smile at me if they are happy or to indicate they have understood me. They will say no if they don't want to do something. When X is in pain I point at my different parts of my body to try and find out where the pain is. I will always seek advice." Staff said, "I want people to have a good and happy life." We observed staff supporting people to make a meal. They calmly and discreetly prompted people with each task. They supported someone to chop onions and praised them when they successfully completed the tasks, by saying, "You are doing well. That was fantastic." One person said, "I made mine [meatballs]." Staff responded with lots of praise and encouragement. We observed staff supported people with kindness, in a positive way, showing respect for people.

One healthcare professional told us, "My view of the service, is that they provide a safe, warm and caring environment for the service users. The staff have a very positive, friendly and caring relationship with the service users, which was evident on my first visit to The Ridge, when I was introduced to all of the staff and service users and this continued to be my experience on subsequent visits."

At the last inspection on 31 March and 01 April 2015, communication by staff did not always ensure that people experienced effective care; we saw that some people's expectations were not well managed and staff were not always aware of people's priorities or the meaning of some of their mannerisms.

At this inspection improvements had been made to support effective communication between people and staff. Specific communication methods were used by staff when necessary. One relative told us, "X has non-verbal communication. The staff know X very well and know what they like to do. Staff are brilliant with X." People had communication care plans that clearly outlined any challenges people may face and how staff could overcome this. One care plan stated staff should, 'use key words', 'give time for the person to understand', 'ensure the environment is free from interruptions.'

Some people used different gestures to convey meaning. For example, for one person tapping their head lightly meant they wanted to be left alone. They needed lots of one to one time with staff to express their needs and wishes. We observed staff spent time talking with them and assessing their mood and wishes. They had a particular interest in food. Staff engaged them in conversations about food they liked and activities they wanted to do before each meal. Staff used distraction techniques to help refocus the person when they became slightly agitated. Staff knew their likes well. They refocused the person by talking about a bus trip they were going on, feeding the ducks and what café they would have lunch at. They prompted the person to think about preparing for the trip by talking about what they wanted to take with them. We observed this settled and reassured them and refocused them on the day's activities.

Another person had a set of words they used to convey different meaning. They had a list of words with

attached meanings recorded in their care plan for staff to follow. As staff identified new words with meanings they shared this information with other staff and added to the communication list. Some people used songs to convey their moods or subjects that they wanted to talk about. For example, staff told us they knew the person wanted to talk about their parents when they sang a particular song. People's different communication needs were documented in their care plans. Staff said, "I show X pictures of things they might like to do, for example the seafront or go karting. I always record things that they have shown an interest in to try out."

The staff approach was kind and compassionate. We spent time in the communal areas and observed how people and staff interacted. There was a homely feel to the service and there were frequent friendly and appropriately humorous interactions between staff and people. Staff knew how to communicate with each person. Staff used people's correct and preferred names, and spoke clearly. Some members of staff communicated with people with energy and enthusiasm. They waited for people's response and interacted positively with them. People were able to spend private time in quiet areas.

People were assisted discreetly with their personal care in a way that respected their dignity. We observed staff discreetly and calmly support someone to prompt them with personal care whilst they were in a communal area. Staff were careful to speak about people respectfully and maintained people's confidentiality by not speaking about people in front of others. People's records were kept securely to maintain confidentiality. People's privacy was respected by staff that knocked gently on bedroom doors to announce themselves before entering. Staff told us, "I prompt people discreetly [with aspects of their personal care) to include signing. I always knock on people bedroom doors. I ensure people are covered when helping them with personal care." One professional wrote, 'Staff I have observed treat [people] with dignity and respect and offer choices.' Records from staff supervision files demonstrated the registered manager had reviewed staff conduct in practice. They had recorded for one staff member, 'You demonstrated a sensitive and respectful manner. You develop positive relationships with people.'

Staff encouraged people to do as much as possible for themselves. Staff checked that people were appropriately dressed and people were well presented with comfortable clothing and footwear. People completed personal care tasks where they were able to do so. People followed their preferred routine. Staff presented options to people so they could make informed decisions, such as what they liked to eat, to wear or to do, to promote their independence. People's care plans clearly recorded where they were able to complete tasks independently to include, 'able to choose from options presented', 'laying and cleaning table', 'cleaning their teeth', 'washing and dressing, 'making simple meals." We observed staff encouraging people to be independent when making food. They gave people simple recipes to follow. They gave simple instructions such as 'put the onions in the bowl' 'add herbs' and 'lift the bowl.' They prompted people with each food preparation task such as chopping onions, in some cases placing their hand lightly over the person's hand to guide them to chop food themselves. They gave people lots of encourage to support and promote their independence.

People were involved in their day to day care and in the reviews of their care plans when they were able to and when they wished to. A relative told us, "We are always kept updated by staff. We attend care reviews when we can." Care plans were updated following changes in health or risk based needs. People had been consulted about their care and support needs. People's rooms were personalised to meet their individual tastes. One person showed us their room with their consent. They told us they liked their room and had chosen the blinds and colour scheme and an armchair for their room.

Good

Is the service responsive?

Our findings

Staff responded to people's individual needs and wishes. One person told us they were going on holiday to Butlins. They were very excited about this and had discussed their decision about their holiday at a house meeting. They told us, "I love camping, Manchester United and football." One relative told us, "I love the service. It's absolutely great. X is the happiest they have ever been. Staff take X out and about. X is very settled. They promote X's independence. I have good relationships with the staff." Another relative told us, "X has choices. They make decisions about what they want to do." There were photos of activities and day trips people had attended to include feeding animals, go karting, potting plants in the garden, train trips and meals out. On both days of our inspection, people were supported to go for walks and on day trips. One professional wrote, '[Staff] support people in their care plan activities by doing gardening activities or cooking. I have observed staff helping people to prepare their own meals. [People] always appear happy and appropriately dressed and cared for and I know are out most days in the community undertaking activities.'

At the last inspection on 31 March and 01 April 2015, individual activity planners were not up to date or always presented in the ways identified in people's care plans. People's needs to include their goals and wishes were not effectively progressed to encourage development of learning and exploring new activities and challenges.

At this inspection, people had individual activity planners in place. They contained pictures and symbols and used accessible language to support people's understanding of the activities they had chosen and planned. People participated in a variety of activities to include swimming, music and dance, discos and theatre trips. People who liked gardening had planted seeds in pots. People took part in weekly outings to places they had chosen. One person liked to go on bus rides, do gardening and loved music. They attended 'active pods' which is a local 'sports for all' initiative. They liked outdoors sports and games. Another person told us about a show they had visited held by the emergency services. There were photos of them talking to emergency services staff. They told us they had been shown how to perform CPR as part of this. They showed us brochures they had about the show and told us they had enjoyed it. On the day of the inspection they were going on a group trip to Eastbourne. The day included going by train and then taking an open top bus tour and going out for a meal. People were very excited about this trip. People took part in cooking sessions which they enjoyed and which developed their independence skills. We observed people making sandwiches and their evening meal to include homemade meatballs. Staff prompted people and gave simple instructions to help people make their own meals.

People were support to achieve their goals and have their individual wishes met. Staff said, "X's main goal was to go to the theatre. This is something they previously found difficult to tolerate due to the high number of people and noise levels. We chose a theatre show they wanted to attend. We visited the theatre beforehand so X would know what to expect. We looked at a seating plan and exit points." They told us that the person went to the theatre and really enjoyed it. This was a 'massive achievement' for them and they wanted to go again as it had been so successful. Another person's goal was to go to Brighton on the train. Staff advised they were supporting the person using a step by step approach to build their confidence and

tolerance in taking train trips. They started with short train trips and getting experience of the routine of taking public transport. One person didn't like crowds. Staff supported them to make sure their choices were met. For example they wanted to visit a safari park. Staff supported them to arrange to visit in school term time to reduce the risk of crowds and ensure the person had a positive experience. They ensured they used public transport at quieter times of the day to manage the person's anxieties and support positive outcomes for them. The person had visited places of their choices and interest locally in line with their wishes. Staff recorded people's goals in their care plan records. They recorded progress made in supporting people to achieve their goals.

Staff followed care plans that reflected people's individual needs and wishes. Information on people's care needs was included in an initial care plan that was in place when people moved into the service. Care plans included people's life history and what was important to them, so staff could understand people's individual needs and wishes. Specific care plans had been written in response to individual needs, such as when people may experience behaviours that could challenge, when people had specific health needs and where people wanted to attend activities. Care plans were summarised in an overview so staff could refer to them quickly and gain specific vital information about people's care. All care plans were routinely reviewed and updated by staff. They were reviewed by the registered manager on a monthly basis or sooner when needed, such as when people had experienced an illness or an incident of behaviour which challenged. Care staff were made aware of any changes and updates at daily handover meetings. People's families or their legal representatives were invited to be involved with the reviews of their care. Relative's feedback was recorded in people's care plan reviews. For example, one relative stated, 'X has been well supported at the service since they moved in many years ago and we hope they will remain living there.'

People were encouraged and supported to develop and maintain relationships with people that mattered to them and avoid social isolation. People's decisions about who was important in their life were clearly recorded in their care plans. People were involved in completing 'Circle of Support' information which showed photos and names of family and friends who were important to them. During our inspection people's relatives were visiting them. We observed photographs in the dining room which showed people enjoying various parties and celebrations at the home.

People were able to express their wishes or comment on the way staff delivered their care at monthly house meetings and review meetings. These meetings were recorded. People were invited to comment on their care, food, activities and the environment. For example, people had recently requested to have a barbeque in the garden. The registered manager supported people to make shopping lists, buy food and ensured their request to eat outdoors was met.

People and their relatives were invited to comment on how the service was run. Satisfaction surveys took place annually and people and relatives were asked to give service feedback which was analysed by the provider. The results of the most recent satisfaction survey were in the process of being analysed. However positive comments from people's relatives included comments such as, 'My son X is very happy' and 'X is very happy there, 'We are very satisfied.'

People were encouraged to make a complaint. Information was provided using accessible language to support people's understanding of how to make a complaint. Complaints had been recorded and had been investigated and responded to in line with the provider's policies and. Information on how to complain was provided for people in the service user guide and displayed in the entrance.

Good

Is the service well-led?

Our findings

People and their relatives were satisfied with how the service was managed. The registered manager had been in post for nine years. They knew people well and had a comprehensive knowledge of their needs. They told us, "People are at the heart of the service. This is people's home. People are involved in making decisions, for example about colours for their bedroom and furniture they want. They attend team meetings and decide what activities and holidays they would like." Staff told us, "We communicate well as a team. We help each other out" and "This is a happy home and a good team. Management is very supportive" and "We pull together as a team. Our manager is always around." People we spoke with were aware who the registered manager was and we observed they felt able to talk with them and make their needs known. Relatives told us, "It is a well-run service and an incredibly happy place" and "There is good management there."

At the last inspection on 31 March and 01 April 2015, a quality monitoring system was in place; however it had not effectively identified the shortfalls we found at that inspection.

At this inspection, there was a thorough system in place to monitor the quality of service provided for people. The registered manager regularly monitored the day to day running of the service, checked documentation and observed the environment people lived in. The registered manager had put in place a robust maintenance and refurbishment programme. All areas of the home had been redecorated. This included new floors, repainting work and in some cases newly refitted bathrooms. The registered manager had implemented a 'monthly reminder' system to ensure any outstanding maintenance work was dealt with promptly by the provider. The registered manager told us the new system was working well.

The registered manager completed monthly audits for infection control, health and safety, accidents and incidents and medicines. One action from a recent medicines audit identified the need for a new thermometer as fridge temperature readings where medicines were stored had been irregular. This was actioned as the registered manager purchased a digital thermometer. They also contacted the pharmacy to request advice about the medicines kept in the fridge to ensure they remained safe for use. The registered manager put in place a 'Quality Performance Checklist' to ensure all audits and actions were completed to support service improvements at the home.

The registered manager completed monthly meetings to report on people's individual health and care needs and activities people engaged in. Each report included photographs of people taking part in activities, for example when the home was decorated over Christmas time and turned into a themed restaurant which people really enjoyed. The report included any issues with maintenance, incidents, accidents, incident analysis, training and recruitment needs for the provider to address.

The registered manager promoted continuous service improvements. The registered manager was part of a Positive Behaviour Support (PBS) Network Team based in East Sussex. This provided them with a good opportunity to network and share best practice in PBS methods. This helped them to develop strategies that supported people to maximise their independence and increase their quality of life through positively

managing behaviours. The registered manager intended to develop training in PBS by completing 'train the trainer' in PBS to further develop staff skills in this area.

Staff were encouraged to make suggestions about how to improve the service. Staff told us they had suggested to management that people were supported to go on more day trips. This suggestion was acted on and people went out regularly to places of interest and to undertake activities they enjoyed. Staff said they recommended a garden project where people could grow herbs. People enjoyed gardening and liked potting plants and herbs and had a particular interest in food. This was introduced and we observed staff talking with people about which herbs to add to their meatballs for dinner.

Staff attended team meetings to discuss people's support needs, policy and training issues. Staff meeting minutes reflected discussions in these areas. Staff were encouraged to make suggestions about how to improve the service. All staff meetings were documented and recorded any actions that needed to be followed up. Actions from meetings were recorded and outcomes were routinely recorded to demonstrate action had been taken. For example, staff had requested dementia training, which was arranged and a new DVD on support people living with dementia was purchased. Information on enhancing communications with people living with dementia was provided to staff.

The registered manager described their role and their vision for the home. They were passionate about providing care to people in a person-centred, inclusive way to uphold people rights. They told us they wanted to support people with their daily needs, help people develop their life skills and independence levels. Staff shared the same vision and values. The deputy manager said, "We want to promote people's independence. Give people life experiences and give people opportunities to try new things." Staff understood what they were trying to achieve with people they supported to provide care in a consistent and person-centred way.

The registered manager was open and transparent. They consistently notified the Care Quality Commission of any significant events that affected people or the service. The service's policies were appropriate for the type of service and clearly summarised, to help staff when they needed to refer to them. Policies were reviewed on an on-going basis, were up to date with legislation and fully accessible to staff for guidance. Records were clear and well organised; they were kept securely and confidentially.