

East View Housing Management Limited

# East View Housing Management Limited - 6 High Beech Close

## Inspection report

6 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 6 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. Some had more specialist needs associated with Asperger's syndrome and epilepsy. 6 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.

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

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

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 serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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

There were enough staff who had been appropriately recruited, to meet people's needs. People told us they felt safe. Staff had a good understanding of the risks associated with supporting people. They knew what actions to take to mitigate these risks and provide a safe environment for people to live. Staff understood what they needed to do to protect people from the risk of abuse. Incidents and accidents were well managed. People's medicines were managed safely.

People's needs were effectively met because staff attended regular training to update their knowledge and skills. Staff attended regular supervision meetings and told us they were very well supported by the management of the home. People were encouraged to make decisions and choices. The registered manager and staff had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS are regulations that have to be followed to ensure people who cannot make decisions for themselves are protected. They also ensured people were not having their freedom restricted or deprived unnecessarily.

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.

Staff had a very good understanding of people as individuals, their needs and interests. 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 and one person had a work placement. Activities were also arranged at home, for example arts and crafts and pamper sessions. 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 provider had good systems to monitor the management and quality of the home. Through regular internal monitoring the registered manager ensured a range of audits were carried out to monitor the care and support provided. Where shortfalls had been identified they were addressed in a timely manner. Feedback was regularly sought from people, relatives and staff. 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.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service 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 - 6 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 3 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 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.

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 two people about their day to day experiences. We spoke with the registered manager, deputy manager and two support workers. We spent time reviewing records, which included two care plans. We looked at two staff files, 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.

# Is the service safe?

## Our findings

People told us they felt safe living at 6 High Beech Close. One person told us, "I notice if things are not right and I tell staff." The person's care plan included advice that the person was very safety conscious and liked things to be done in the same way as this helped them to feel 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, one person had epilepsy and there was detailed advice and guidance in their support plan. Specific requests from the person's relative had been included within the risk assessment with the person's agreement, and staff were able to confirm this. Incidents and accidents were reported and investigated. When one person had gone through a period of anxiety, staff had completed incident/behavioural charts and there was a detailed list of the types of behaviours and recognised triggers. The records had been analysed for patterns and trends. This demonstrated the home took action and learned from incidents 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 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, and appropriate guidance was in place to ensure these were given when 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. We asked one person what they would do if the alarms sounded and they were able to tell us where they would go and

what would happen. 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. Staff told us it was easy to prepare an additional meal if someone did not eat their meal. People were offered a choice of drinks throughout the day and some were able to make their own drinks when desired.

There were very good arrangements to ensure people's health needs were met. People were supported to attend a range of healthcare appointments to meet their individual needs such as GPs and dentists. Everyone attended an annual 'well woman check' with the local community learning disability team nurse. If a person had an identified condition there was information in their care plan giving advice about the condition and how it might affect the person. Any specialist health care advice received for example, in relation to medical treatments was included within their care plan documentation. In addition, there was with easy read literature to assist the person in understanding their condition. 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. Staff told us one person knew when they were going to have seizure. They wore an 'alert bracelet' that was connected to the house phone and when pressed alerted staff they needed support. The registered manager confirmed a request had also been made to have a monitor for their bed to alert staff if they were having a seizure at night. Most people had mobile phones, one person had their own computer and others had their own computer 'tablets.'

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 DoLS and the home was awaiting the outcome.

There was a commitment to ensuring staff had the necessary skills to carry out their roles effectively. 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. A staff member told us they had requested training on Asperger's syndrome. The registered manager told us they had arranged for staff to complete eLearning on this subject and they would also arrange for a staff member to complete a more advanced course and then cascade this training. Two of the staff team had completed a health related qualification at level three and another staff member had



completed a qualification above this level.

Staff attended supervision meetings regularly and told us they felt well supported in their role. A staff member told us, "When you do something well they tell you they appreciate your work and they are proud of you. It is nice to feel appreciated."

# Is the service caring?

## Our findings

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, "We try to make sure it's fair for everyone. Everyone has one to one time and people's keyworkers (a keyworker is a named staff member who has responsibility for ensuring a person's needs are met), make sure this is a special time. We check what people want food wise. As one person is new we keep adding to their food list to make sure we learn their likes and dislikes."

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. One person had recently moved in. They told us they chose the wallpaper and paint for their bedroom. They had brought a number of items from their family home to make their room homely and cosy and they told us they were very happy with their room and the bed was very comfortable.

Care plans demonstrated people were encouraged to do as much for themselves as possible to maintain their independence. People enjoyed helping around the house. We observed one person making regular requests of staff and the staff member gently encouraged the person to locate the things they had requested. When they were not keen, the staff member suggested they do it together and this was an effective approach.

People were supported and enabled to maintain relationships and friendships that were important to them. One person told us, "I see my boyfriend at the day centre and he comes to the house for dinner sometimes." The registered manager told us people had received support from the local community learning disability team around sexuality and relationships.

People were treated with kindness and compassion. There was a very relaxed and calm atmosphere in the home and staff had a good rapport with people. They were supported by staff who knew them well as individuals and staff were able to tell us about people's needs, choices, personal histories and interests. We observed staff talked and communicated with people in a way they could understand.

People's likes and dislikes were included within their care plans and there was some guidance that was very specific to people. For example, in one person's care plan it highlighted the person's need for clear preparation before shopping trips so the person knew how long they had in each shop and had a list of what they wanted to buy before they got there. During our inspection we saw before this person went shopping the staff member had followed these instructions. Another person had a strong liking for a particular type of music and during the inspection staff were very attentive to ensuring their requests for specific songs were met.

## Is the service responsive?

### Our findings

People led busy and active lives. Everyone attended day centres throughout the week for a variety of days. One person had a voluntary work placement two days a week in a school. Each person also had a designated house day to catch up on household chores such as cleaning and laundry and to do personal shopping. One person told us, "They know me in the shops, I know their names and they give me good deals." Saturdays were used as shopping days or days out. Staff told us people often got a bus to various destinations, for example to Eastbourne to watch musicians at the bandstand. 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.' Other trips out included cinema and bowling. People chose to attend a club once a week and a disco once a month. People had opportunities to go on holidays.

One person had recently shown a lack of interest in going to day services. The home had initially cut down one day a week. They then tried to identify the reason and had enlisted the support of a behavioural specialist to help them establish if there was anything in particular the person was unhappy with and if the day service met their individual needs and wishes. This work was ongoing.

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 and there were minutes of the latest house meeting and details of the home's fire evacuation plan. In addition, there was information about activities programmes at the local day centre and activities that might interest people, like the regular disco night. People had chosen to have a TV choice rota. This gave people the opportunity to choose which TV programmes should be on the communal television. Staff told us TV selection had been a bit problematic and the rota enabled everyone to have a fair share of the communal TV. Everyone had their own TV in their bedroom so if they chose they could watch an alternative programme in their room. One person told us the rota worked well.

People told us they would talk to their keyworkers 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, one person particularly liked routine and could be anxious if their routine was not followed. There was specific advice in their care plan that showed when they said or did particular things, what it probably meant and how staff should respond. This gave staff very clear advice about how to meet the person's specific needs and wishes.

At the time of inspection there was no one in receipt of end of life care. However, three people had lost family members, two very recently and staff were supporting them through this. A person who lived in the house next door had also died and this had a big impact on people and staff. The registered manager used easy read literature provided by the local community learning disability service to help explain death and how to cope. Staff told us each person had responded differently to loss and required different support. Whilst there was no emotional support care plan, staff were able to tell us the various ways they supported each person. Following the inspection the registered manager sent us copies of the support plans that had been introduced to ensure emotional support was provided as needed. 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.

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. Staff told us the manager listened to what they said. For example, they had requested new garden furniture and a new staff bed and both had been ordered.

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.

Staff told us they felt supported by the registered manager and the external support systems. A staff member told us when one person was unwell they chose to do a waking night shift rather than a sleep in. They said the on call manager called them at least five times through the night to make sure they were both ok. In the morning they rearranged cover so they could go home to sleep. The staff member told us, "I felt so supported and as a result I feel comfortable to say what I think."

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.