

East View Housing Management Limited

East View Housing Management Limited - 20 Newlands Close

Inspection report

20 Newlands Close
Hastings
East Sussex
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Date of inspection visit:
06 August 2019

Date of publication:
29 August 2019

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

About the service

20 Newlands Close is a residential care home providing personal care for up to seven people with learning disabilities. At the time of inspection, seven people were living there.

20 Newlands Close is a bungalow. There were spacious bedrooms, some with en-suite facilities. There was also a large garden which people used throughout the inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

People told us they felt safe living at 20 Newlands Close. Any risks to their wellbeing had been identified and actions taken to reduce ill health or incidents occurring. Staff were aware of these risks and monitored them closely. People received their medicines safely from trained and competent staff. The environment was kept clean and safe with regular checks from staff and professionals. Staff were recruited safely and there were always enough to meet the needs of people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us, "Staff know me well" and, "They know everything." Staff attended a variety of training courses tailored to meet people's needs. This gave staff the skills and knowledge to support people with their health and social wellbeing. Staff said that induction was robust and further support was provided in supervisions with management. People's needs were continuously reviewed with involvement from health and social care professionals. People's nutritional and hydration needs were met and healthy eating was promoted.

People, their relatives and relatives told us that staff were kind, genuinely caring and respectful of people. One relative said, "My relative is so happy there. Staff are caring and lovely and they look after them brilliantly." The atmosphere in the home was positive and friendly. Staff and people joked with one another

and appeared to enjoy each other's company. A staff member said, "I really like it here. I go home with job satisfaction. People have such happy lives and I love being a part of that." People's privacy, dignity and independence was always promoted. Their choices and preferences were respected by staff.

People's care was personalised to their wants and wishes and regularly reviewed with them and their loved ones. People enjoyed activities they did with staff and shared photographs and artwork with us. Activities were centred around people's interests and involved building relationships with the community. People and their relatives told us they had never had to complain but they knew who to speak to if they had any concerns. Although no-one was receiving end of life care, the registered manager and deputy manager had started a project to develop people's knowledge of end of life and gain their wishes for future care.

People were complimentary of the registered manager and deputy manager. They described them as, "Lovely" and, "Wonderful" and were happy to see them. Relatives, staff and professionals also spoke positively about the management team. One staff member said, "They help me do my job better. I can't fault either of them." The registered manager had good oversight of the service and valued feedback given. They were passionate about improving the lives of people and working in partnership with others to achieve good outcomes.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was Good (published October 2016).

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

East View Housing Management Limited - 20 Newlands Close

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was conducted by one inspector.

Service and service type

20 Newlands 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

We spoke with two relatives and two professionals about their experience of the care provided.

During the inspection

We spoke with five people who used the service and five members of staff including the provider, registered manager, deputy manager and two care staff. We spent time observing interactions between people and staff. This included activities and mealtimes.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, quality assurance, complaints and incidents were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of abuse because staff had a good understanding of people's needs and how to respond to risks.
- People told us they felt safe and were happy and comfortable around staff they knew well. One person said, "Of course I feel safe. They know me well and help me with my medicines properly."
- Relatives were confident their loved ones were kept safe. One relative said, "I absolutely think they're safe - they care for them 24/7." Another said, "My relative is very safe in my opinion - they have a good care plan which tells staff exactly how to look after them." Professionals also told us people were safe. One professional said, "I have no concerns at all about the wellbeing of people at this service."
- Staff had all received safeguarding training which was reviewed regularly. They understood signs that a person may be at risk and what actions to take to mitigate this. One staff member said, "A safeguarding is anything that puts the person at risk or harm and impacts on their quality of life. I've reported things that concerned me to management before. I wrote a statement and an investigation happened. The safeguarding team and CQC were notified too."
- Staff told us that they had a whistleblowing policy. Whistleblowing is a way of an employee notifying the appropriate authorities if they feel that the organisation they work for is doing something illegal or immoral.

Assessing risk, safety monitoring and management

- Risks to people were identified, monitored and continuously reviewed to ensure people remained safe. Staff knew people very well and knew about risks to their wellbeing.
- We observed staff supporting people in ways that kept them safe. For example, one person was at risk of falls. Staff reminded them about using their specialised mobility equipment and about wearing the correct footwear. Another person was doing arts and crafts and staff reminded them how to carry scissors safely.
- People had assessments that identified areas of risk and how staff should support them to stay safe. This included areas such as mobility, going out, activities, managing medicines, food and nutrition.
- Some people could display behaviours that challenged when they became anxious or upset. Assessments identified types of behaviour, ways to prevent anxiety starting and actions staff should take to support. This included information about verbal and non-verbal signs of anxiety.
- For people that had additional health conditions, such as epilepsy, there were personalised assessments that identified what seizures looked like, any patterns, how the person presented when they felt unwell and actions staff should take in the event of a seizure.
- Staff completed regular health and safety checks of the building to ensure it was safe to live in, for

example fire equipment, water temperatures and electrical equipment. Additional checks were also completed regularly by an external health and safety company annually.

- Regular fire drills were completed with staff and people and there was easy read guidance in communal areas and people's bedrooms for what to do in an emergency. People also had their own bespoke evacuation plans which informed staff the support people would need in an emergency.

Staffing and recruitment

- There were enough staff to meet people's needs. This was confirmed by people, their relatives, staff and professionals. Some people required 1-1 support with elements of their care and there were enough staff to provide this. One person had been provided with additional 1-1 support to enable them to visit with a relative who, due to ill health, was unable to travel.
- We viewed rotas for the service. Staff from other homes owned by the provider supported to cover any staff leave or sickness. The registered manager said, "Working across homes means that people receive consistent care from staff that know them well at all times."
- Staff told us there were enough of them on shift to support people effectively. One staff member said, "We have time to be with people, not just do jobs. There's also enough in case people change their minds about activities and need support to do something different."
- The deputy manager worked on shift with people which meant that they understood them, and their support needs well. A staff member said, "It's great having a manager that works with us because they experience exactly what we do and can see what works well and what doesn't."
- Staff were recruited safely. The provider had completed background checks on new staff as part of the recruitment process. This included applications to the Disclosure and Barring Service, which checked for any convictions, cautions or warnings.
- Staff had a full employment history evidenced in their files and where gaps were identified, these had been investigated by the registered manager during the interview process. References from previous employers were also sought regarding their work conduct and character and these were evidenced in staff files.
- People were involved with the recruitment process and met potential staff before they were offered a job. One person said, "I ask them if they can drive, knit or make mugs. I like staff to do those things." The registered manager explained, "This is nice for us as we can see what their interests are and how they interact with people." People were then asked how they felt about potential staff and whether they wanted them to work in the service. This information was included as part of interview notes.

Using medicines safely

- People received their medicines safely from staff that were trained and competent. One staff member said, "We practice how to complete medicines documentation and the registered manager or deputy manager observe us to make sure we give medicines safely. The process isn't rushed so we feel fully confident."
- People had their own medicines cabinets in their bedrooms to enable privacy and promote independence. People told us staff were "very good" at supporting with medicines. One person said, "They know what they're doing."
- We observed a staff member giving medicines to a person. They understood the person's preferences and ensured these happened. They reminded the person what the medicines were for and explained how they would make them feel better. When offering pain relief, they double checked pain levels for the person and explained about safe times between doses.
- The staff member checked Medicine Administration Records (MAR) before giving medicines. They stayed with the person to check they had taken their medicine and then signed the MAR to confirm it had been given.

- We viewed other people's MAR records and saw that they had been given their medicines as prescribed. Some people had 'as required' medicines (PRN,) such as painkillers. There were detailed PRN protocols that advised of maximum dosage, how the person demonstrated they needed the medicine and when to seek further medical advice.
- The registered manager had introduced an additional stock check of medicines each month. This meant that when people were running low on medicines, these could be ordered immediately, and they always had the medicines they needed.

Preventing and controlling infection

- We observed the building to be clean, tidy and well maintained, with good practices in infection control.
- People were regularly encouraged by staff to wash their hands, wear protective equipment and keep the house clean. There was easy read documentation throughout the home for effective hand washing.
- Personal Protective Equipment (PPE) such as gloves and aprons were available in all areas of the home. We observed staff and people using them throughout inspection, particularly when cooking or using cleaning equipment.
- Relatives were complimentary about the condition of the home and environment. One relative said, "The home is so clean and well looked after." Another said, "My relative cleans his room and helps with communal areas." We saw people being encouraged to do washing up and clean tables after meal-times or activities. The registered manager said, "Staff are proud of the house and support people to keep it clean and tidy."
- Staff had all received infection control training which was reviewed regularly. Infection control audits were completed monthly by the registered manager or deputy manager. This included observations of staff practice.

Learning lessons when things go wrong

- The registered manager had good oversight of accidents and incidents and analysed these to learn lessons and prevent them re-occurring.
- Incidents were reviewed monthly by the registered manager and any themes or trends were identified. Actions were then taken to reduce risks and improve people's wellbeing.
- One person had recently experienced an increase in falls. Staff had sought support from a physiotherapist and occupational therapist for specialised equipment. The registered manager identified that more bespoke training was required in falls prevention to meet this person's needs and this was due to happen a month after the inspection. Staff were aware of the risk of falls for this person and monitored them closely. These actions had already helped to reduce the number of falls.
- The Provider Information Return for 20 Newlands Close stated that there had been an increase in medicines recording errors identified. As well as re-training, a second staff member had been introduced to check people's medicines and MAR records on each shift. This ensured that any discrepancies could be identified quickly. Since this process had been introduced, the amount of recording errors had significantly decreased.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;

Supporting people to live healthier lives, access healthcare services and support;

Staff working with other agencies to provide consistent, effective, timely care

- Before people moved in, assessments were completed with them, their relatives and professionals to determine support needs and preferences for care.
- These needs were reviewed regularly. One relative said, "Recently my relative's needs changed, and they needed hospital care. Staff responded instantly to this, helped them to their appointments and made sure their care plan was updated."
- People had regular access to health and social care professionals to improve their wellbeing. This included their GPs, opticians, dentists, physiotherapists, mental health teams, specialist nurses and occupational therapists.
- One person was at risk of choking. Staff had sought support from the Speech and Language Team (SaLT) to identify actions that could be taken to reduce this risk. There was bespoke SaLT guidance for the person which staff all knew about and followed.
- One person had a specific health condition that staff told us "affected their confidence, self-esteem and mobility." They referred to a specialist NHS service and worked with the person to enable them to be able to manage some of their care needs independently. Compliments had been received from visiting health specialists about the improvements to the person's overall wellbeing and confidence.
- Professionals we spoke to were complimentary about staff and their passion for improving people's quality of life. One professional said, "They listen to my advice. We did some bespoke training for staff and were very impressed. Staff listened and asked a lot of questions. They were really keen to learn and understand. They are always happy to give me updates as well."

Staff support: induction, training, skills and experience

- People, their relatives and professionals told us that staff had the skills and knowledge to meet people's needs. One person said, "They know me really well and how to help me." A relative said, "They know my relative and their health needs. They just seem to understand exactly what to do."
- We viewed the training plan and saw that staff had received training in moving and handling, mental capacity, safeguarding, person-centred care, nutrition, first aid and medicines. They had received more specialised training to meet the specific needs of people, for example in epilepsy, positive behaviour support and communication.
- We observed staff putting the knowledge they had obtained from training into practice when working with

people. This included using mobility equipment correctly and ensuring environments were free from trip hazards. Staff used principles of communication they had learned from training when talking with people. This included active listening, checking understanding and using relevant tools.

- Staff told us training was useful and it helped to improve their knowledge. One staff member said, "I enjoyed the mental capacity training as it was informative in how to support people with and without capacity to make informed choices. We also had key-worker training which taught us our roles and responsibilities in supporting individual people."
- For staff that wished to develop their understanding and responsibilities, there was the opportunity to take further qualifications in health and social care. New staff also completed the Care Certificate as part of induction. The Care Certificate is a nationally agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff were positive about their induction into the service. They told us it involved shadowing more experienced staff, learning about the company's policies and their responsibilities. A staff member said, "We looked at care plans and got to know people and their routines. We were encouraged to ask lots of questions and only stopped shadowing when we felt comfortable."
- Following induction, staff were supported during supervisions. This gave them the opportunity to meet with a member of the management team on a regular basis and talk about any concerns, the running of the home and their development. One staff member said, "If I feel I need a supervision before the designated time, all I have to do is request one. They are an open discussion. You can talk about whatever you need to, whether it be personal or work related."

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional and hydration needs were met.
- People met together each week to discuss meals and decide menus. Photos and recipe books were used to support with making choices. A picture menu was then devised and recipes for each meal printed out for people to refer to when they cooked.
- People told us they enjoyed the meals and healthy choices were encouraged. Fresh ingredients, such as herbs or vegetables grown in the garden were included in food. Healthy cook books had been purchased and people told us they enjoyed picking different recipes from them.
- People were involved with shopping and preparation of meals on a daily basis. We observed two people being supported to prepare a healthy dessert for lunch and they were proud when they received positive feedback for it.
- One person was at risk of choking and required their meals to be prepared in a specific way. Staff were all aware of this guidance and followed it. The registered manager said, "We try not to restrict the person with their meals, so they can eat the same things others do. We just adapt each meal, so it is suitable for them."
- We observed meal-times during the inspection. Staff and people sat together and talked about their lives. People had control over what they wanted to eat and told us their lunch was "very tasty." Drinks were also available in easy use jugs so that people could pour their own drinks when they wanted to.

Adapting service, design, decoration to meet people's needs

- The building had been adapted to ensure it met the needs of people.
- The building was a purpose-built bungalow. The registered manager said this meant it was ideal for people with any mobility support needs. Rooms were spacious and corridors wide, which meant that people had room to move about when using mobility equipment.
- One person had specific moving and handling needs. Specialised equipment had been added to their bedroom and bathrooms to support them with this.
- Another person became disorientated at certain times of the day. Staff had put their photo and name on their bedroom door, so it was identifiable to them and they were less confused.

- The registered manager told us that it had been identified that people wanted more communal spaces to relax in. The office had been moved and the room turned into a smaller lounge, where people could have some quiet time, in addition to their bedrooms.
- People told us they liked using the garden. There were several different seating areas for people to relax in. Some flower beds were also raised so that people with mobility support needs could help to plant flowers and vegetables.
- People's bedrooms were designed in line with their interests and preferences. They were filled with photos and their personal belongings to make them feel homelier. One person said, "I picked the decorations and wallpaper." Another said, "I chose everything as it's my own space." A relative said, "Their room is lovely - very big with an en-suite. Everything they want in there they get."

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People's choice and consent was valued, and they were continually consulted about their care. We saw people being asked how they would like to be supported, what they would like to eat and what they would like to do. When people chose not to do things, this was respected. A person told us, "I get choices all the time. About anything and everything."
- One person chose to smoke. Staff recognised they had capacity to make this decision and respected their choice. Another person did not want to join in with an activity and staff offered alternatives instead. A professional said, "In my opinion people get a good deal of choice. One person with communication support needs only has to say, 'Tea' and support is given to have this."
- Staff had a good understanding of the MCA and how it applied to people they supported. One staff member said, "One person points or picks up things that they want and that's how we know their choices. Others need support with understanding bigger decisions such as their finances or health, so we have best interest meetings with professionals."
- One person required medical support to treat two health conditions. Staff worked closely with the hospital staff from different departments, the person's GP and other professionals to identify which actions to take in the person's best interest.
- A professional said, "Staff really fought for the person so that they only needed one anaesthetic. It would have been very distressing and unnecessary to do this twice so both treatments were done at the same time - I thought this was pretty marvellous."
- Staff understood the importance of promoting informed decisions. An example of this was when voting for local elections. When people received their voting cards, staff explained what they were. Representatives from political parties were invited to speak to people at the home. People and staff watched summaries

from each political party on the TV and discussed what they meant. The registered manager said, "Despite this, people decided they didn't want to vote, and we respected that. We will keep doing work around this though, as they may decide something different next time."

- One person was assessed as lacking capacity and a DoLS application had been made. We viewed this authorisation and saw that no conditions had been made. However, the registered manager was aware of the need to meet these if anything changed.
- The registered manager told us before the inspection that they had recognised improvements were needed to the recording of their capacity assessments. They had sourced guidance from a manager from another home owned by the same provider. They showed us this improved document on inspection and completed it with the person.
- Conversations with the person were clearly recorded. This included how they had been communicated with and their responses. These responses were then analysed to determine views on the person's capacity. The person had a representative who was consulted on all capacity concerns with the person's care. The registered manager was aware of the importance of gaining these views when doing best interest meetings.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they liked living at the home and that staff were "kind" and "very caring." One person said, "I only have three words to say; Home from home. I'm very happy here. Staff talk to you and with you. Not down to you." Another person said, "I like living here. Staff are nice. I like cuddling them."
- We observed that strong relationships had been built between staff and people based on mutual respect and trust. One staff member complimented what a person was wearing. The person responded, "You're always so lovely" and stroked their face. Another person said to staff, "You are all beautiful people to me." People smiled when staff came into the room. They hugged them and wanted to spend time with them.
- Staff took an interest in things that were important to people. For example, one person loved to knit and had taught the registered manager and deputy manager how to do it. We observed them sitting with staff and doing this together.
- Relatives were complimentary about the caring nature of staff. One relative said, "The service is absolutely fantastic. The best you could ever wish for. I cannot praise them enough." Another relative said, "They are like a family. Staff are lovely. Staff think the world of my relative and really understand them and what they need."
- Professionals also spoke highly about staff and how they interacted with people. One professional said, "I see different staff and find them all warm and caring." Another professional said, "Absolutely lovely home. Staff are polite and friendly. They put residents first."
- Staff told us that they looked forward to coming to the home each day. One staff member said, "I look forward to seeing people when I have time off. We're a family unit. We sit down and have dinners together, socialise together. It's a lovely atmosphere." Another said, "I genuinely adore people here and love spending time with them."
- Staff had all received training in equality and diversity and had a good understanding of how to support people equally. One staff member said, "It's simply about understanding people are diverse and respecting their wishes and preferences." They gave an example of one person who chose to celebrate their birthday at a different time of year. Staff respected this choice and celebrated at their chosen time. Other people were supported to go to church or church events if they wished.

Supporting people to express their views and be involved in making decisions about their care

- Staff listened to people, understood how they communicated decisions and valued their opinions.
- We saw that people were involved in regular meetings where they could discuss activities, health and

safety in the home and menus. One person said, "The best thing about living here is the freedom. I say what I want to do when I want to do it. Staff listen." Meeting minutes were displayed in a pictorial format on a communal board, so that people could look at these and be reminded of what was discussed.

- People also had two monthly meetings with their key workers. This gave them opportunities to discuss their general wellbeing, previous goals and any further actions that were needed to achieve them. For example, one person had expressed that they wanted to go on holiday to Butlins. This had been organised by staff and the person.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was continually promoted and encouraged.
- We observed people's privacy being respected by staff. This included knocking on their bedroom doors and awaiting consent to enter. When staff needed to talk to people about their care, they suggested going somewhere private before discussing it.
- One staff member said, "It's also about reminding people about maintaining their own dignity. Some people might want to walk around with no clothes on and we discuss with them what this means for them and others they live with."
- A professional told us about a person whose continence needs changed. Management met with staff from the person's day service and discussed ways they could work together to meet these needs. The professional said, "They saw this as being detrimental to the person's dignity. They sought my involvement and found different continence support which meant that the person could manage some of these needs themselves. It was very well managed."
- Staff had all received training in maintaining confidentiality and understood the need to share information on a 'need to know' basis. People's care documentation was kept locked away in a cupboard to ensure that it could only be accessed by those that needed to.
- People's independence was always promoted and encouraged. A staff member said, "Always encourage them to do things, don't just do it for them. We don't want to take away their choice and self-control."
- A person told us, "Staff encourage me to do things on my own. Like washing up, cleaning my room or making tea." We observed people making their own drinks and meals. One person liked to answer the phone and was supported to do so by staff. Another person started making their own breakfast independently, but then asked staff for support with a specific task.
- One staff member encouraged two people to prepare food for lunch. This was done in an encouraging and patient way. The staff member supported people to weigh and mix ingredients on their own and complimented them throughout. They then reviewed what they had done and explained how this all came together to make the result. People were excited to show us what they had made and explain how they had done it.
- Relatives told us that staff encouraged people to do as much as they could on their own. One relative said, "I'm not sure if my relative will ever be completely independent, but staff always encourage them and talk about their achievements."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that was tailored around their wishes, preferences and routines.
- Information gathered before people moved in, was used to create bespoke care plans. This included information about people's needs, preferences and routines. This included what they could do independently and what they required support from staff with.
- People had, "This is me" and, "This is important to me" documents that gave information about their histories, communication needs, loved ones, hobbies, ambitions, hopes and dreams. This information was used when talking with people and deciding upon personal goals.
- People had their own key-workers. This was a named member of staff who had a central role in their life and would oversee their support needs and care plans.
- Relatives told us they were invited to attend reviews of people's care to discuss any changes to support needs, what was going well and any further actions. One relative said, "I read through the care plan with my relative which was very good. Reviews are informative."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood people and their communication needs well. This included the use of facial expressions and body language. One person used mainly non-verbal communication. Staff told us they used to communicate with only Makaton, a form of sign language, but over time have used more and more speech. The registered manager said, "We are delighted with this as it has really given the person a voice." A professional who worked with the person said, "Staff understand them very well and focus on things other than verbal communication to understand what they want."
- Easy read documentation was available for people, with pictures and simple language to help them understand information. This included complaints, sections of care plans, menus, newsletters and meeting minutes.
- People had detailed communication plans that informed staff of their preferred communication, reading and writing skills and understanding of official documents. For people that could not express their emotions verbally, there was information about things they would do or say which would indicate how they were feeling.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were involved in activities that they enjoyed and that promoted their wellbeing.
- People told us they enjoyed the activities they did each day. One person said, "I go to a nightclub and to college and to other clubs to do music." Another person said, "I go to garden centres to work and do different things every day. I decide what I want to do and where I want to go."
- Relatives were complimentary of the activities that people did on a daily basis. One relative said, "My relative has an amazing social life - sea cadets, marching, holidays - they choose where they want to go." Another relative said, "They go to the garden centre, to clubs, staff also take them for meals and shopping. They do so much, it's like a 5 star hotel."
- Due to a change in day services, people were receiving more activities at home. These were decided by people and based on their interests. For example, one person enjoyed doing arts and crafts and showed us cushions and artwork they had done with staff. Others told us about special events or festivals they had gone to such as a 'Pirate day' and 'Jack on the Green'. For these occasions they had made outfits with staff to wear, including pirate costumes and flower garlands.
- Some people said they wanted to go to the beach on a certain day. Due to the weather, this had to be cancelled, however staff arranged to have a beach day at the house instead. This included buying sand to go in the garden, having mocktails, a BBQ and making ice cream sundaes.
- People had been involved with other activities such as dance classes, gym sessions, church activities, art cafes and an emergency services day. Staff told us they had planned to do other trips which included the museum and the sea life centre. One staff member said, "We are going to do memory books for each activity so that people can enjoy remembering what they did." A photobook had already been created for one activity, an Easter day. People showed this to us and smiled at photos of them holding animals and having an Easter egg hunt.
- Each activity was reviewed with people as to whether it was enjoyed and whether they would like to do it again. This included information on accessibility of the activity, cost and any issues.
- People were encouraged to maintain relationships with their loved ones, as well as build new ones. A relative said, "I see my relative often and can go to the home whenever I want." Some people had relationships with people that lived in other services owned by the provider. One person said, "I have a boyfriend who I meet for coffee and who comes here for meals. They have met my family too."

Improving care quality in response to complaints or concerns

- People and their relatives told us they had never had any reason to complain but knew the process to follow if they needed to. One person said, "I would go to one of the staff or the registered manager if I had a complaint. I've never had to though." A relative said, "If there's ever a problem, I know exactly who I can go to."
- No complaints had been received since the previous inspection, however there was a clear complaints procedure displayed in communal areas. This was also reviewed in meetings and in newsletters to remind people and their loved ones what to do if they had any concerns.
- At a recent provider audit, it had been identified that improvements were needed to complaints forms for people. The registered manager had implemented a pictorial document in response to this and a 'Suggestions box' which people could post any comments into.
- People, relatives and visitors could also use this process to leave positive comments. We saw that letters had been received from several relatives and visitors complimenting staff about their caring nature and the positive effect this had on people's wellbeing.

End of life care and support

- No-one was receiving end of life care at the time of inspection. However, staff at 20 Newlands Close had

previously supported people at the end of their lives and did this in a kind, dignified and personalised way.

- Staff told us about ways they supported people to grieve when they lost their loved ones. There was a memory rose bush planted in the garden for one person. A relative had donated benches for the garden following a person dying. The registered manager said, "They still visit the home regularly as they made connections with people. People are excited to see them and still talk about the person that died with them."
- The registered manager had recognised that end of life was a subject that required further exploring with people. They said, "We wanted to talk to people about this but in a way that was sensitive and didn't upset them."
- The registered manager had started developing personalised end of life plans with people. For example, one person had visited a funeral director and developed a bespoke plan that included who they wanted at their funeral, flower laying and wake preferences. Other people did not want to talk about end of life at that time. This was respected and a review of this planned for a later date.
- One staff member had a baby and staff told us that people responded positively to this. They wanted to know about the stages of pregnancy and growth. The Provider Information Return stated that, "This gave us the idea to start a long-term development project supporting the residents to learn about all the stages of life from conception to the end of life. This will enable us as a service to support the residents to talk more openly about each stage of life with the view to plan how the person would envisage and to like be supported with the next stages of their lives."
- The registered manager and deputy manager had already started planning for this project. This included activities with children and animals. The registered manager said, "We are hoping this will increase people's knowledge and help them feel more comfortable talking about end of life care."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us that they liked and respected the registered manager and felt that the service was well-led. One person said, "The registered manager is very nice. They're the tops. I love them to bits." Another person showed us artwork they had made for the registered manager, which they told us they made every year for their birthday and Christmas. People smiled when they saw the registered manager and wanted to spend time with them. One person hugged the registered manager and said, "I love you." Another said to them, "You know me inside and out, you do."
- Relatives and professionals were complimentary of how the service was run. Relatives said, "The registered manager is lovely, so caring of everyone. Just fantastic", "I can always go to them" and, "The deputy is new but also very good." Comments from professionals included, "They know residents really well, respond quickly to me and are very competent" and, "Very nice and thorough in their approach."
- Staff also spoke highly of the registered manager and deputy manager and described them as "very kind", "approachable" and, "understanding." One staff member said, "We have the best manager in all of East View Housing services. The deputy is excellent too." Another staff member said, "They are fantastic. You can tell they love people and staff. Any problems or worries they listen to and reassure."
- Staff told us that they worked closely as a team and were constantly communicating with each other and the registered manager. One staff member said, "They are there whenever we need them and encourage us to speak our minds. They also work on shift and never expect us to do anything they wouldn't be prepared to do themselves. This makes us respect them." Another said, "They are so encouraging and empower staff to empower people."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Management and staff had a good understanding of the duty or candour and what this meant for people they support. One staff member said, "We have to be open and honest, even if this means taking responsibility for things we haven't done right. It's about talking to people, professionals and relatives, explaining what went wrong and how we're going to fix it."
- The registered manager had a good understanding of when and who to report concerns to. We saw that any incidents were recorded in detail and relevant professionals informed as required such as the Safeguarding team and CQC.

- The registered manager told us that this openness included relatives of people when things happened. Relatives confirmed this, one telling us, "If things go wrong they contact me straight away, I feel so involved."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Regular audits of the service were completed by the provider, registered manager and deputy manager to achieve good oversight of the service. This included people's care plans, staff files, incidents, accidents and complaints. Any patterns or trends were identified, and actions taken to improve.
- For example, it had been identified in a previous provider audit that some improvements were needed to staff knowledge of safeguarding. The registered manager had reviewed training and devised question and answer sessions to do with staff to improve their understanding. When we spoke with staff, they had a good understanding of safeguarding and told us the additional quizzes had helped with this.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager was aware of the importance of obtaining feedback from people, staff, relatives and professionals to improve the service.
- Surveys were given out annually to people, staff and relatives and results analysed. Areas for improvement were actioned in a timely way. For example, one person had fed back they wanted improvements to menus. Additional cook books had been purchased and recipes discussed with people. When this was reviewed during a residents meeting, all people said they were happy with meals being provided.
- Another person fed back that they didn't know a staff member very well. The registered manager rearranged rotas so that the person could spend more time with the staff member. They said, "This has further improved since activities have been more at the home as staff spend much more quality time with people now."
- The registered manager had identified that although surveys for people were in an easy read format, this had not always supported one person to give feedback. They discussed with us ways that they were planning to improve this, which included using objects of reference, personalised photos and rephrasing questions so that the person could understand. They were in the process of designing a bespoke feedback form specifically for the person.
- Staff told us they were involved in regular meetings where they could discuss people, any concerns and improvements to the home. We viewed the latest meeting minutes and saw that discussions were had about policies and changes, for example in response to medicine recording errors.
- A staff member said, "We discuss people as a team, health and safety and policies. It's a good time to brainstorm." We saw that staff were also thanked for their hard work and any compliments given by people, relatives or professionals shared.
- A newsletter was sent out every three months to inform people, relatives and staff about changes and what had been going on at the home. This included photographs of people doing activities, birthday celebrations and up and coming events. This was displayed on a communal notice board for people and visitors to see.

Continuous learning and improving care; Working in partnership with others

- The registered manager and deputy manager were passionate about improving people's lives and experiences. They talked to us about projects they were planning to introduce, such as developing people's understanding of different stages of life.
- The deputy manager had wanted to improve networking amongst relatives. They introduced a 'Family and friends' day. People chose and prepared food for the event. They also made decorations based on their interests and activities they had taken part in. A relative said, "There was a lovely open day, where we met

other relatives and saw what people had been doing." The deputy manager said the event had been successful and people wanted to do it again next year. They said, "We are like a family here and so it was nice for relatives to meet one another. People loved introducing them to their friends."

- The registered manager understood the importance of working with others to improve the lives of people. They had built relationships with social workers, advocates, specialist health and social care professionals to gain knowledge and provide the right support for people.
- The registered manager was involved with regular managers meetings for services owned by the same provider. This gave them opportunities to talk with managers from other services, discuss positive practice and review ideas.
- The provider told us that they had plans to access an external auditing company. This would provide additional visits to the service. They said, "They will look at the same things CQC do and give feedback to staff. We see this as another tool to learn and continuously grow as a company."