

# East View Housing Management Limited

## East View Housing Management Limited - 19 Alexandra Road

### Inspection report

19 Alexandra Road  
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Date of inspection visit:  
20 June 2023  
29 June 2023

Date of publication:  
07 July 2023

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Eastview Housing – 19 Alexandra Road is a residential care home providing personal care to 3 people at the time of the inspection. The service can support up to 3 people. This service supports people with a learning disability and/or autistic people.

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

#### Right Support:

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. Staff did not see people's risks as barriers and worked with people to do what they chose to. People and staff gave us many examples of where they had achieved their goals with staff support.

People were supported by staff that were safely recruited and trained in areas that were relevant to people's health conditions and needs. Staff understood their responsibilities around safeguarding and keeping people safe. Medicines were managed safely and where possible people were supported to administer their own medicines.

#### Right Care:

Staff were kind, caring and treated people with dignity and respect. People received person centred care that was tailored to their individual needs and wants. People received care that supported their needs and aspirations and focused on their quality of life.

People could take part in activities and pursue interests that were tailored to them. Staff gave people opportunities to try new activities that enhanced and enriched their lives. People that wanted to, wrote parts of their care plan with staff and were involved in recording what had happened each day.

#### Right Culture:

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. The atmosphere of the home was relaxed and friendly and people were comfortable and happy to live there. People were relaxed and content around staff. Staff spoke about people and their achievements proudly. The management team led by example and were fully focused on supporting people to be as independent as possible and live their best lives.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 21 April 2018).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service. We undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for East View Housing Management Limited - 19 Alexandra Road on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# East View Housing Management Limited - 19 Alexandra Road

## **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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

### Inspection team

This inspection was carried out by 1 inspector.

### Service and service type

East View Housing Management Limited - 19 Alexandra Road is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. East View Housing Management Limited - 19 Alexandra Road is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage

the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### 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 received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used this information to plan our inspection.

#### During the inspection

We spent time with and spoke to everyone that used the service and observed staff interactions with people. We looked at 3 people's care plans and 2 people's medication records. We reviewed documents relating to quality assurance at the home. We spoke with 5 staff including the registered manager, deputy manager, senior care staff and care staff.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risk of abuse. Staff understood the principles of safeguarding and how to raise concerns. A staff member told us, "I would get as much information as I could. As long as it didn't involve the [registered manager] I would report it to them. If it did, I could go to [nominated individual]. The nominated individual is responsible for supervising the management of the service on behalf of the provider. Externally, I would go to CQC, community learning disability team (CLDT) or the Police."
- The registered manager understood their responsibilities around safeguarding. There had been no recent safeguarding concerns at the service.
- There were clear systems for the recording and reporting of accidents and incidents and systems set up to identify themes and trends. There had only been one recent incident and the person had received appropriate care and support.

Assessing risk, safety monitoring and management

- Risks to people's health such as diabetes were well managed by knowledgeable staff. People's care plans contained clear information about how to support people to manage their conditions. Staff understood these risks and how to support the person safely and act if the person's blood sugar levels changed.
- People at risk of choking were kept safe by staff. People were referred to the speech and language therapist (SALT) team and guidance was recorded and followed by staff. People's specific strategies to keep them safe were known by staff. Staff ensured plans were in place to reduce this risk for the person when they chose to eat at their friend's house or at a restaurant.
- People were supported by staff to manage their own stress levels and develop their own strategies for calming down when something made them upset or angry. A person told us about their meditation and breathing exercises staff had encouraged them to use. Staff had given them sand timers to help them to concentrate and count their breaths for longer periods each time. Meditation music was also used by the person. They told us this helped when they wanted to calm down. People's daily notes confirmed that staff were aware of people's individual strategies for supporting wellbeing and followed people's care plans.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is

usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Mental capacity assessments and best interest decisions were detailed and person centred. The registered manager recorded the conversation and circumstances under which the person's capacity was assessed for each decision.
- Where best interest decisions had been made for people, these had been made in partnership with the person and those important to them. Staff ensured that any restrictions were the least restrictive possible.

#### Staffing and recruitment

- There were enough staff to support people to keep safe and to do what they wanted to. A staff member worked at the home at all times. The registered manager arranged for additional staff when people wanted to go out or had appointments to attend.
- People were involved in staff recruitment. The registered manager arranged for applicants to meet people and staff at the home without them being present before being interviewed. People and staff then fed back to the registered manager with their views on the applicants.
- Staff were recruited safely. The provider had ensured that checks on staff were carried out before working. This included references from previous employment, health questionnaires and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- Medicines were managed and stored safely. Medicines were kept in individual locked cabinets in people's rooms. Staff checked the temperature of each room to ensure it was safe for medicines to be stored there and had plans for how to reduce the temperature if needed. Medicines were regularly audited to identify any areas for improvement.
- Medicines were given safely, and staff recorded on people's medication administration records (MARs) when they had been given. The registered manager had assessed whether people were able to manage their own medicines and staff supported people to be as involved in the process as possible.
- Staff had received training and regular competency checks to ensure they could administer medicines safely. Staff told us this involved online training and shadowing an experienced staff member as well as being assessed themselves.

#### Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. The floor in the toilet needed to be replaced. This was on the provider's service improvement plan with a date for action.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

People were able to have visitors to the home whenever they chose.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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 were supported to be as independent as possible. The registered manager told us about staff supporting a person to spend the night independently in a hotel following a music gig. Staff worked in partnership with the person, the hotel staff, with support from the local authority and a campaign called 'stay up late' that support people with a learning disability and/or autistic people lead active social lives. They told us how amazing this was for them.
- People were encouraged by staff to follow their hobbies and interests both inside and outside the home. One person showed us how they played the drums and had recently played as part of a band at a provider party. Staff were positive about people's abilities and praised them for their different skills. Another person was a keen footballer and staff spoke proudly of how brilliant the person was and the awards they had won.
- Staff spoke to people with kindness and respect. There was an inclusive culture at the service and friendships between people and staff. Staff spoke to us with pride about people's abilities and what they could achieve. One told us, "[Person] is amazing. I'm really proud of them for what they do. Doing as much as they do for themselves. They're incredible."
- Staff told us the provider instilled a culture of person-centred care. They said, "The company gives people the very best care they can have. The care is brilliant an attention to how people are looked after and how their needs are met is top class."

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

- There had not been any recent duty of candour incidents but the registered manager was aware of their responsibilities to be open, honest and apologise if something went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had oversight of the quality of support provided to people. Audits were completed regularly to assess the service and used to develop action plans to address any concerns. The audit process was currently being reviewed to ensure that the new digital system worked effectively to assess the quality of the service.
- The management team were in the process of introducing and developing a digital care planning system. At the time of inspection, people's care plans were both paper and digital. Digital care plans were being

worked on by staff to ensure they contained the same amount of detail as people's paper care plans. Staff had attended a team meeting about the changes and were fully involved and understood their responsibilities around learning to use the new system.

- The registered manager was fully involved in people's support and knew people well. People were comfortable around the registered manager and enjoyed spending time with them. Staff were also positive about the support they received from the management team. One staff member told us, "We all receive support from both [registered manager] and [deputy manager] and through everyone on the team, everyone has been brilliant."

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

- People were supported to hold regular 'house meetings' to discuss activities and outings people wanted to do and talk about what people have done. People's views and thoughts were recorded by staff and each meeting reviewed whether people had been able to do what they mentioned at the previous one.
- People were fully involved in the care planning process and staff regularly spoke to people about what their support plans said and whether they agreed they were happy for this. One person was encouraged by staff to record what they had eaten each day to identify what could be impacting on their health. The person wrote this record themselves and staff double checked what they had written with them. Staff had planned with the person to work in partnership with a family member who had a relevant medical background to help identify a pattern.
- People, staff, relatives and visitors were invited to complete surveys about the quality of the service. Results from across the provider's services were collated and the provider's plans for the next year were sent out in response to feedback.
- Staff were positive about working at the service. One told us, "I completely advocate to anyone to come work here. It's the best place I've worked. It's small friendly family place."

Working in partnership with others

- Staff supported people to maintain their friendships with people outside the home. One person had a friend that lived in another of the provider's homes. Staff from both homes walked with this person to go for meals with their friend. They told us this meant a lot to them.
- A person was supported by staff to form a friendship with someone from 'gig buddies', an organisation that supports people to attend music gigs. They told us how much they loved going to see gigs with their friend and were excited about an upcoming holiday with them.
- Staff supported and encouraged people to become advocates for others and to contribute to the community. A person told us they worked in a charity shop as well as being a trustee for 'Stay up late' and a board member for 'Involvement matters'. Both these services support people with learning disabilities and autistic people to be as independent as possible.
- The provider had recently restarted 'resident forums' which were meetings people from across the provider's homes were invited to attend and share their views. People were able to bring up anything they would like to do in these meetings and had most recently gone on a picnic with people from other homes which they enjoyed.