

East View Housing Management Limited

East View Housing Management Limited - 51a Chapel Park Road

Inspection report

51a Chapel Park Road
St Leonards On Sea
East Sussex
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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	

Overall summary

This inspection took place on 30 September 2015. To ensure we met staff and the person that lived at the service, we gave short notice of our inspection.

This location is registered to provide accommodation and personal care to a maximum of one person with autism.

Summary of findings

The person who lived at the service was a younger adult below the age of sixty five years old. They were able to communicate with us verbally. We talked directly with them and used observations to better understand their needs.

The home 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.

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to raise an alert if they had any concerns. Risk assessments were centred on the needs of the person. Each risk assessment included clear control measures to reduce identified risks and guidance for staff to follow to protect the person from potential harm. Risk assessments took account of the person's right to make their own decisions.

Accidents and incidents were recorded and monitored to identify how the risks of reoccurrence could be reduced. There were sufficient staff on duty to meet the person's needs. Staffing levels were adjusted according to their changing needs. There were safe recruitment procedures in place which included the checking of references.

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

Staff knew the person well and understood how to meet their support needs. The person's needs and personal preferences had been assessed and were continually reviewed.

Staff were competent to meet the person's needs. Staff received on-going training and supervision to monitor their performance and professional development. Staff were supported to undertake a professional qualification in social care to develop their skills and competence.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood when an application should be made and how to assess whether a person needed a DoLS.

The staff supported the person to make meals that met their needs and choices. Staff knew about and provided for the person's dietary preferences and needs.

Staff communicated effectively with the person, responded to their needs promptly, and treated them with kindness and respect. The person was satisfied about how their care and treatment was delivered. Their privacy was respected and they were supported in a way that respected their dignity.

The person was involved in their day to day care and support. Their care plans were reviewed with their participation and relatives were invited to attend the reviews and contribute.

Staff made prompt referrals to health care professionals when needed. The person's personal records included their individual plans of care, life history, likes and dislikes and preferred activities. The staff promoted the person's independence and encouraged them to do as much as possible for themselves. They were involved in planning activities of their choice.

The person received care that responded to their individual care and support needs. They were provided with accessible information about how to make a complaint and received staff support to make their views and wishes known.

There was an open culture that put the person at the centre of their care and support. Staff held a clear set of values based on respect for the person, ensuring they had freedom of choice and that they were supported to be as independent as possible.

People and staff were encouraged to comment on the service provided and their feedback was used to identify service improvements. There were audit processes in place to monitor the quality of the service.

Summary of findings

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.

Staff received training in safeguarding adults. Staff understood how to identify potential abuse and understood their responsibilities to report any concerns to the registered manager or to the local authority.

Staffing levels were adequate to ensure people received appropriate support to meet their needs.

Recruitment systems were in place to ensure the staff were suitable to work with people who lived in the service.

Good



Is the service effective?

The service was effective.

Staff had received regular supervision to monitor their performance and development needs. The registered manager held regular staff meetings to update and discuss operational issues with staff.

Staff had the knowledge, skills and support to enable them to provide effective care.

People had access to appropriate health professionals when required.

Good



Is the service caring?

The service was caring.

Staff provided care with kindness and compassion. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect and dignity by care staff.

Good



Is the service responsive?

The service was responsive.

Staff consistently responded to people's individual needs.

People were provided with accessible information about how to make a complaint and received staff support to make their views and wishes known.

Good



Is the service well-led?

The service was well-led.

Staff held a clear set of shared values based on respect for people they supported. They promoted people's preferences and ensured people remained as independent as possible.

The registered manager was visible and accessible to people and staff. They encouraged people and staff to talk with them and promoted open communication. Staff were motivated and said they felt supported in their work.

There were quality assurance systems in place to drive improvements to the service.

Good



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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was 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.

The inspection was undertaken by one inspector. We checked the information we held about the service and the provider. We reviewed notifications that had been sent by the provider as required by the Care Quality Commission (CQC).

Before an inspection, we ask providers to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we made the judgements in this report.

During our inspection we spoke with the registered manager, deputy manager and one member of staff. We spoke with the person who lived at the service. We used observations and talked with staff to better understand people's needs. We looked at one care plan. We looked at staff recruitment files and records relating to the management of the service, including quality audits. After the inspection we received written feedback from one health professional that had direct knowledge of the service.

Is the service safe?

Our findings

The person was supported to keep safe. They had an intercom system fitted so that they could contact staff at any time to include keeping safe in emergency situations. Accessible information was provided which included telephone numbers to enable the person to contact the correct person depending on their needs. Accessible posters were provided where hot water taps were located to remind the person to be careful when using hot water. There was a staff rota displayed to show the person who would be providing them with support on a given day. Staff had a good understanding of the person's needs and how to promote their safety. Staff said, "X does not understand about road safety. When we go out we stay close by and keep an eye on them."

Policies and procedures were in place to inform staff how to deal with any allegations of abuse. Staff were trained in recognising the signs of abuse and were able to describe these to us. Staff understood their duty to report concerns to the registered manager and the local authority safeguarding team. Records showed staff had completed training in safeguarding adults and that safeguarding policies were discussed in staff meetings. Contact details for the local authority safeguarding team were available to staff if they needed to report a concern.

There was a whistleblowing policy in place. Staff were aware of the whistleblowing policy and would not hesitate to report any concerns they had about potentially poor care practices.

There was an adequate number of staff deployed to meet the person's needs. The registered manager completed staff rotas in advance to ensure that staff were available for each shift. There was an on-call rota so that staff could call a duty manager out of hours to discuss any issues arising. Staff were available when the person needed to attend medical appointments, social activities or other events. For example, they recently visited Edinburgh as this was a place of interest to them. This involved an overnight stay and staff supported them to achieve this. Longer shifts were set up as the registered manager identified that this promoted the person's emotional health needs. The person was supported for longer periods of time with the same staff to reduce disruption and maintain familiar routines. Additional staff were deployed when necessary to meet the person's needs.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service (DBS) checks to ensure staff were suitable.

Personal Emergency Evacuation Plans (PEEP) were in place. The PEEPs identified people's individual independence levels and provided staff with guidance about how to support people to safely evacuate the premises. Evacuation drills were completed monthly to support people and staff to understand what to do in the event of a fire. All staff had attended fire safety training and first aid training. The fire alarm was tested weekly and all fire equipment was serviced every year.

The premises were safe. A member of staff stayed overnight at the adjacent service and the person had a direct line to the service if they needed anything. This meant emergencies could be responded to promptly. This system also ensured that the person was able to access advice, support or guidance without delay. The registered manager completed a weekly health and safety inspection of the home. All electrical equipment and gas appliances were regularly serviced to support people's safety.

Records of accidents and incidents were kept at the service. When incidents occurred staff completed incident forms, informed the registered manager and other relevant persons. Accidents and incidents were monitored to ensure risks to people were identified and reduced. Staff discussed accidents and incidents in daily handover meetings and regular team meetings.

Care records contained individual risks assessments and the actions necessary to reduce the identified risks. The risk assessments took account of people's levels of independence and of their rights to make their own decisions. Care plans were developed from these assessments and where risks or issues were identified, the registered manager sought specialist advice appropriately. The person had a risk assessment to enable them to keep safe whilst in the community. The person did not like 'loud and unpredictable' places. Familiar staff supported them at all times in the community to ensure they felt safe and reassured.

People were supported to take their medicines by staff trained in medicine administration. Staff had their competency assessed by the registered manager. Records

Is the service safe?

showed that staff had completed medicines management training. All Medicine Administration Records (MAR) were accurate and had recorded that people had their medicines administered in line with their prescriptions. The MAR included people's photograph for identification.

Individual methods to administer medicines to people were clearly indicated. The registered manager carried out audits to ensure people were provided with the correct medicines at all times.

Is the service effective?

Our findings

The person was satisfied with the support they received from staff. We observed they had a good rapport and familiar, friendly interactions with staff and the registered manager. They appeared happy, smiling and relaxed in their home. One health professional wrote, 'I have been making regular visits to Chapel Park Road for a number of years. I have always found the staff friendly and helpful and their commitment to the wellbeing of their residents is second to none.'

Staff had appropriate training and experience to support people with their individual needs. Staff had a comprehensive induction and had demonstrated their competence before they had been allowed to work on their own. Essential training included medicines management, fire safety, manual handling, health and safety, mental capacity and safeguarding. This training was provided annually to all care staff and there was a training plan to ensure training remained up-to-date. This system identified when staff were due for refresher courses.

The registered manager was due to implement the new 'Care Certificate' training for all new staff from October 2015. This is based on an identified set of standards that health and social care workers adhere to in their daily working life. It has been designed to give everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care. The Care Certificate was developed jointly by Skills for Health, Health Education England and Skills for Care.

People received effective support from staff that had been trained to help them to maximise their independence and increase their quality of life. One staff member told us about autism training they had undertaken to help them understand the needs of the person they supported. They said, "The training has reinforced what I am already doing. I support the person to manage their routines and any changes needed." The training helped them to consistently support the person to enable them to maximise their independence and quality of life. Where changes in the person's routines were needed staff used consistent strategies to reduce their anxiety levels. Staff had not received formal annual appraisals of their performance and

career development. This did not affect the standard of care the staff were providing for people because they had been well supported through regular supervision and staff meetings.

People gave their consent to their care and treatment. Care plans were provided in an accessible format to help people understand their support needs. Staff sought and obtained people's consent before they supported them. Staff said they talked with the person and they were able to verbally give their consent. When the person did not want to do something their wishes were respected, staff discussed this with the person and their decisions were recorded in their care plans.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and DoLS with the registered manager. They had appropriately completed documentation when people's mental capacity had been assessed to determine whether they were able to make certain decisions. Such decisions included consenting to their care and treatment. When people did not have the relevant mental capacity, meetings had been held with their legal representatives to make decisions on their behalf in their best interest. The registered manager had submitted appropriate applications to the DoLS office to seek their authorisation when people were restricted of their liberty in their best interest. They followed the DoLS guidance about the submission of applications. Attention was paid to ensure the least restrictive options were considered, in line with the principles of the MCA and DoLS.

The person liked the food and was able to make choices about what they wanted to eat. Staff knew their dietary preferences and needs. They told us they had a duty of care to support people to have healthy meals. The person's care plan recorded their choices to ensure staff provided them with their food preferences.

People had health care plans which detailed information about their general health. Records of visits to healthcare professionals were recorded in the person's care plan. Health care plans were agreed in consultation with the person, staff, their relatives and relevant health professionals in their best interest. People's care plans contained clear guidance for care staff to follow on how to support people with their individual health needs.

Is the service caring?

Our findings

The person said they liked the care staff. We observed staff talked with them in a caring and respectful way. The person had developed good relationships with staff. The person presented as relaxed, happy and comfortable and interacted positively with staff. We observed staff engaged with them to talk about things of interest to them, to include the politics programme they were watching on television. One health professional wrote, 'The service truly cares for residents and will persist in achieving all they can for them to ensure that their needs are met.'

The person's religious preferences and needs were understood by staff. They supported them to regularly attend a local church of their choice. The person had previously attended various events run by the church. Staff supported the person to pursue their religious preferences and meet with others of the same faith in the local community.

Staff promoted the person's independence and encouraged them to do as much as possible for themselves. Support plans clearly recorded their individual strengths and independence levels. Where they could complete activities independently this was clearly recorded in their support plans. The person had agreed various goals to include attending cooking and computer courses to develop their skills and attending the gym. Staff said they needed constant reassurance and to take small steps to meet their goals. They used the washing machine to do their laundry with supervision from staff. They were developing their money management skills and had used self-service payment machines in shops. They completed small financial transactions such as buying a newspaper.

This was a daily routine that was important to them. This had promoted the person's independence and had balanced the person's right to freedom of choice whilst managing risks to themselves and others.

Staff were aware of the person's history, preferences and individual needs and this information was recorded in their care plans. The person's care plans reminded staff that their choices were important and staff were aware of their preferences. They were involved in their day to day care. They spoke daily with staff and their keyworker about their care and support needs. A key worker is a staff member who spends additional dedicated time with people to maintain communication and to support people with their needs and wishes. Their care plans were written in an accessible format to help them get involved in their own care planning. Risk assessments were reviewed regularly to ensure they remained appropriate to their needs and requirements.

We observed staff treated the person with respect and upheld their dignity. A staff member said, "I ensure X's dignity is maintained and I respect them. I have known X for a long time and we have grown together." The person's care plans gave guidance on how they should be treated to ensure their dignity was upheld. Respectful language was used throughout care plan records. The person was treated as an individual and their choices were respected.

Advocacy services were available to people at the service. Information was available to support people's understanding to the service available. Advocacy services help people to access information and services; be involved in decisions about their lives; explore choices and options; defend and promote their rights and responsibilities and speak out about issues that matter to them. Staff ensured people were informed of their rights and supported people to access this service to make independent decisions about their care and support needs.

Is the service responsive?

Our findings

Staff responded to the person's needs. They communicated with staff to talk about what they would like to do and any issues of importance to them. The person said they liked their home and the staff. They had an activities planner on their wall. They had been consulted about activities they wished to take part in. The planner prompted and reminded them what they had agreed to do each day.

The person's care plans included their personal history and described how they wanted support to be provided. They had care plans which contained information about different activities they liked to do and what was important to them. They had a keyworker who they had chosen. Staff said, "X does not like change so we ensure they have the same staff to support them. They like things done in a precise way and staff are aware of how to support them." This supported the person to have continuity of staff support and ensured they managed their emotional wellbeing. Staff told us that the person liked to do specific activities and keep to specific routines agreed for each day. The person was consulted and involved with the planning of their care and support.

The person was supported to pursue interests and maintain links with the community. Staff told us they were 'passionate' about politics. When we visited them they were watching their favourite television programme which updated them about weekly political developments. They had recently met with the chairman of a local political party of their choice. They were involved in discussing how to get more involved with this political party. This activity was arranged in response to feedback from the person's relatives to support them to engage in community-based activities of interest to them. They also liked to go to theatres, see shows, go the cinema and the gym. They had been supported to stay in Edinburgh to visit places of interest to them and were supported by staff to stay overnight. Their preferences were clearly documented in

their care plans and staff took account of these preferences. Staff reviewed their care and support plans regularly or as soon as their needs changed and care plans were updated to reflect the changes. The person was happy for us to take a look around their home. The premises were personalised and reflected their wishes and preferences. They had their own personal items and furniture in place and had furnished their home according to their wishes.

The person was encouraged and supported to develop and maintain relationships with people that mattered to them. They were supported to see their family regularly. They went on holiday with their family and to other events and had regular visits from them. This information was written into their care plans. They could invite people of importance to them back to their home when they wanted to.

Questionnaires were sent to people, relatives and visitors so they could give feedback and develop the service. The satisfaction questionnaire was sent to people within all of the provider's services and was not specific to this service. However people from this service were invited to respond. It was last sent out in October 2014 and was due to be sent out again in October this year. We read questionnaires where positive comments included, 'The relationship between the residents and staff is kind', 'Carers are excellent' and 'Excellent communication with management – recommended actions are always followed up'.

The complaint policy was written in accessible language and was displayed in the home to help the person to understand how to make a complaint. One complaint had been recorded since our last inspection. The registered manager reviewed this and discussed this with the person and their family. In response to this the registered manager put in place additional activities linked with the person's passion for politics. This helped support them to engage in activities in the community that they were particularly interested in.

Is the service well-led?

Our findings

We observed the person talked with the registered manager and staff to ensure their individual needs were met. Staff said there was an open culture and they could talk to the registered manager about any issues arising. Staff said, "We have team meetings and the manager is on the ball here."

The quality monitoring manager completed quarterly 'home audits' and the registered manager completed monthly audits. We saw that action plans were developed where any shortfalls had been identified. The audit identified the need to reduce gaps in recording of the cleaning schedule. The registered provider created a more detailed cleaning schedule with a breakdown of cleaning tasks which staff needed to sign off as completed. This system ensured all areas of the home were regularly cleaned to meet essential infection control and health and safety standards.

The registered manager completed monthly care plan audits to ensure that they were up-to-date and that actions had been addressed. Records and care plans were up-to-date and detailed people's current care and support needs.

The registered manager completed monthly medicines audits. An audit had been completed by a pharmacist on 22 September 2015. One recommendation was made to ensure staff recorded PRN medicines on people's MAR when people were administered this. The registered manager discussed this with staff in a team meeting and ensured this was addressed by all staff. This system helped ensure that people received their PRN medicines safely and this was accurately recorded.

The person's home had recently been refurbished in part to include new carpets. There was a future plan in place to refurbish their bathroom and kitchen. Maintenance work was completed based on a priority system taking account of people's safety in their environment. A boiler had

recently broken down and had been replaced. Repairs had been recorded as part of the maintenance audit, and repairs had been completed to ensure the environment was safe for the person.

Staff recorded incidents and accidents when they occurred. The registered manager regularly analysed records of incidents which took place to review any patterns of incidents. This meant that effective control measures were in place to reduce risks to the person and the likelihood of incidents reoccurring.

The registered manager promoted continuous service improvements. Staff said, "Ideas we have are taken up by management. We had an idea about having a co-keyworker system so when a person's keyworker is absent the co-keyworker can step in to support the person." This was set up at the service. Staff influenced how the service was delivered to support continuity of care for people. Staff were informed of any changes occurring at the service and policy changes. Staff attended monthly team meetings to discuss people's support needs, policy and training issues. All the policies that we saw were appropriate for the type of service, reviewed annually, up to date with legislation and fully accessible to staff.

The registered manager and staff shared a clear set of values. The registered manager promoted openness of communication. They said, "We help people to make their views known and support them to be independent." Staff understood the need to promote people's preferences and ensure people remained as independent as possible.

The registered manager attended quarterly 'Care Home Association' forums to inform them about leadership and care sector initiatives.

We have been informed of reportable incidents as required under the Health and Social Care Act 2008. The registered manager demonstrated they understood when we should be made aware of events and the responsibilities of being a registered manager.