

East View Housing Management Limited

East View Housing Management Limited - 20 Newlands Close

Inspection report

20 Newlands Close
Hastings
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Ratings

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

Summary of findings

Overall summary

East View Housing Management Limited – 20 Newlands Close provides personal care, support and accommodation to up to six older people with learning disabilities. This unannounced inspection took place on 15 September 2016. At the time of the inspection six people were using the service.

We last inspected East View Housing Management Limited – 20 Newlands Close in May 2014. The service met all the regulations we checked at that time.

There was a registered manager in post as required. 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.

People, their relatives and healthcare professionals were positive about the service and the quality of care and support. The staff team worked effectively to ensure people had a positive experience of the service.

People received their medicines safely as prescribed. People received the treatment and healthcare they needed to keep as well as possible. Staff sought and received people's consent to the care and treatment they received. The service upheld people's rights in line with the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

The provider used a robust recruitment procedure to ensure people received support from staff vetted as suitable to work with vulnerable people. There was sufficient staff on duty to meet people's needs and to ensure people had the support to follow their individual interests.

Staff assessed risks to people and their needs and support plans were put in place to keep them safe and ensure they received the support they needed. People were supported to be as independent as possible. The service involved people, their relatives and healthcare professionals in planning people's care and support.

Staff understood how to protect people from possible harm. There was sufficient guidance for staff about what to do if they suspected abuse and how to report this.

Staff understood their roles and responsibilities to provide care to people effectively. Staff received training and support through regular supervision and appraisals which enabled them to meet people's needs.

Staff knew people well and had the skills and knowledge to provide their care. People were treated with dignity and respect. Staff provided people's support in a caring and compassionate way. People had sufficient food to eat and drink and enjoyed the choice of food provided at the service.

The registered manager monitored incidents and accidents and put plans in place to prevent a recurrence.

The service sought people's and their relatives views about the service and acted on their feedback about the way the service was run. People felt able to raise any concerns with staff or the management team. The registered manager made checks on the quality of the service and any necessary improvements were made.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. Staff knew how to protect people from the risk of abuse. Staff managed and administered people's medicines safely as prescribed.

Staff assessed risks to people and followed guidance in place to support people to live safely. There was sufficient staff on duty to meet people's needs. The provider recruited staff through a robust recruitment process.

Is the service effective?

Good ●

The service was effective. Staff received training and support through regular supervision and appraisal. Staff had the skills and knowledge to meet people's needs.

People received appropriate support with their eating and drinking. Staff supported people to manage their health care needs. People were provided with a choice of suitable and nutritious food and drink.

Staff obtained people's consent to care and treatment. People were supported in line with the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Is the service caring?

Good ●

The service was caring. Staff treated people with kindness and respect. People and their relatives were involved in planning of people's care and support.

People were treated with dignity and respect. Staff respected people's privacy and confidentiality.

Staff knew people well and understood their preferences, daily routines and communication needs.

Is the service responsive?

Good ●

The service was responsive. Staff assessed people's individual needs and delivered support as planned. People were supported to make choices and to be as independent as possible and

follow their interests.

The registered manager considered people's views about the service. People and their relatives knew how to make a complaint.

Is the service well-led?

The service was well-led. Staff and people described the registered manager as approachable and friendly. Staff felt well supported by the registered manager and valued at the service.

There was an open and positive culture which focussed on people. The service held regular meetings which gave staff, people and their relatives the opportunity to feedback about the service.

The registered manager monitored the quality of the service and carried out audits and addressed any issues of concern.

Good ●

East View Housing Management Limited - 20 Newlands Close

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 September 2016 and was unannounced. A single inspector undertook this inspection.

Before the inspection we reviewed the information we held about the service including any statutory notifications received. A statutory notification is information about important events which the provider is required to send us by law. The provider completed 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 used this information to help us plan the inspection.

During the inspection we spoke with five people who use the service, a deputy manager and two members of care staff. We looked at care records and medicine administration record (MAR) charts of six people. We reviewed management records of the service including incident reports, safeguarding concerns and audits to monitor the quality of the service. We viewed records relating to six staff including training, supervision and appraisal records. We checked feedback the service had received from people and their relatives.

We undertook general observations and formal observations using the short observation framework for inspections (SOFI) during the lunchtime meal. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection we spoke with one relative, the registered manager and received feedback from two healthcare professionals.

Is the service safe?

Our findings

People told us they were safe at the service. One person told us, "I feel safe and happy here." Another person said, "I feel totally safe, the carers look after me well. They lock up the doors in the night." A relative told us, "Staff take good care of everyone."

Staff knew how to protect people from abuse. Staff understood the types of abuse and neglect that could happen to people at the service and how to recognise the signs and symptoms if abuse had occurred. Staff explained how they would use the service's safeguarding policy and the reporting procedures to protect people from potential abuse. One member of staff told us, "We are certain the manager would take our concerns of abuse seriously and act on them." Staff knew how to make safeguarding referrals to the local authority. Staff understood how to 'whistle-blow' to external agencies should they feel their concerns had not been fully addressed to protect people from harm.

People were supported to understand what abuse is and how to report it. The service provided information to people in an easy read format and including relevant information on how to report abuse when they started to use the service. People told us that staff treated them as an individual and they did not feel discriminated against.

Staff identified risks to people and ensured these were managed appropriately to keep them safe. This included environmental risks and any risks in relation to health and support needs of each person. For example, staff had assessed risks to a person in relation to them making hot drinks and going into the community and the action needed to minimise the risks. The registered manager ensured staff had sufficient guidance to manage these risks to keep people safe whilst promoting their independence. Staff followed the guidelines in place when supporting a person prepare a hot cup of tea to minimise the risk of harm to them.

People received support from staff to manage their money safely. Staff followed the provider's financial procedures to safeguard people's money. We checked some people's financial records and the balances were as expected. The registered manager made regular checks of people's cash balances and financial records to ensure staff managed people's money appropriately. The service had minimised the risk of people experiencing financial abuse.

People were protected from the risk of fire. The registered manager ensured each person had a personal emergency evacuation plan to make sure staff knew how to evacuate them safely in the event of a fire. The service had fire safety systems in place and maintained records which showed equipment such as smoke alarms and fire extinguishers were tested and serviced regularly. Records showed staff carried out regular fire drills, checks of emergency exits, fire doors and emergency lights. Staff were able to explain to us how they would evacuate the building in the event of a fire.

People received support from suitable staff who had appropriate skills and knowledge. The service used a safe and robust recruitment process and carried appropriate checks before people started work at the

service. Records confirmed the service had obtained and verified written references, criminal record checks, applicant's identity and right to work. This ensured staff were suitable to work with vulnerable people.

There were sufficient staff on duty to meet people's needs. The registered manager determined staffing levels through an assessment of people's needs, the support they required and wishes of the person. We observed staff provided people with one to one support when they needed it. For example, staff supported a person with personal care in their room. Two other people were supported separately to go out to activities of their choice in the community. Rotas we saw confirmed a consistent team of regular staff and adequate cover for both planned and sickness absence.

People received their medicines safely as prescribed from competent staff. Staff undertook assessments on people's needs in regards to the support they required to receive their medicines and provided such support appropriately. Staff understood and followed the guidance in place on how to manage people's medicines and the 'as required' medicines. We observed staff completed medicines administration record (MAR) charts when people received their medicines. A member of staff carried out daily checks to ensure people had received all their medicines. Mar charts were accurately completed which showed people had received their medicines at the right dose and the correct time. We checked the stocks of medicines kept at the service for three people and these corresponded with the balance recorded on their MAR charts. Medicines were safely stored and kept securely at the service.

Is the service effective?

Our findings

People received effective care and support from well trained staff. One person told us, "Staff are very nice and know what I need." Another person said, "I am fine and staff are good." One relative told us, "Staff seem to know their job well and are able to provide good care." Staff understood how to communicate with each person in a way that helped them to understand and respond appropriately to their needs.

New members of staff completed a comprehensive induction to ensure they were effective in providing support to people. Staff were required to complete all training which covered topics on how to identify and meet people's needs, handling people's money, roles and responsibilities and dealing with emergencies at the service. New members of staff had read the service's policies and procedures and discussed them with the registered manager to ensure they understood them. Staff shadowed experienced colleagues which helped them to understand how people wished to receive their support and build meaningful relationships with them. Staff had their practice observed as well as regular reviews of their performance and competency during induction to ensure they were able to meet people's needs.

Staff told us they felt well supported in their role by their colleagues and the management team. Staff received regular supervision and support which helped them meet people's needs effectively. One member of staff told us, "The manager is available when needed and there is always someone on call to contact if needed." Another person said, "I can discuss any issues about [people] in my supervisions." Supervision records showed the registered manager had regular one to one sessions with staff. They had discussed about how to plan people's support, their conduct and performance and teamwork. This gave the staff opportunity to discuss and get advice about any difficult situations they had met. The deputy manager explained to us how they monitored supervision arrangements to ensure each staff member had a regular one to one meeting. Staff had received an annual appraisal and discussed areas of development and the training each member of staff would take to enhance their skills and knowledge.

Staff told us their training needs were met and had the knowledge to support people effectively. One member of staff told us, "We are booked for regular training and refresher courses when due." Other comments from members of staff were, "We update our training every year" and "The manager is very proactive and enrolls us for training that suits our needs. For example I am going for three training [courses]; infection control, record keeping and moving and handling." The service ensured staff had up to date skills through attending regular training. For example staff had attended courses in safeguarding vulnerable adults, medicines management, food hygiene, first aid, health and safety and fire safety. Staff had received specific training for people's health conditions such as epilepsy and communication skills with people with learning disabilities.

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 so that they can receive care and treatment when this

is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People were involved in planning their care and had consented to the support they received in line with their care plans. Staff understood and supported people in line with the principles of MCA. Staff had received training in MCA and DoLS to ensure they understood how to promote and respect people's rights. Staff were able to explain to us how they supported people to make decisions about their day to day care. Staff told us and records confirmed where a decision had to be made for a person the service had followed 'best interest' process and involved healthcare professionals and people who knew them well when appropriate to make a decision on their behalf. Care records included assessments of people's mental capacity in relation to making specific decisions. We saw the service displayed an easy read copy of the MCA which was within easy reach to people and their relatives.

The registered manager had made a DoLS application to the local authority to ensure staff upheld people's rights. This was approved and records showed staff supported the person in line with the DoLS authorisation. People were not unlawfully restricted of their liberty.

People chose what they wanted to eat or drink and enjoyed a healthy balanced diet provided at the service. One person told us, "There is always enough to eat. The [staff] come round every day to ask what you want to eat." Another person said, "I like the food, but if I don't like something they've got, then they always give me something else that I do like". Staff involved each person in planning their meals to ensure their nutritional needs were met and protect them from the risk of poor nutrition and dehydration. Records showed staff had sufficient information about people's nutritional needs and that they encouraged them to have a healthy lifestyle.

Staff knew what people enjoyed eating and drinking and ensured they provided people's preferences. For example, we saw a person make themselves a drink of their choice. People could eat their meals when and where they chose to. One person told us "I like to eat in the dining room with my [people]." We observed people having lunch. Staff spoke with people throughout the meal, offered help when it was needed and checked they were happy with their meal or whether they needed more to eat or drink.

People's health needs were met. Staff supported people with their day to day health needs. One person told us, "I ask and get my tablets if I am in pain." Staff understood people's health conditions and recognised when they were unwell and made a referral to the appropriate health care professional. One member of staff told us, "We are good at picking up little signs when [people] start to get poorly." A health professional told us, "Staff are proactive. They communicate well with us and raise any concerns in a timely manner." Records showed each person had a personalised health action plan which staff followed to ensure they met people's health needs.

People attended their appointments with health professionals such as GP, chiropodists, dentists and opticians to maintain their health. One person told us, "I had to have a blood test a few weeks ago." Staff worked closely with people's GPs and other healthcare professionals to ensure people received coordinated care.

People had regular health reviews to ensure staff knew how to support them to remain as healthy as possible. Records showed guidance received from healthcare professionals about people's specific health

needs was included in people's care plans. Staff told us they discussed in 'staff handover' meetings and communication logs the outcome of people's health appointments. The registered manager ensured staff followed professional's guidance and made sure staff supported people to attend any follow up visits.

Is the service caring?

Our findings

People told us staff were kind and caring. One person told us, "I am very happy living here. Staff are all kind, helpful people." Another person said, "The team is quite nice. They are always gentle with all of us." One relative told us, "Staff are polite and respectful towards people." During the inspection we observed staff were considerate and listened to people. For example, we heard a person ask a member of staff to support them to their room as they wanted to have a lie down. A member of staff responded to their request and immediately went to support them to walk to their room. Staff supported the person in a calm and relaxed manner and went at the person's pace.

The service kept people's information confidential and secure. Staff were aware of the importance of maintaining confidentiality. One member of staff told us, "We know the policy around data protection and confidentiality and would not have access to information such as people's bank details unless required." People's information was treated confidentially. Records were labelled, dated and stored securely and confidentially in allocated spaces. Staff told us they shared people's information appropriately with healthcare professionals involved in their care.

Staff involved people and their relatives, where appropriate, in planning and making decisions about their care and support. One person told us, "I have a say about my care. We talk about this with [staff]." Another person said, "I've talked about my past with the staff and things I like. They always ask because they want to know what I want." People said staff communicated well with them and had discussed their care plans including their likes, dislikes and background. People told us the service provided them with the information they needed regarding their care and support. Care records confirmed staff involved people to develop their care plans and agreed about how staff should support them.

Staff ensured they met people's diverse needs. Staff planned people's individual care and regularly reviewed their needs to ensure they understood the support they required. People told us staff supported them with their preferences and gave them time to answer questions. People told us staff respected their choice about what to wear, what to eat, when and where to go out of the service and how to spend their day. Each person had a care plan which reflected their preferences and information about their daily routines.

Staff knew the people they cared for well and were able to describe the support each person needed and how they preferred to be supported. For example, staff knew who liked to get up early and who liked to be left to have a lie in. The service had a person centred approach which enabled people to respond positively to their care and support. Staff told us they took into account people's individual needs and preferences when they supported them. Staff spent time with people and understood their communication needs. Staff made sure each person understood how and when they would be supported and followed communication guidance in place to ensure people were given the opportunity to make choices about how they spent their day.

People were supported to maintain relationships with their friends and relatives if they wished to do so. A relative told us they were made to feel welcome at the service. During the inspection people appeared to be

relaxed and well-cared for. We saw staff sat with people and had a comfortable conversation. There was a friendly interaction between people and staff responded positively and warmly to people. People told us staff called them by their preferred names. Staff supported people to be as independent as possible and encouraged them to do as much as possible for themselves. One person told us, "I go out as often as I want. I usually have lunch before coming back."

People told us they had the privacy they needed. Staff showed they understood how to treat people respectfully and how to protect their privacy. For example staff made sure doors were closed when giving personal care to people. One person told us they could rest in their room when they wanted to without being disturbed. People said, "Staff always knock on my door" and "Staff ask first before they do anything with me." We observed staff knocked on people's bedroom doors, announced themselves and waited before being invited to come in. Staff respected people's dignity. We observed staff were discreet in their conversations with people who were in communal areas of the service. Staff quietly offered support to people with day to day tasks and asked what assistance they would like.

Is the service responsive?

Our findings

People's needs were assessed and their care and support was delivered as planned. One person told us, "Staff ask and listen to what I have to say. They know my needs." Another person said, "I talk to staff about the help I need." People, their relatives and healthcare professionals were involved in identifying people's individual needs and how these should be met. Support plans in place had information about people's preferences and guidance to staff on how they wanted their care to be delivered. For example, care records contained information about people's specific needs such as the assistance to move and personal hygiene. Daily records showed people received consistent care that was appropriate to meet their individual needs.

People received care and support that was appropriate to their current level of need. Staff reviewed and updated people's support plans in response to their changing needs to ensure they provided them with appropriate care. The service involved people and their relatives in regular reviews of each person's care to ensure people's support plans reflected their needs accurately. Staff had updated people's care and support plans when their needs changed. People told us staff asked them what they wanted to do and supported them with their choices. For example, a person was supported to go out into the community. Staff understood changes in people's health conditions and knew how to respond appropriately to meet their needs. Staff provided support which was flexible and enabled people to follow their interests and took their preferences into account.

Each person had their timetable of activities they undertook which included a combination of individual and group activities. There were group activities, in which people could participate, if they chose to do so. Staff supported people to socialise with each other. People were encouraged and supported to maintain links with the community to ensure they were not socially isolated. For example, some people attended a day centre and accessed the local amenities. We observed people in the lounge enjoyed chatting, knitting and laughed and joked with staff. Group activities were planned with people in advance. People told us they used the garden in the summer months.

People and their relatives knew how to make a complaint if they needed to. The service had a policy and procedure in place for dealing with complaints which people had received when they started using the service. One person told us, "I would talk about my concerns if I had to." Another person said, "If I was worried about anything, I would talk to [the manager]." The service had not received any complaints in the last year. The service kept a record of compliments received which showed relatives and healthcare professionals were positive about the quality of care people received.

The registered manager encouraged people to express their views about the service and acted on their feedback. People, their relatives, staff and healthcare professionals completed an annual satisfaction questionnaire to provide feedback about the support people received at the service. The 2015 satisfaction survey results showed relatives and people's representatives felt the service was "home from home", "nothing I would change". Visitors and healthcare professionals said "Always made to feel welcome" and "[People] always appear happy and relaxed in the home" Staff commented they remained focussed in meeting people's needs despite reduction in funding for example day service provision for some people. The

registered had responded and followed up on concerns raised.

Is the service well-led?

Our findings

People and staff told us the registered manager was available and approachable. One person told us, "I can talk to the manager anytime." Other comments from people and their relatives were, "Good team", "Well run", "We think the service is wonderful" and "The manager is on the ball and takes note."

Staff said they enjoyed working at the service. They said there was a positive culture driven by the registered manager and provider. Staff told us they shared the provider's vision to encourage people to be as independent as possible according to their abilities.

The provider understood and met their responsibilities in relation to their registration with the Care Quality Commission (CQC). The service had a registered manager and had submitted notifications to CQC as required of any significant events that affected people or the service.

Staff told us the registered manager promoted teamwork and they used each other as a source of support. One member of staff told us, "Teamwork is good. We discuss any changes to people's health and well-being during staff 'handover' meetings. Communication is good between staff and management." Staff said the registered manager emphasised open and straightforward communication and offered choices to people and respected their wishes. The registered manager held regular meetings with staff to discuss issues concerning the service. Staff told us they were able to give their ideas on improving the service.

People were positive about their care and support. The service sought the views of people, their relatives and healthcare professionals about the service. The registered manager held regular 'resident's' meetings which enabled the manager to keep people up to date with what was going on in the service and gave them opportunity to express their views, voice any concerns or ask questions about the service. Staff held weekly meetings with people to plan their menu and plan for the shopping of food and drink.

The registered manager made monthly checks on the quality of the service people received and made necessary improvements where any shortfalls were identified. There were systems in place to review the quality of various aspects of the service such as cleanliness and maintenance of the building and equipment, people's care plans, recording keeping, equipment and views of people and staff. For example, the registered manager identified a wheelchair that required to be serviced. The registered manager took action to ensure the wheelchair was serviced in-house as the person required the wheelchair to move around. Records showed the registered manager had acted on concerns within an agreed timeframe. The registered manager audited any incidents and accidents to identify any trends or triggers to ensure staff took appropriate action to minimise the risk of a repeat and harm to people.

There was an effective quality assurance system in place which the service used to highlight any areas for improvement. The provider provided oversight on the audits carried by the registered manager to ensure people received a high standard of care. The registered manager carried audits which included risk management plans, staff training and supervision, care planning and reviews and recruitment records. The service had regularly reviewed these in line with changing legislation and good practice as advised by

healthcare professionals. The service had a robust financial management system in place to monitor and manage people's personal finances and their care funding arrangements.

The registered manager monitored incidents at the service and ensured staff learnt from events to prevent a recurrence. Staff recorded all incidents that happened at the service. The registered manager monitored and analysed all incidents to identify any trends to minimise the risk of avoidable harm to people.

The provider and the registered manager promoted continuous service improvements. The service worked in close partnership with external organisations and healthcare professionals to support people's care provision and developing of the service. For example, senior management team attended and subscribed to forums and professional body updates to keep up to date with current practice and legislation. This included attending provider forums held by commissioners of funding authorities. The registered manager told us this was an opportunity to learn in regard to good practice and innovative idea sharing. The provider had accreditation to recognised schemes such as the British Institute of Learning Disability to ensure staff had access to their training in managing challenging behaviour and physical interventions. This meant the service kept up to date with current practice to develop the service.