

Consensus Community Support Limited

Consensus Community Support Limited- East Hill Place

Inspection report

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Date of inspection visit:
04 January 2017
05 January 2017

Date of publication:
23 February 2017

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

This inspection was announced and took place on the 4 and 5 January 2017. At the last inspection on 27 and 28 July 2015 we found the provider had breached one regulation associated with the Health and Safety Act 2008 (Regulated Activities) Regulations 2014 (HSCA 2014). This breach related to Regulation 13 (Safeguarding service users from abuse and improper treatment). The provider had not always taken appropriate action to prevent people from the risk of financial abuse.

We told the provider they needed to take action and we received a report setting out the action they would take to meet the regulation. At this inspection we reviewed whether or not these actions had been taken and found the provider was now meeting the requirements of the HSCA 2014. We found improvements had been made regarding the management of risk relating to peoples finances and documentation was in place to support this work.

East Hill Place is a supported living service situated within a number of residential flats located on the outskirts of Liss Village Centre. The service provides care and support for up to seven younger adults with learning disabilities. People using the service also live with a number of complex emotional and behavioural needs including autism as well as other health needs such as epilepsy. East Hill Place is comprised of seven self-contained individual one or two bedroomed flats within the grounds of a residential home owned by the same provider.

A supported living service is where people are provided with personalised care and support in their own home which is situated within a purpose built residential area. At the time of the inspection the service was providing personal care and support to six people.

East Hill Place has a registered manager in post. 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 using the service told us they felt safe. Staff understood and followed guidance to enable them to recognise and address any safeguarding concerns about people.

People's safety was promoted because risks that may cause them harm in their own flats had been identified and guidance provided to staff on how to manage these appropriately. People were assisted by staff who encouraged them to remain independent. Appropriate risk assessments were in place to keep people safe.

Recruitment procedures were completed to ensure people were protected from the employment of unsuitable staff. New staff induction training was followed by a period of time working with experienced colleagues. This ensured staff had the skills and confidence required to support people safely. There were sufficient staff employed to ensure that people's individual needs were met.

Contingency plans were in place to ensure the safe delivery of care and support in the event of adverse situations such as large scale staff sickness or fire and floods. The registered manager was also able to deliver care if staff were ill and unable to work.

People were protected from unsafe administration of their medicines because staff were trained effectively. Staff had completed mandatory training to ensure they could prompt people to take their medicines where required. Where staff administered people's medicines this was carried out safely. Staff followed guidance to ensure people safely stored and disposed of medicines which were kept in their own flats or in the staff office when required. Staff skills in medicines administration were reviewed on a regular basis by an experienced and suitably trained member of staff to ensure they remained competent to continue.

People were supported by staff to make their own decisions. Staff were knowledgeable about the actions to take to ensure they met the requirements of the Mental Capacity Act (MCA) 2005. The registered manager identified they would work with health care professionals when required to assess people's capacity to make specific decisions for themselves. Staff sought people's consent before delivering their care and support.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to all care settings. The registered manager showed an understanding of what constituted a deprivation of person's liberty. An appropriate application had been submitted which was awaiting action by the commissioning body to ensure people were not being unlawfully restricted.

Where required people were supported to eat and drink enough to maintain a balanced diet. People were encouraged to participate in preparing their meals and to ensure they met their individual nutritional and hydration requirements. Staff followed guidance in people's support plans which identified their preferred meals and assisted people to make alternative options and choices when they expressed a wish to eat more healthily.

People's health needs were met as the staff and the registered manager had a detailed knowledge of the people they were supporting. Staff promptly engaged with healthcare agencies and professionals when required. This was to ensure people's identified health care needs were met and to maintain people's safety and welfare.

Staff had taken time to develop close relationships with the people they were supporting. Staff understood people's communication needs and used non-verbal communication methods where required to interact with people. These skills were practically demonstrated both by the registered manager and staff during their interactions with people.

People received personalised and respectful care and support from staff who understood their needs. Staff delivered care following guidance contained in people's support plans. Support plans contained detailed information to assist staff to provide care in a manner that respected each person's individual needs and wishes. People were encouraged and supported by staff to make choices about their care including how they spent their day within their flats or in the local community.

People and a relative told us they knew how to complain and told us they would do so if required. Procedures were in place for the registered manager to monitor, investigate and respond to complaints in an effective way. People, relatives and staff were encouraged to provide feedback on the quality of the service during regular support plan reviews. People were also asked to complete an annual quality assurance questionnaire to provide their views on the quality of the care and support provided.

People were supported to participate in activities to enable them to live meaningful lives and prevent them experiencing social isolation. A range of activities were promoted to people to enrich their daily lives which included visiting local nature park areas and supporting people with the aim of wishing to experience a foreign holiday. Staff were motivated to ensure that people were able to participate in a wide range of external activities and encouraged them to participate in external day trips they knew people would enjoy.

The provider's values included the right for people to be provided with choice and respect, supporting people to achieve great things in their lives and staff being honest and working with integrity. Whilst staff were not always able to discuss all the provider's values they demonstrated they knew how to deliver high quality care in a way which promoted people's dignity, respect and independence. People and a relative told us these standards were evidenced in the way that care was delivered.

People and a relative told us East Hill Place had a confident registered manager and staff told us they felt supported by them. The registered manager provided strong positive leadership and fulfilled their legal requirements by informing the Care Quality Commission (CQC) of notifiable incidents which occurred at the service. Notifiable incidents are those where significant events happened. This allowed the CQC to monitor that appropriate action was taken to keep people safe.

Quality assurance processes were in place to for the provider to routinely and regularly monitor the quality of the service being provided in order to drive continuous improvement.

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.

People were safeguarded from the risk of abuse. Staff were trained and understood how to protect people from abuse and knew how to report any concerns.

Risks to people had been identified, recorded and detailed guidance provided for staff to manage these safely for people.

People were supported by sufficient numbers of staff who had been subject to a robust recruitment procedure ensuring their suitability to deliver care.

Medicines were administered safely by staff whose competence was assessed by appropriately trained senior staff.

Is the service effective?

Good ●

The service was effective.

The provider ensured that staff had the relevant induction, on-going training and support to be able to proactively meet people's needs and wishes.

People were assisted by staff who demonstrated they offered choices in ways that could be understood and responded to by people. Staff evidenced that they understood how to support people effectively so their needs were met.

People were supported to eat and drink enough to maintain their nutritional and hydration needs.

Staff understood and recognised people's changing health needs and promptly sought healthcare advice and support for people whenever required.

Is the service caring?

Good ●

The service was caring.

Staff were patient and caring in their approach with people

supporting them in a kind and sensitive manner. Staff had developed relaxed, companionable and friendly relationships with people.

Where possible people were involved in creating and reviewing their own personal support plans to ensure they met their individual needs and preferences. Social care professionals views were sought to support people with their decision making processes when they were not always able to do so independently.

People received care which was respectful of their right to privacy and maintained their dignity at all times. People receiving two to one and one to one support were cared for by staff who understood and evidenced the need for people's independence.

Is the service responsive?

Good ●

The service was responsive.

People received care that was based on their needs and preferences. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to. The service responded quickly to people's changing needs or wishes.

People were assisted by staff who actively encouraged people to participate in activities to allow them to lead full, active and meaningful lives.

People's views and opinions were sought and listened to. Appropriate communication methods were used to ensure people could express their wishes and these views were respected. Processes were in place to ensure complaints were documented, investigated and responded to appropriately.

Is the service well-led?

Good ●

The service was well led.

The registered manager promoted a culture which was based on the provider's values of promoting people's independence. Staff demonstrated these values during their working practices.

The registered manager provided strong leadership fulfilling the legal requirements of their role. Staff were aware of their role and felt supported by the registered manager. Staff told us they were able to raise concerns and felt the registered manager provided good leadership.

The registered manager and provider sought feedback from people and their relatives and acted upon this. The provider regularly monitored the quality of the service provided in order to drive continuous improvement

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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 was planned to check 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.

This inspection took place on the 4 and 5 January 2017 and was announced. The provider was given 48 hours' notice because we needed to be sure that people and staff would be available to be spoken with. The inspection was completed by two adult social care inspectors and an Expert by Experience (ExE).

An Expert by Experience is a person who has personal experience of using or caring for someone who use this type of care service; on this occasion they had experience of caring for young people who used mental health and care services. They also had qualifications in special educational needs. The Expert by Experience spoke with people using the service, observed a mealtime, the administration of medicine and interactions between staff and people living at East Hill Place.

Before our inspection we looked at the previous inspection report and notifications received by the Care Quality Commission. A notification is information about important events which the service is required to send us by law. The provider also completed a Provider Information Return (PIR) before the inspection. A PIR 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 checked this information as part of our inspection.

During the inspection we visited five people in their flats, spoke with the registered manager, four members of staff and one member of agency staff. We reviewed four people's support plans, their medicines

administration records (MARS) and three of the same people's daily care records. We reviewed five staff recruitment files, the induction process for new staff, training and supervision records and quality assurance audits. We also looked at the provider's policies and procedures, staff rota for the 5 December 2016 to 5th January 2017, 25 accident and incident records, the provider's business continuity plan and complaints records and a written compliment. During the inspection we spent time observing staff interactions with people.

Following the inspection we spoke with a relative.

Is the service safe?

Our findings

All the people we spoke with told us they felt safe with the staff who provided their support, one person told us, "I feel safe here. I know, because I am very happy here". Another person told us, "I am here all the time. I feel safe all the time". A relative we spoke with also said they felt their family member was kept safe.

At our previous comprehensive inspection on 27 and 28 July 2015 we found the provider had failed to effectively operate systems and processes to protect people from the risk of financial abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan and told us what steps they would take to meet this regulation. At this inspection we found improvements had been made in this area and this regulation had been met.

The provider had reviewed their management, auditing and risk assessment processes regarding people's finances. Records showed people had specific support plans in place regarding their finances which detailed the level of support people required in order to safely manage their money. These support plans provided guidance for staff on how to assist people to remain safe and minimise the risk of suffering financial abuse. For example, it was identified one person did not always understand the concept of money so support staff sat with them and helped them budget what they needed each week. This included identifying and setting aside money for their food, to pay their bills and for any activities they wished to participate in.

Documentation was in place which detailed people's spending to ensure this remained within their budget for the week. Financial passports were in place which documented people's income and outgoings which enabled staff and people to work together to set realistic budgets. When it was felt that people did not have the capacity to manage any aspects of their finances independently appropriate external support was sought to ensure people's finances were managed safely. Action had been taken and records showed the provider was now meeting the requirements of the regulations.

Staff were able to demonstrate their awareness of what actions and behaviours would constitute abuse and provided examples of the types of abuse people could experience. Staff were knowledgeable about their responsibilities when reporting safeguarding concerns and which agencies they would be required to report this information too such as the local authority and the Care Quality Commission. A safeguarding alert is a concern, suspicion or allegation of potential abuse or harm or neglect which is raised by anybody working with people in a social care setting. The provider's safeguarding policy provided information about preventing abuse, recognising signs of abuse and how to report concerns. Staff received training in safeguarding vulnerable adults and were required to update this on an annual basis. People were protected from the risks of abuse because staff understood the signs of abuse and the actions they should take if they identified these.

Risks to people's health and wellbeing had been identified and guidance provided to mitigate the risk of harm to them and other people. All people's support plans included their assessed areas of risk and provided guidelines for staff on the support people required to remain safe. These included risks and information associated with people's behaviours which may challenge staff and others.

Risk assessments included information about action to be taken by staff to minimise the possibility of harm occurring to people. For example some people living at the service could place themselves at risk of injury to themselves and others whilst travelling to and from events and locations in the local community. Another person was at risk of inappropriately accessing their medication which placed them at risk of harm by taking medication in a way it had not been prescribed. Information in people's support plans provided guidance for staff about how to assist people to minimise the risk of them experiencing an adverse incident whilst still ensuring people's independence was promoted wherever possible. One member of staff told us, "Some of the tenants come and go as they want. Others need our support if they are going to be safe in the community. But we're aware that we shouldn't be restricting people unnecessarily". We observed staff assisting people in a manner which ensured their safety. Records showed people had received the appropriate treatment in accordance with their risk management plans.

Accidents and incidents were documented thoroughly and included actions taken to prevent reoccurrences. The provider used Accident, Behaviour and Consequences (ABC) forms to record this information. These contained detailed information about how the incident occurred, details of witnesses, actions taken by staff and any health or social care referrals made as a result. These were regularly audited by the registered manager to try and identify trends which would allow preventative actions to be taken to minimise the possibility of future incidents. One form documented a person had exhibited behaviour which involved threatening staff. Appropriate action was taken which included notifying the Police, local safeguarding team and the CQC. An ABC form was completed and documented that the person involved was referred to the providers Positive Behaviour Team. Actions were then taken to ensure this person did not place themselves and staff at potential of future risk. Accidents and incidents were documented fully, reviewed and where possible appropriate action taken to minimise the risk of a similar incident occurring again.

Some people living at East Hill Place could exhibit certain behaviours which could challenge others. Appropriate guidance was provided to staff regarding the actions required to manage these incidents to ensure the person and other people living at the service were kept safe. This information provided clear information for staff of potential triggers which could lead to such behaviours being displayed. It also included detailed signs and changes in people's vocal projections and body posture changes which could indicate a person was becoming distressed. This guidance enabled staff to recognise when people were becoming distressed and allowed them to take early intervening action. This was important to ensure the behaviours did not escalate which could place the person at risk of harm to themselves or others. When people began displaying behaviour during the inspection which could have escalated leading to harm being caused we saw staff were aware of the risks and took appropriate action and followed the guidance provided for people's safety.

Recruitment procedures were followed to check people were supported by staff with appropriate experience and were of suitable character. Staff had undergone detailed recruitment checks as part of their application and these checks were documented. These records included evidence of good conduct from previous employers. Recruitment checks also included a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services. People living at East Hill Place were also involved in the interview process for potential new members of staff. This was to ensure people were given the opportunity to provide feedback regarding the people who were going to be supporting them in their own flats. People were kept safe as they were supported by staff who had been assessed as suitable for the role.

During the inspection some staff raised concerns there had not always sufficient numbers of staff during the Christmas period. Records showed that sufficient numbers of staff had been scheduled to be available on Christmas Day however due to last minute and unavoidable instances two members of staff had been

unable to work. As a result the registered manager had attended the service to ensure people received the care they required at the time they needed it. This had not resulted in a negative impact for anybody living at East Hill Place. One person told us, "There is plenty of staff looking after me".

The registered manager explained that where shortfalls in staffing were identified, existing staff worked additional hours to provide cover. In the event they were unable to do so the registered manager sought the assistance of agency staff. The registered manager tried to ensure the same staff were used so people received their care and support from known and recognised staff. The registered manager was also available to provide personal care to support people and staff. The registered manager was already aware of the need for the recruitment of more permanent staff to negate the use of agency staff. The provider had organised a number of interviews for senior staff to commence immediately following the inspection.

People received their medicines safely as arrangements were in place to ensure they were safely stored in people's flats or staff office, administered and disposed of when necessary. Only one person we spoke with was able to manage their medicines independently with minimal prompting from staff. We saw staff always made sure that they had taken their medication as required. When people were unable to manage their own medicines they received the additional support they required. Staff supported people to be able to take their own medicine and staff ensured that this was done correctly and documented accordingly. People's support plans contained a medicines risk assessment which identified the level of support people required in order to safely manage their medicines.

Staff received training in medicines management and records showed that, when required, medicine administration records (MARs) were correctly completed to identify that the right medicine was given at the right time by the right route. Staff also double checked stock levels and administration processes each time medicine was given and two members of staff signed people's MARS to minimise the risk of errors occurring. Staff were subject to on-going competency assessments to ensure medicines were dealt with and administered safely. When errors had occurred during medicine administration we saw these had been documented appropriately with details of the error and what action had been taken to ensure the risk of a repeat incident was minimised. We saw this included completing additional competency checks with staff to ensure their ability to manage medicines remained consistent.

For people receiving time critical medicines such as those to be administered for people experiencing an epileptic seizure, specific guidance had been created to allow staff to easily recognise when, how, and the quantity of medicine which should be administered. Staff recognised and understood this guidance and people were provided with medicines appropriately to meet their needs. People were supported to receive their medicines by staff who had received the appropriate, training, guidance and support in order to be able to safely manage medicines.

Is the service effective?

Our findings

The people we spoke with were positive about the staffs' ability to meet their care needs. People said that they felt staff were well trained and looked after them very well which was confirmed by the relative we spoke with.

People were assisted by staff who received a thorough and effective induction into their role. Staff induction included a period of shadowing to ensure they were competent and confident before supporting people. Shadowing is where new staff are partnered with an experienced member of staff as they perform their job. This allows new staff to see what is expected of them. Staff were able to request additional staff shadowing until they were confident to perform their role effectively. One member of staff told us about the induction, "There was no problem at all really (with induction), I never felt alone or unsure". The induction process completed by staff followed the Care Certificate induction standards. These are nationally recognised standards of care which care staff need to meet before they can safely work unsupervised within the first 12 weeks of their employment. This induction covered a number of areas including staff understanding their new role, working with people in a person centred way, communication, awareness of mental health, dementia and learning disabilities and basic life support.

Alongside this training new staff completed the provider's own training which included subject areas specific to the needs of those living at East Hill Place. These training subjects included an introduction to financial abuse, autistic spectrum conditions, epilepsy and conflict management. The registered manager had also identified the need for additional training to be made available to staff in areas such as sexuality and relationships and self-injurious behaviour which was in the process of being arranged with the provider. Staff told us they felt sufficient training was provided in order for them to complete their role fully. One member of staff told us, "(training) It's good...I'd say it helps us help the tenants" another member of staff said, "There's always training to be had. It's aimed at the issues affecting our tenants too".

The relative we spoke with had been invited to attend a staff training session so they could experience the guidance and advice which was provided to staff regarding aspects of their family members care. They were also able to offer their feedback and experience to ensure the care and support offered was right for their family member. This relative had written to the home to express their thanks at being involved in this process, they wrote, 'I was very pleased to be invited to the two training sessions at East Hill Place'. Being present during the training had also enabled staff to speak to the relative and obtain a detailed insight into the individual and specific needs of the person they supported. As a result of this involvement this relative told us there had been a positive impact on their family members behaviour as they were able to communicate their needs with staff more clearly. People were supported by staff who received the training they required in order to meet their individual and specific needs.

People were assisted by staff who received guidance and support in their role. There were documented processes in place to supervise and appraise all staff to ensure they were meeting the requirements of their role. Supervisions and appraisals are processes which offer support, assurance and learning to help staff develop in their role. The registered manager said that supervisions were planned every eight weeks which

was in line with the provider's policy of six supervisions a year. All staff we spoke with said they could and were happy to seek additional guidance and support from the registered manager at any time and felt it offered them the opportunity to discuss any concerns they had. One member of staff told us, "Yes, (supervision) it's every month and it's a good chance for me to say what's on my mind". Another member of staff confirmed this by saying "Yes, it's very open and honest (supervisions) I can say anything really". This process was in place so that staff received regular and consistent support to enable them to conduct their role confidentially and effectively.

The Mental Capacity Act (MCA) 2005 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. Staff were able to discuss the principles of the MCA and how they used this in their everyday interactions with people when supporting them.

Records showed that when people had been assessed as lacking capacity to make specific decisions about their care, the provider had complied with the requirements of the MCA. The registered manager had sought appropriate external health and social care advice to support people with their decision making. This action was taken to ensure that people's capacity to make specific decisions regarding their care were appropriately discussed, documented and acted upon. The registered manager had ensured decision making processes included people and family members and were documented to ensure that any actions taken on people's behalf had been discussed and agreed as appropriate and necessary.

For example, people living at East Hill Place were not always able to manage their own finances. In this instance the service was responsible for seeking assistance to ensure people's finances were managed on their behalf. When people required money staff would assist them to take out the money they would need from their bank accounts. The registered manager and senior staff would then review and retain all receipts to ensure people were not being subjected to financial abuse. The service demonstrated they had taken the required action to ensure people's capacity had been assessed in relation to certain aspects of their care and support. For example, whether or not people could manage their finances and whether people were able to understand their responsibility as a tenant at the service. Best interest decisions had been completed to ensure that the home was demonstrably operating in people's best interests and significant persons in people's care had been involved in those decisions.

The registered manager promoted the use of advocates and Independent Mental Capacity Advocates (IMCAs) for people who were unable to make key decisions in their life. Access to IMCAs are a legal right for people over 16 who lack mental capacity and who do not have an appropriate family member or friend to represent their views in relation to major healthcare decisions or decisions about where to live. This ensured any large decisions were made in a person's best interests.

People were supported to have sufficient to eat and drink to maintain their nutrition and hydration needs. Support plans documented people's preferences for food and drink with a weekly menu in place however people were able to change their mind and were involved in the process of sourcing and preparing their meals. One member of staff told us, "When they (people) want to eat a certain meal, we take them out shopping for the ingredients". We saw a person had their preferred drinks available to them to enable them to remain hydrated. People were offered choices when planning and preparing their meals and staff encouraged people to seek alternative healthy options wherever possible. People who had expressed concerns regarding an increase in their weight were offered alternative food and drink items to ensure they were able to self-manage any weight related concerns. People were supported by staff with their meal

planning, purchasing and preparation and ensured they were offered a wide range of food including nutritionally balanced meals. Staff supported people to aim for, achieve and maintain a healthy, balanced diet.

People were supported to maintain good health and could seek staff to assist them in accessing health care services when needed. Records showed that when required additional healthcare support for people was requested by staff. Psychological reviews were also sought when required due to an increase or change in people's behaviours. When issues or concerns had been raised about people's health, immediate suitable healthcare professional advice was sought, documented and communicated to staff. This enabled health plans to be followed and for people to receive the care they required to maintain good health.

Specific and clear guidance was provided to support staff on how to support people living with certain conditions, such as epilepsy. Support plans provided guidance for staff on the actions to take in order to maintain people's health and wellbeing. For those living with epilepsy clear guidance was provided to staff on how to manage their health condition effectively. Staff knew the actions to take and records showed appropriate action had been taken when health related incidents had occurred. People were supported by staff who knew how to manage specific health care conditions and ensured people received regular healthcare professional support to ensure their on-going health and well-being.

Is the service caring?

Our findings

People we spoke with told us they liked the staff who delivered their care and we could see that they experienced friendly and companionable relationships with them. People and a relative told us that support was delivered by caring staff. One person told us, "the carers are very kind at East Hill...we (people) are number one", another person said "All the carers are kind. They speak to me nicely." A relative told us, "Yes, yes (staff are caring) I can safely say everybody loves (family member)".

Staff were knowledgeable about people, their preferences, specific behaviours and their support needs. They were able to tell us about people's favourite activities and their personal care needs. All staff in the service took time to engage and listen to people. Conversations witnessed were friendly, relaxed and mutually engaging. People were treated with dignity as staff spoke to and communicated with them at a pace which was appropriate to their level and needs. People told us staff were always willing to discuss things with them, one person told us, "We sit down and they work things out with me". Staff allowed people time to process what was being discussed and gave them time to respond appropriately to ensure people were engaged, one person told us, "Every day they (staff) listen carefully".

Some people living at East Hill Place required one to one care or two to one support whilst living in the service and whilst being supported in the community. This meant their support and care needs were such that they were a risk to themselves and others if they were not accompanied by suitable numbers of staff. We observed this support was provided in a non-intrusive and respectful way. People were allowed to move freely around their flats and local community and were not restricted by the staff who supported them.

Staff spoke fondly of the people they supported and had allowed personal but professional relationships to develop. The development of these relationships had been assisted by people's support plans which had been written in a person centred way. Person centred is a way of ensuring that care is focused on the needs and wishes of the individual. Support plans were written in a way which showed affection for the people they were discussing. They contained personal information people wanted staff to know about them as individuals' describing both their care and support needs but also their positive personality traits they wanted staff to acknowledge. These allowed staff to have a greater understanding of people's needs and the care they required.

Support plans also detailed people's non-verbal communication methods which they would use. Staff used alternative methods of communication to ensure people were able to express their needs. One person used the Picture Exchange Communication System (PECS) to support their interactions with staff. PECS is system which uses pictures as a way of developing communication and social skills with people who live with a range of learning, speech and communicating difficulties. We saw guidance was provided to staff on how to use this effectively when this person was unwilling to verbally communicate fully. People received care from staff who knew them as individuals, were caring in their approach and made sure their health and wellbeing needs were met at each support visit.

People who were distressed or upset were supported by staff who could recognise and respond

appropriately to their needs. Staff knew how to comfort people who were in distress and support plans offered guidance for staff on what actions to take when people became distressed. One person's support plan stated that they could experience periods of frustration which could lead to them becoming upset. Their support plan described the personalised action staff should take to best support them during this time. People's emotional needs were met by staff who were able to identify when additional support was required to ensure their wellbeing.

People were supported to express their views and to be involved in making decisions about their care and support. This included enabling people to have choices about what they would like to eat or wear or how they would like to spend their day.

People were treated with respect and had their privacy and dignity maintained at all times. Staff were able to evidence how they would ensure that people had their needs met whilst maintaining a person's privacy and dignity. People told us that staff were respectful and supported them with personal care in a respectful way. This included not leaving people exposed whilst assisting them with their bathing routine and respecting a person's choice if they did not wish to receive care during their visit. One person told us "Staff are always respectful, at night time too" and another person said "They close the door of the bathroom when I wash". Staff were kind, compassionate and respectful of people's need for dignity and respect during all aspects of care delivery.

Is the service responsive?

Our findings

People were supported to express their views and to be involved in making decisions about their care and support. Records showed people were regularly asked by their assigned member of staff known as a keyworker if the care they were receiving was meeting their needs or if changes were required. When changes to people's care were required staff ensured their support plans were updated to reflect this change in need. Changes were then made clear to staff during handovers, and written in the communication book and people's daily notes.

People received consistent personalised care and support. People's care and support they required was set out in a written plan that described what staff needed to do to make sure that personalised care was provided. When initially planning care the support plans took into account people's history as well as the activities that were important to them. Records showed relatives and social care professionals such as social workers were involved in the creation of these support plans to ensure all the person's needs, wishes and wants were taken into consideration.

People were supported by staff to express their views and formally discuss their care. Support plans were reviewed at least every six months and a formal annual review was held with family and appropriate health and social care professionals involved in people's care and support. Risk assessments were updated monthly to ensure they remained current and provided the most up to date guidance available. These reviews also took place if there was a change in a person's personal circumstances such as a health difficulty or change in their support needs. For example, it had been identified that one person was continuing to gain weight which was at risk of affecting their health and wellbeing. Discussions were held with staff and recommendations were made on how to manage this person's appetite and behaviour around food. Staff were aware of the changes in this person's needs and it was clearly documented for all staff what actions were required to support this person appropriately to meet their changing needs.

The registered manager and staff were keen to fulfil people's lives by seeking ways to allow people to experience different social and leisure opportunities. All the people at the service were supported to take part in activities in the local community and attend social groups to prevent them from experiencing social isolation. People living at East Hill Place were encouraged to participate in a range of daily activities of their choosing. However when people specified they wanted to remain in their own flats this was also respected. Staff also sought work and education placement and opportunities for people in subjects which they enjoyed to ensure their on-going social needs and mental stimulation needs were met.

We saw people were encouraged to participate in gardening, visiting local zoos, going to the coast, shopping, visiting local pubs and discos, taking public transport to London and experiencing ferry rides on the South Coast. People told us that staff would assist them if they wanted to visit a new attraction or take part in a social activity, one person told us, 'When I want to go somewhere, I see the manager'. One person completed voluntary work at a local park which they enjoyed. Staff also sought educational opportunities for people should they wish to expand their knowledge. One person had expressed their goal of working with children however they were unsure if their sleeping routine would enable them to be up in time to

attend school for work experience. As a result staff were seeking alternative opportunities which would allow this person to gain this experience within their daily routine. Another person living at the service showed a detailed interest in computers. Staff recognised this interest and steps were being taken to enrol them on a computer training course which would provide them with mental stimulation and potential qualifications in an area they enjoyed.

People and relatives were encouraged to give their views and raise any concerns or complaints. The provider's complaints policy provided information for people, relatives and staff about how a complaint could be made, the timescales for any response and how to complain to the Care Quality Commission and the Local Government Ombudsman (LGO). The LGO is the final stage for complaints about social care provides. It is a free and independent service that ensures that a fair approach is taken to complaints made. To support this easy to read information with pictures explaining how people could raise concerns were provided in people's rooms.

People told us they were confident they could speak to the registered manager to address any concerns if they wished. A relative told us, "If there are any issues we can ask for a meeting, it's all very accessible". Systems were in place so if complaints were received they could be documented, raised to the registered manager, investigated and a suitable response provided. A number of formal complaints had been made since the last inspection which were in the process of being investigated at the time of this inspection. One person told us they had previously raised a complaint which had been acted upon. This had involved speaking with both the registered manager at the time and head office however it had been resolved satisfactorily. One person told us, "Normally, I speak about a problem and talk about it calmly, they (staff) solve the problem".

Is the service well-led?

Our findings

The registered manager promoted a service which was open and supportive to both people and staff working at East Hill Place. They sought and encouraged feedback from people using the service, relatives, staff and health and social care professionals to identify ways to improve the quality of the service provided.

People knew who the registered manager was and were confident in their ability to manage the service effectively. One person said about the registered manager, "I have a chat with the manager every day. He is brilliant. We've had different managers. (The current registered manager) is the best", another person told us, "I go to (the registered manager) some days and talk to him. He seems to be doing a good job of things". A relative told us of the registered manager "the current manager has been absolutely brilliant and can't fault him in any way". A relative also spoke positively about the quality of the support provided. One relative wrote to the home, 'I would like to thank you and your team at East Hill for the excellent work they are doing with (family member)...I was even more pleased to witness the strong support that (family member) receives from the whole team. Please pass on my heartfelt thanks to a great team'.

The registered manager wished to promote a culture which was focused on being 'Stronger Together'. This meant all people living at the service were provided with care which came from a whole team approach. This included not only staff working at the service but the provider's other support teams such as the Positive Behaviour Team who could provide advice and guidance on supporting people with behaviours which could challenge. This culture also placed an emphasis on people being supported to achieve and maintain their independence. We saw this was supported by a friendly and family atmosphere provided by staff enabling people to have the confidence to make choices and decisions about the care and support they required. One relative described the culture they experienced at East Hill Place, "It's a very working atmosphere, everyone (staff) knows what they need to do, I enjoy the humour which is there... (family member) loves her staff and she has a family around her so that's very positive".

The registered manager told us they were always available to be spoken to by staff, people and relatives. This availability and openness to staff and people was evident during the inspection. On a number of occasions people attended the registered manager's office and were quite happy to chat and share their thoughts and upcoming events. It was clear this was a comfortable and regular situation between people and the registered manager which gave people confidence in the registered manager's ability to conduct their role. One person told us, "I go to the office to speak to the manager. I think he does a good job."

The registered manager was available to staff to offer guidance and support whenever they were required. Staff felt there was a culture of openness amongst the staff team and the registered manager who worked together to find solutions to any concerns or queries. One member of staff told us, "We try to sort out issues amongst ourselves if we can. We're a good team. If we need to get the manager involved, we will. They're very good and will always listen". Staff felt supported in their role by the registered manager.

The provider had a set of written values for the service which stated the values of care which were to guide staff to deliver the best care for the individuals they supported. These were encompassed under the title of

'Sharing, opportunity, choice and success' and included aims such as 'Choice and Respect ; allowing people to express choices about their lives and staff's aim to ensure they will do all they can to make these real'. They also included 'Ambition and Imagination; staff believing people can do amazing things and working creatively to support this'. Whilst staff were not always able to discuss the provider's visions and values of the service they were able to describe their role was to keep people safe, allow them to make their decisions about their lives and helping people to realise their full potential.

We saw the provider's values being promoted at every opportunity. Staff took action when people wished to explore other opportunities to enrich their lives which they had not been in a position to experience before. For example, one person had expressed a wish to go on a foreign holiday; this was discussed with staff who took action to ensure this opportunity could be provided. This embodied the provider's values of choice, respect and ambition and imagination. Staff displayed these values when delivering people's care and people were happy with the quality of the service provided.

Staff were clear about what was expected of them and their roles and responsibilities. The provider had a range of policies and procedures in place which issued guidance to staff about how to carry out their role safely and effectively. Staff knew where to access the information they needed to enable them to deal with new situations and could seek advice and guidance from other staff and the registered manager.

Services which provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. We use this information to monitor the service and ensure they responded appropriately to keep people safe. The registered manager had ensured notifications about significant events had been reported to the CQC in an appropriate and timely manner in line with CQC guidance. These are required for the CQC to monitor incidents as they occur and to identify and confirm that appropriate action had been, and would, be taken in the future in order to keep people safe and minimise the risk of a reoccurrence of the original incident.

The registered manager sought feedback from people, relatives, staff and external health and social care professionals to identify how the service they received could be improved. This was done by a variety of methods which included participation in support plan reviews and open and honest discussions. People were also asked to complete an annual quality customer satisfaction surveys. The last annual quality questionnaire surveys had been sent in March 2016 however none of the questionnaires had been returned as completed. Immediately following the inspection the questionnaires were to be given to people again to ensure they had every opportunity to provide their feedback on the quality of the service provided. This questionnaire was titled, 'What I Think' and was provided in an easy read format for people to be able to understand and respond with their views. The questionnaire asked for feedback in key areas such as people's satisfaction regarding their ability to say what they wanted for their future, if staff spoke to and treated them with respect and dignity and whether they were happy with the quality of the support provided.

There was a robust system in place to monitor the quality of the service people received through the use of regular provider and registered manager audits. The registered manager conducted a number of audits on a monthly basis which included; medicine audits to ensure people were receiving their medicines as required and relevant documentation was being completed fully, assisting people with reviewing the quality and decoration of their flats to see if additional support was required to maintain a clean and tidy living environment and reviewing people's support plans to ensure they were person centred and contained the most relevant and up to date guidance needed by staff. Regular quality checks were also completed on key areas such as the environment, support plans and activities available to people by the provider's Head of Strategy and Operations.

Action plans were completed following these audits which detailed any actions needed, prioritised timescales for any work to be completed and identified who was responsible for taking the appropriate action. For example, an audit completed in November 2016 by the provider's Head of Strategy and Operations stated that dental and hospital passports needed to be completed for all people living at East Hill Place. We could see action had been taken and these were in place by the time of the inspection. A quality audit completed by the registered manager in December 2016 identified that staff were working additional hours to cover shortfalls in working rotas. An action was identified that the registered manager was to recruit five additional staff. At the time of the inspection these recruitment interviews had already been arranged. Audits were welcomed by provider and registered manager and seen as a way of ensuring a quality service was provided to people living at East Hill Place.