

# East View Housing Management Limited

## East View Housing Management Limited - 25 Alexandra Road

### Inspection report

25 Alexandra Road  
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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?	Requires Improvement ●

# Summary of findings

## Overall summary

East View Housing Management Limited - 25 Alexandra Road is a care home providing social and residential care for up to three adults with learning disabilities. On the day of our inspection there were three people living in the home. People had varied needs including learning disabilities and challenges to their mental health. The provider operates a number of care homes locally and is also a national provider of care. At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

There was 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.

At our last inspection we found some improvement was needed in relation to the monitoring and completion of maintenance within the home. At this inspection improvements had been made in this area, all maintenance had been recorded and addressed promptly. New audits had been introduced to monitor the effectiveness of the systems that had been introduced to address this area. Despite these improvements we identified minor areas of record keeping that needed to improve to document more clearly the running of the home. Whilst staff received training in fire safety, there was no system to test that staff knew how to respond in the event of a fire.

There were good recruitment procedures and enough staff to meet people's individual needs and wishes. Staff knew how to safeguard people from abuse and what they should do if they thought someone was at risk. Risks to individuals were well managed and people were able to stay safe without having their freedoms restricted. People's independence was well promoted. Incidents and accidents were well managed. People's medicines were managed safely.

People's needs were effectively met because staff had the training and skills they needed to do so. Staff were supported well with induction, training, supervision and appraisal. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible.

People had enough to eat and drink and had been involved in menu planning and where they chose the preparation of their food. Everyone was supported to maintain good physical and mental health. Appropriate referrals were made to health care professionals when needed.

People were treated with dignity and respect by kind and caring staff. Staff had a good understanding of the care and support needs of people and had developed positive relationships with people. People told us they were happy with the support they received and with their day to day activities. They told us they knew who to talk to if they had any concerns or worries. There was a friendly and relaxed atmosphere in the home.

There was good leadership in the home and the registered manager had an open door policy which staff

valued. The organisation had effective systems to monitor and review the quality of the care provided.

Further information is in the detailed findings below.

## 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 remains Good.

People's medicines were stored, administered and disposed of safely.

There were risk assessments in place and staff had a good understanding of the risks associated with the people they supported.

Staff understood the procedures to safeguard people from abuse.

There were enough staff who had been safely recruited to meet people's needs.

### Is the service effective?

Good ●

The service remains Good.

There was training and supervision to ensure staff maintained and developed their knowledge and skills.

The manager and staff had a good understanding of mental Capacity assessments (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were given choice about what they wanted to eat and drink and received food they enjoyed.

People were supported to have access to healthcare services and maintain good health.

### Is the service caring?

Good ●

The service remains Good.

People were treated with respect and dignity.

Staff knew people well and treated them with kindness and warmth.

Staff talked to people in a way they could understand.

### **Is the service responsive?**

The service remains Good.

People received support that was responsive to their needs because staff knew them well.

People had opportunities to take part in activities of their choice.

People's support plans contained guidance to ensure staff knew how to support them.

**Good** ●

### **Is the service well-led?**

The service remains requires improvement.

Record keeping did not always clearly demonstrate the running of the service.

There were effective systems to monitor the quality of the care provided.

Statutory notifications were submitted to the Care Quality Commission when appropriate.

**Requires Improvement** ●

# East View Housing Management Limited - 25 Alexandra Road

## **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 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 comprehensive inspection took place on 28 July 2017 and was announced. The provider was called the day before our inspection to let them know we were coming. We did this as the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in. When planning the inspection we took account of the size of the service and that some people at the home could find visitors unsettling. As a result, this inspection was carried out by one inspector.

Before the inspection we reviewed information we held about the home. This included notifications of events that had affected the service such as any safeguarding investigations. We received feedback from a visiting health professional.

Two of the three people living at 25 Alexandra Road chose to tell us about their experience of life there. We also met with the registered manager and one staff member.

We reviewed two people's care plans and risk assessments, recruitment records for one staff member, quality monitoring audits and other records relating to the management of the home.

# Is the service safe?

## Our findings

People told us they felt safe living at 25 Alexandra Road. One person said, "I feel safe because there are people around me and the door is locked at night." Another said, "We all get on well together." Appropriate checks for the recruitment of staff were carried out and ensured as far as possible, only suitable people were employed. There were enough staff to keep people safe and meet their needs.

Staff had an understanding of different types of abuse and told us what actions they would take if they believed people were at risk. Staff had received training in safeguarding and were able to tell us that if an incident occurred they reported it to the management team who were responsible for referring the matter to the local safeguarding authority.

Risks to individuals were well managed. Where risks were identified there were appropriate risk assessments and risk management plans. This helped people to stay safe while their independence was promoted as much as possible. Incidents and accidents were reported appropriately and in a timely manner and investigated.

People's medicines were managed so they received them safely. Medicines administration records (MAR) showed people received their medicines as prescribed. Staff had received training in the management of medicines. Some people took medicines on an 'as and when required' basis (PRN) for pain relief. There was a safe procedure for storing, handling and disposing of medicines.

People lived in a safe environment because the home continued to have good systems to carry out regular health and safety checks. All of the relevant safety checks had been completed, such as gas, electrical appliance safety and monitoring of water temperatures. There were robust procedures to make sure that fire safety checks were carried out and to carry out regular fire drills to ensure people knew how to respond in the event of a fire.

## Is the service effective?

### Our findings

People told us that they liked the food served in the home. They received support from staff that knew them well. They were supported to attend a range of healthcare appointments to meet their individual needs such as GPs and dentists. If a person had received specialist health care support for example, from a psychologist then advice received was included within their care plan documentation.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. There was information within care plans about how each person communicated their needs and wishes and staff were able to describe how each person made their needs known. Staff knew if people were unable to make complex decisions for example, about medical treatment, a relative or advocate would be asked to support them and a best interests meeting held to ensure all proposed treatments were in their best interests. People who lack mental capacity can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes 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 and there was appropriate documentation. The registered manager had assessed that people were not deprived of their liberties.

People had enough to eat and drink. Menus were varied, nutritious and well balanced. People took it in turn to choose two meals each week and there was always a roast dinner on Sundays. If people did not want the meal choice an alternative was provided. One person chose to have a limited diet. This had been discussed with professionals and although the diet appeared limited, success had been achieved in slowly expanding the variety of meals they tried and ate. People's likes and dislikes were clearly recorded in their care plans. One person's care plan demonstrated the person had attended and passed a food safety course but they preferred not to cook as their life was so busy. This person confirmed this with us but said they made their own drinks and lunches.

Staff continued to receive annual training in a variety of subjects including safeguarding, first aid, infection control and food hygiene. Records for a staff member confirmed that specialist training had also been provided in understanding learning disabilities, effective communication, positive risk taking and dysphagia (caring for eating, drinking and swallowing). A staff member told us that recent training on dealing with behaviours that challenge had been very helpful and reaffirmed the approach they used to diffuse situations. They said for one person it was easier to use humour when they were agitated and this worked, but equally they recognised for another person this could be an inappropriate technique.

Staff attended supervision meetings regularly and told us they felt well supported in their role. A staff member told us the registered manager was, "Fair, she will pick up on things but it's always done constructively." They also told us, "I respect her as a manager. There is an open door policy here, we can chat informally and don't need to wait for the next supervision."

## Is the service caring?

### Our findings

People and staff were relaxed with each other. We observed people were treated with kindness. There was a very calm atmosphere in the home and staff had a good rapport with people. A visiting professional told us, "I would say that the service is caring in its approach to clients," and "The home promotes independence for service users whenever possible."

Staff had become dignity champions. We asked a staff member what that meant. They said, "We treat people well, we would never belittle a person. We respect their privacy and the choices they make even if we disagree with them." This was evident in the conversations we observed. There was friendly banter and very positive relationships between people and staff.

Bedrooms had been personalised to reflect each person's individual tastes and interests. Staff knocked on people's doors before they entered the room.

People were supported by staff who knew them well as individuals and they were able to tell us about their needs, choices, personal histories and interests. We observed that staff talked and communicated with people in a way they could understand.

Staff were able to tell us how they implemented the organisation's equality and diversity policy in every aspect of the care they provided. They recognised people's different personalities and the different choices they made. As the home is generally staffed by one staff member they said this sometimes meant compromises particularly if one person wanted to go out and another didn't. However, they said they looked for ways around this like taking turns for going out or checking if people from the sister home a few doors away wanted to go out and would be happy for people to join them.

## Is the service responsive?

### Our findings

People chose to lead busy and active lives. They attended either day centres or colleges through the week. One person had one day a week at home to catch up on household chores such as cleaning and laundry and personal shopping. They told us they preferred to do this as most evenings through the week they went to clubs and discos.

People met with their keyworkers regularly to discuss their care plans and risk assessments, to talk about the goals they were working on and to plan activities. Each person had areas where they were working to try to develop their independence. One person had chosen to go to the Harry Potter Warner Brothers Studio and this had been arranged. They told us they had loved the trip and wanted to go again. They had also had a trip to Hayling Island. The day after our inspection they had plans to go to the lake at Bluewater. In addition to keyworker meetings, house meetings and menu meetings were held to ensure people had a say in the running of their home and in the food they ate.

One person had worked on a few workshops with the local learning disability team. They worked as an associate peer trainer on a course designed for people with learning disabilities and mental health challenges called, 'Coping with my ups and downs.' The course explores ways of encouraging people to talk about how their mental health affects them. The course has won a partnership in practice award. The person told us they had enjoyed working on the workshops and liked meeting new people.

People were kept up to date on a range of matters that affected them. There were notice boards in the kitchen/dining room that included information that people would be interested in. For example, menus were displayed, there was an information booklet on diversity, local events, minutes of the latest house meeting and details of the home's fire evacuation plan.

People told us they would talk to their keyworkers if they had any worries or concerns. There was an easy read/pictorial version of the complaint procedure on display. The document would assist people who were unable to use the full complaint procedure, to raise any concerns or worries they might have. There were no complaints or concerns recorded.

There was a range of documentation held for each person related to their care needs. This included information about their medical and support needs. People's care plans were reviewed regularly and annual reviews were held to ensure that relatives and professionals were kept up to date with the care provided. The records contained detailed information and guidance for staff about people's routines, and the support they required to meet their individual needs.

There was information about how people communicated their needs. For example, for one person it stated, 'I might tell you I have not slept well. However, I generally sleep well but I go to bed late and get up early.' It also advised staff that the person needed time to process all information and then respond. One person chose not to have keyworker meetings.

## Is the service well-led?

### Our findings

We found the culture at the home was open, relaxed and inclusive. People were happy and there was a warm atmosphere. There was a registered manager in post. People and staff gave very positive feedback about the registered manager. A staff member told us, "The manager has people's best interest at heart, I'm proud of where I work."

At our last inspection of the service we made a recommendation that the service explored relevant guidance from reputable websites about quality monitoring and action planning to improve the maintenance audit system and ensure effective communication of this with staff. This was because audits carried out had not identified problems associated with the addressing of maintenance work within a timely manner. We found that new systems had been introduced to log and report all maintenance matters. Regular audits were also carried out to monitor that no tasks were outstanding. Despite the positive work in this area we identified some minor shortfalls in record keeping.

Record keeping related to people's capacity to make some decisions was not always clear. For example, for one person it stated they had capacity but went on to say they did not have capacity to manage money. Another person had been assessed as able to manage their money but this was stored in the office. The registered manager was able to give a clear explanation for the reasons behind each decision but these had not been clearly documented.

Records showed that fire drills were carried out regularly and that people responded well. However, it was noted the same staff member conducted all the fire drills. All staff received regular training in fire safety and the staff member on shift could tell us how they would respond in the event of a fire. However, as staff were mainly lone working this meant that the remainder of the staff team had not been tested as part of an unannounced drill to make sure they knew what to do in the event of a fire. This is an area for improvement.

The organisation had carried out annual surveys to seek the views of people, their relatives, staff and visiting professionals. Due to the size of the home and to protect anonymity the surveys were sent from the head office and returned to there. The results information showed the overall outcome of the response from all the organisation's services. It showed the numbers of returns but not how many had been sent. Only nine staff had responded. The organisational response to the home was that where staff had raised matters they had responded to them individually. However, the manager was not aware if any of the staff working at No, 25 had raised any issues. The manager had been asked to write an action plan to demonstrate that they had responded to matters raised by people and/or their relatives. They made an assumption that none of the people/relatives had raised any issues as no survey responses had been sent to them. It was therefore not possible to assess the outcome of the survey and any impact it had for the people living at No 25.

We recommend the registered provider seeks guidance on improving and strengthening record keeping demonstrating the running of the service.

Since the last inspection the lounge and kitchen/diner had been redecorated and the hall, stairs and

landings had been repainted and new carpet fitted. There were plans to replace the kitchen by January 2018. What was previously the registered manager's office was due to be redecorated and people were still deciding if this was to be a music /dining room or just a music room.

New systems had been introduced to monitor the quality of the service. The manager sent a monthly report to head office which included a copy of a wide range of documentation including copies of all audits undertaken, minutes of meetings held and an audit of at least one care plan. The organisation's quality monitoring officer analysed the findings and followed up with the manager to ensure any actions raised had been addressed. The registered manager told us the quality monitoring officer would then carry out a full review at the service annually. As the system was new the annual review had yet to be done. In addition to this review the organisation ensured an annual health and safety audit was carried out. Where shortfalls had been identified these had been addressed. The registered manager carried out regular audits of the service for example in relation to medicines, care plans and cleanliness and an area manager visited annually to carry out a service review.

Minutes of staff meetings were detailed and showed that staff were encouraged to have a say on the running of the home. All discussions were documented and actions reached were clear so that if a staff member had not been at the meeting they would clearly understand the agreed actions and outcomes.

Records were kept of all incidents that had occurred in the home and the home sent notifications to the CQC when appropriate. A notification is information about important events which the provider is required to tell us about.