

East View Housing Management Limited

East View Housing

Management Limited - 370

The Ridge

Inspection report

370 The Ridge
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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

About the service

370 The Ridge is a residential care home providing personal care for up to six people with learning disabilities. At the time of inspection, six people were living there.

370 The Ridge was built over two floors, with large bedrooms, communal areas such as a dining room and lounge and a large accessible garden that people used frequently.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People and their relatives told us they felt safe. One relative said, "My relative has never had any serious incidents and this reinforces to me how conscientious staff are in looking out for people." Some people couldn't tell us how they felt, however they appeared calm and happy around staff. People had robust assessments that identified areas of risk and how they could be mitigated. People received their medicines safely. Where incidents and accidents had occurred, staff had worked together to learn lessons and act to ensure this didn't reoccur.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives told us that people were supported to see a variety of health and social care professionals to maintain their physical and emotional wellbeing. One relative explained that when their relative was unwell, "Staff worked with GPs and other professionals to improve their health. We had lots of meetings." People's nutritional and hydration needs were consistently met. The house had been adapted to meet people's needs and preferences, whilst ensuring it still felt like home. Staff were supported with induction, regular training and supervision, to ensure they had the skills and knowledge to meet people's needs.

It was clear that people felt comfortable around staff that they had built strong relationships with. People

sought out staff to engage and spend time with. A relative said, "It really seems like staff are like family to people." People were encouraged to be as independent as possible and to develop new skills. People's privacy and dignity was always promoted by staff.

People's lives were centred around their wishes and preferences. Support needs were regularly reviewed with them and a relative said, "Staff are very responsive, especially when people's needs change." People were involved in a variety of activities that were personalised to their interests and goals. People and relatives told us they had never had to complain but they knew who to speak to and were confident they would be listened to. End of life wishes, and preferences had been explored with people in the event they became suddenly unwell.

Everyone we spoke to was complimentary about the registered manager. One relative said, "They are very approachable and look at things from people's point of view." Staff told us they felt an open, transparent and team working culture was promoted. Feedback had been sought from people, their relatives and staff to improve service provision. The registered manager valued working in partnership with others and sought regular learning opportunities to ensure they were up to date with best practice guidance.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 31 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

East View Housing Management Limited - 370 The Ridge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was conducted by one inspector.

Service and service type

370 The Ridge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection because some of the people using it could become anxious with unfamiliar visitors. We needed to ensure staff had time to prepare people for our visit.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. Other people were not able to verbally share their experiences. Therefore, we observed support being provided and interactions between staff and people. We spoke with five members of staff including the registered manager, deputy manager, and three care workers. We also pathway tracked two people. This where is where we check that the care and support people receive is consistent and meets all their needs.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with five professionals who supported people living at the service. We also spoke with two relatives about their experiences of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm because staff knew how to recognise signs of abuse and who to report concerns to.
- Staff had all had safeguarding training that was regularly reviewed. They knew the process to follow if they suspected someone was at risk. One staff member said, "First of all I'd let my manager know, they let social services know who get involved and investigate further."
- Another staff member said, "My manager would advise next steps, which could be the safeguarding team. If I had issues with the registered manager, I could speak to someone at head office. If I thought it was a company concern, I could speak to CQC. We have a whistleblowing policy which tells us contact numbers."
- Whistleblowing is a way of an employee notifying the appropriate authorities if they feel that the organisation they work for is doing something illegal or immoral. There was an up to date policy that was regularly reviewed with staff during training and team meetings.

Assessing risk, safety monitoring and management

- Some people were able to tell us they felt safe. One person said, "It's lovely and safe here." Another person said, "I feel safe living here. I don't feel safe when I'm out on my own so staff come with me to help."
- Some people were not able to verbally explain to us that they felt safe. However, we observed them to be calm and happy around staff that they knew well and were supported by often.
- Relatives were confident that their loved ones were kept safe by staff at 370 The Ridge. One relative said, "I am reassured my relative is safe. When they were unwell, they went out on their own and were very vulnerable. Staff found them and brought them home safely. They put an alarm on the door to keep my relative safe. They are free to move around and go out when they want, but the alarm alerts staff so they can make sure they are alright. It was a simple but effective solution."
- Staff knew risks to people and provided support in a way that reduced these risks. For example, one person used specialised mobility equipment to move around the home. Staff supported the person to use this equipment safely, applying brakes when they were transferring to other furniture and monitoring communal areas for trip hazards.
- Some people could display behaviours that challenged when they became anxious. They had detailed behaviour support plans that identified behaviours and how staff should support them.
- We saw staff using the guidance from these plans to support people when they became anxious. For example, one person became upset during the inspection and started shouting. A staff member approached them and spoke with them cheerfully. They started singing the person's favourite song and soon after the

person was laughing and joining in.

- People had robust risk assessments that addressed areas such as mobility, going out, managing medicines and finances. Some people had health conditions such as epilepsy or diabetes and had specific risks assessments. These informed staff of signs that the person was unwell and how to support them, such as the use of emergency medicines.
- The building was well maintained with a variety of health and safety checks completed by staff and external professionals. This included fire safety, equipment maintenance, water temperature checks and legionella monitoring.
- People were involved in monthly fire drills where they supported by staff to understand how to evacuate the building safely. People had their own Personal Emergency Evacuation Plan's on their bedroom doors that informed staff of any specific support needs when evacuating. This included any equipment that was used, any anxiety behaviours to be aware of and how to manage them.

Staffing and recruitment

- We looked at rotas and could see there were enough staff to meet people's needs. This included those that received 1-1 support. Additional staff were organised to support people to medical appointments or to specific activities.
- Relatives and staff told us there were always enough staff available to support people. One staff member said, "There is always enough staff. Even if someone goes off sick, they always get someone in, so we are never understaffed. Normally other staff or agency."
- Staff also told us that the registered manager and deputy manager supported them on shift if they needed it. We observed this happening throughout the inspection.
- Staff were recruited safely. The provider had completed background checks on new staff as part of the recruitment process. This included applications to the Disclosure and Barring Service, which checked for any convictions, cautions or warnings.
- Staff had a full employment history evidenced in their files and where gaps were identified, these had been investigated by the registered manager during the interview process. References from previous employers were also sought regarding their work conduct and character and these were evidenced in staff files.
- We were told that some people were involved in the recruitment process. One person said, "I am the manager's interview assistant. When she gets new staff in, I help her interview them. I ask them questions such as can you cook, can you do mug making, can you push a wheelchair, will they come on holiday with us?"
- Applicants were invited to come and meet people as part of the process. Feedback was then sought from people and staff and recorded on the applicant's interview notes. The registered manager said, "We want people to be involved as much as possible as they will be the ones being supported by new staff. So, they have to like them."

Using medicines safely

- People received their medicines safely from trained, competent staff.
- One person told us, "Staff help with my medicines. They help me as I can't do them on my own. They have to help me in the shower as well as my skin gets sore and they check it for me and give me cream."
- Relatives told us they had never had any concerns with the way staff supported people to have their medicines. One relative said, "Staff are so good at managing medicines. When my relative came home, we helped her with her medicines. We realised the scope of this task, timings and how complex they were and realised how brilliant staff are to manage this every day, as well as other people's medicines."
- Medicines errors were few and when they did happen, were managed quickly and efficiently. For example, just before the inspection, one person had missed a dose of their medicines and this was identified quickly

by staff. A pharmacist was immediately called for advice and was not concerned about the person's welfare. However, staff listened to their guidance and continued to monitor the person's wellbeing.

- The registered manager had informed the local authority and begun investigating why this incident had occurred. The registered manager said, "We need to learn from these things, so it's about finding out why it happened and what we can do to prevent it happening again."
- We viewed people's Medicine Administration Records (MAR) and saw that people received their medicines as prescribed. Some people also had 'As required' medicines. There was clear guidance on dosages, why they were given and when additional medical advice should be sought.
- People's medicines were ordered, stored and managed in a safe way. People had their own locked medicines cabinets in their bedrooms. The registered manager told us that they had recently added extra shelves to these so that people's tablets could be kept separate from their creams and liquid medicines. This was following a change of medicines protocols, where people used to receive pre-packed blister packs, but now received medicines in separate boxes.

Preventing and controlling infection

- We observed good practices in infection control.
- Staff had all received infection control training and had a good understanding of how to prevent the spread of infection. We observed them using Personal Protective Equipment (PPE) such as gloves and aprons when they supported people. Some people also chose to use them when they applied their own cream.
- The home was clean, tidy and well maintained. Staff supported people to do this themselves and we observed people tidying their bedrooms or cleaning communal areas.
- There was a cabin in the garden which held a washing machine and tumble drier. The area was clean and organised, and people were supported where possible to do their own laundry.
- The registered manager told us that they had implemented a "How to clean" guidance folder for staff to ensure it was done thoroughly. This folder included policies for cleaning and infection control with specific guidance for how to support each person to clean their bedroom.
- The registered manager had sought feedback from staff regarding this new folder and staff had said it was very useful. Infection control audits had identified improved cleanliness throughout the home, since this folder had been implemented.

Learning lessons when things go wrong

- The registered manager reviewed incidents monthly and looked for patterns or trends. Where this occurred, they took action to ensure incidents did not reoccur.
- For example, one person had a period of time where anxiety behaviours increased. The registered manager sought advice from the person's GP and neurologist to amend medicine dosages and provided 1-1 support until the person felt well again.
- There had been a recent incident where a person had not received their emergency medicines in a timely way. There was a delay in notifying the local authority and CQC which the registered manager had reflected on and learned lessons from.
- They said, "There was a delay in staff notifying management which we have explored with staff by going over safeguarding policies with them. We also identified there was staff confusion in guidelines for the emergency medicines and so we had these reviewed and made clearer by a nurse specialist."
- The registered manager had also reflected on their own learning as a result in the delay to notifying relevant others. They said, "We knew the person was physically well, but it was pointed out that just because a person appears well, doesn't mean there has been no emotional harm. This was a big learning curve for us as a team."
- In response to this, the registered manager had designed a new safeguarding incident form which got staff

to consider emotional impact and thoughts of people as well as physical impact. This was in the process of being reviewed by the nominated individual, with plans to implement it across the company.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before people moved into 370 The Ridge, the registered manager completed thorough pre-assessments that sought information about their support needs, preferences and routines. This included gathering information from relatives, social workers and health professionals to build a holistic view of the person's care needs.
- One person had complex epilepsy support needs. They had an epilepsy plan with guidance from a learning disability specialist nurse to advise staff how to best support them. Other people had skin integrity and medicines plans that were devised using guidance from professional bodies, such as The National Institute for Health and Care Excellence (NICE).

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People and their relatives told us that they were supported to see health professionals if they were unwell. One person said, "Staff support me to go to the doctor if I'm ill. I've been going about my skin and staff always go with me."
- A relative said, "Earlier this year, my relative was quite unwell. The registered manager dropped everything and really focused on them. They even went in on their days off for meetings and contacted all professionals to support them. My relative seems much more settled now and we were really impressed with the commitment to help her get better."
- We saw that people were supported to see a variety of health and social care professionals to maintain their wellbeing. This included GPs, dentists, physiotherapists, learning disability specialists, specialised nurses and occupational therapists.
- Oral health was promoted, and people were encouraged to manage this as independently as possible. Care plans highlighted where people required support, such as cleaning dentures and toothbrushes. The dentist also visited people in the home to support them with their anxiety.
- The registered manager told us that one person didn't used to like having personal care. They said, "Staff have provided lots of emotional support and prompting. Now the person showers regularly and brushes their teeth twice a day."
- One person experienced anxiety when they left the house but required medical support at the hospital. Staff explained exactly what was going to happen, where they were going and why. They rang the hospital in advance to see what the waiting time was like and advised hospital staff that they were supporting someone with severe anxiety.

- The registered manager said, "We did lots of singing while we were waiting and used the vending machine with the person to get their favourite snacks. The person was smiling and seemed to enjoy it."
- Due to pain, the person also became anxious when they had their blood pressure taken. So, the registered manager purchased a wrist blood pressure monitor which would be more comfortable. It also got the person used to having their blood pressure taken in advance to medical appointments.
- A professional gave positive feedback about how staff worked together to achieve positive outcomes for people. They said, "I have found the staff I've met open to discussion and very helpful with their knowledge and day to day caring for the person I see. I have found them responsive and able to ask questions when they are unclear about suggestions made."

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to meet people's needs. People told us that staff knew them and what they needed and a relative said, "I think staff are well trained, even the new ones. I observe them to be competent, especially in difficult situations."
- Staff had received training in safeguarding, mental capacity, health and safety, first aid, managing medicines and providing person centred care. They had also received more specialised training in behaviour support, epilepsy and diabetes to meet specific needs of people.
- Staff told us that training was effective and improved their skills and knowledge. One staff member said, "I really enjoyed bereavement training because it taught us how to support people emotionally when they lost their loved ones. End of life training was also useful as it taught me how to recognise someone might be nearing the end of their life and how to support them to be as comfortable as possible."
- Staff told us they had a thorough induction into the service, before they started working with people, which included understanding of the company and their values, roles and responsibilities. It also included shadowing a more experienced member of staff in meeting people's needs, routines and preferences.
- One staff member said, "We had sit down chats with an experienced staff member and went through things in induction. We'd say how it was going and ask questions. I did shadow for the first week. Watching how everyone was doing things really helped me to learn."
- Staff also completed the care certificate as part of their induction. The care certificate is a nationally agreed set of standards that teaches staff roles and values of working within the health and social care sector.
- Following induction, staff were supported with regular supervisions with a member of the management team. Staff told us they found this process useful and an opportunity to discuss concerns and development opportunities. One staff member said, "We can talk about anything and everything."

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional and hydration needs were met, and they had choice over what they wanted to eat and drink. People discussed options during regular meetings to decide menu plans each week.
- Some people were at risk of choking and had received support from the Speech and Language Therapists (SaLT). Staff were aware of specific guidance to reduce choking risks and followed this when supporting people with eating and drinking.
- For example, one person required their food to be prepared in a specific way, for staff to sit with them while they ate and to be encouraged to eat slowly. We saw a staff member supporting the person in this way at lunch-time.
- People did not all choose to sit together, and staff recognised this when planning times to eat. For example, one person did not like a lot of noise and so chose to eat on their own. Other people liked to sit with others and ate lunch together. The atmosphere was warm and social, with people and staff talking and eating together.

Adapting service, design, decoration to meet people's needs

- The home had been designed and decorated to ensure that people's needs could be met. For example, communal areas were open plan and corridors and doorways wide to allow for people with mobility needs to safely manoeuvre.
- A relative said, "The house is in a great location. It is a nice home and the bus stop is right outside which is great. There's a real sense of homeliness. It doesn't feel like a care home at all."
- People's bedrooms were decorated in the style of their choice and themed around their preferences and hobbies. For example, one person loved unicorns and had unicorn themed wallpaper, cushions and ornaments.
- Another person required support to meet their sensory needs. Their bedroom contained sensory lighting and a projection screen which projected objects onto the wall. To manage the risk of behaviours that challenged, the person had a cushioned headboard on their bed and a TV with protective glass, so it couldn't be smashed.
- People's bedrooms were decorated with pictures they had chosen, art projects they had completed or photos of their family and loved ones. This helped their bedrooms to feel homely and for people to feel relaxed and safe.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Relatives told us that people were always given choice and had control over their lives. One relative said, "I've noticed they always explain everything to people. For example, one person asked to do something that wasn't possible, and the registered manager took time to explain why this couldn't happen." Another relative said, "My relative has total freedom and lives the life she wants to live."
- Staff had all received training in mental capacity and had a good understanding of how its principles related to people they supported. One staff member said, "You should always assume first that people have capacity. If not do a mental capacity assessment. No matter if they have capacity or not, they should always have options and be given choices."
- Staff explained how they supported people who were unable to verbally communicate to make decisions about their care. One staff member said, "One person isn't verbal so makes choices with eye contact or pointing. If they don't like something, they drop their head and pull a sad face. We help with daily decisions by showing clothes and food and they choose one or the other. Most other people will verbally tell us what they want."
- We observed this happening on inspection, for example one person was showed different flavours of yoghurt to choose from. Another was shown several jumpers, so they could decide which one they wanted

to wear.

- Three people had been assessed as requiring DoLS. The registered manager had applied for these and was awaiting assessment from the DoLS team.
- Where people were assessed as lacking capacity, they had specific mental capacity assessments to address areas such as alarms on the doors, managing finances and consenting to care. These assessments included conversations held with people to ascertain their understanding, how they had been communicated with and their responses.
- For example, one person had been supported to understand why there were alarms on the door. Staff had used simple language and pictures to communicate and set off the alarm so that the person understood what it sounded like.
- Another person had been supported with their understanding of a medical procedure with a series of best interest meetings that included them, staff, relatives and medical professionals.
- The registered manager had identified that improvements were needed to the recording of best interest decisions when meetings were held. They were in the process of improving their documentation to include clear recordings of views from relevant others such as keyworkers, professionals and relatives when best interest decisions were required.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Some people were able to tell us how they felt and said staff were kind and caring. One said, "Staff are very nice people." Another said, "Staff are terrific. I think staff look after us well."
- Other people were not able to verbally express their feelings, however we observed that caring relationships had been built between staff and people. One person pointed at a staff member and smiled, saying, "She is the best." A staff member offered another person a cup of tea. The person smiled and took the staff member's hand saying, "All I want is you."
- Staff told us about one person who could become very anxious about getting their hair cut. Staff had provided emotional support to enable them to get over their fears. The person told us that they had recently gone to the hairdressers. They said, "I was pampered, and I actually loved it."
- Relatives spoke highly about the caring nature of staff. One relative said, "The staff are very caring and provide marvellous support." Another told us, "My relative says they're very happy and staff make it feel like home to them."
- Professionals was also complimentary about staff. They told us, "Staff come across as very caring and the person I see looks relaxed and happy with her carers. The person is treated with dignity and respect." Another professional said, "I was impressed with the person-centred nature of the registered manager and staff. They are cheerful, welcoming and know people and their needs well."
- We observed staff to be positive and attentive when they supported people. The atmosphere was jovial with lots of joking and laughter between staff and people. Staff told us that they enjoyed coming to work and this made all the difference. One staff member said, "Residents are really lovely. Every day it puts a smile on my face." Another staff member told us, "I love it here. I've been working in the care sector for years now and I wish I'd come here sooner."
- Staff had all received training in equality and diversity and understood how it related to people they supported. One staff member said, "To me, it means that everyone in this house is different with their personality, needs, mental capacity etc. They should all be offered the same options and choices regardless."
- Staff understood people's preferences and supported these to happen. For example, for one person it was very important to them that they went to church and staff supported them to do this whenever they wanted.
- Staff told us that the caring nature of management extended to them and they felt supported and valued. We were told about one staff member who had received medical treatment. People wanted to make get well

cards for them and video called them in hospital to keep in touch.

- One staff member said, "If I have a bad day, the registered manager senses it and asks me if I'm okay. She's always there for you and really caring of the residents."

Supporting people to express their views and be involved in making decisions about their care

- People were consistently asked for their views about their care and involved with any decisions. On relative said, "They offer my relative lots of choice and she makes her own decisions."
- We observed this happening throughout the inspection. Staff checked with people how they wanted to be supported and whether they were happy with choices, for example in what they wanted to eat. One person chose a meal and then decided they didn't like it. Staff spent time supporting the person to choose an alternative.
- People were involved in monthly meetings where they were asked for their views on menus, activities, staff and the environment. Their responses were recorded in meeting minutes.
- We saw records were completed following new activities, where people were asked whether they had enjoyed the activity and whether they wanted to attend again.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was always promoted. We observed staff encouraging people to close their bedroom doors when being supported with personal care or medicines. People's care plans were locked away in an office and accessible on a need to know basis.
- One person started talking about their support needs to a staff member during a mealtime. The staff member gently asked the person if they would prefer to talk about it in private after lunch. The person said they would, and we observed them and the staff member going to their bedroom later to talk.
- Staff had a good understanding of confidentiality and respecting people's privacy. One staff member said, "If you are showering someone or taking them to the toilet, make sure the door is shut. You don't need to announce to everyone what you're doing either. Make sure other people don't open the door as well. If one person is suddenly unwell due their health condition, we try to make this private, so we respect them and don't have lots of people witnessing."
- One person had pulled down their curtains several times, which staff recognised as the person's way of communicating that they didn't like them. They purchased privacy glass for the person's windows so that even without curtains, others could not see into the bedroom from outside.
- We observed that people's independence was promoted by staff. People were supported to lay the tables for lunch, clear things away and do washing up. Some people were supported to make their own lunch. One person had adapted crockery so that they could eat independently.
- One person told us, "They encourage me to do things on my own. I lay the tables and help tidy my room." People and staff worked together to maintain the cleanliness and tidiness of the home. This included people being encouraged to do their own washing.
- Staff had a good understanding of promoting independence and told us how important this was to maintain or develop people's skills. One staff member said, "One person is very independent, manages their own money and goes out independently to do their own shopping. Other people require more support, but I always encourage them to do as much as possible on their own."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Information gathered during pre-assessments with people before they moved in, was used to create personalised care plans for people. This included information about their support needs, preferences and what they could do independently. A staff member said, "The care plans are detailed and have everything I need to support people."
- People had "This is me" documents that contained information about people's history, their family and hobbies. They also had "This is important to me" and "My life plan" documents, that were completed with people and identified short- and long-term goals and how they would be achieved.
- People had their own keyworkers. These were designated members of staff who worked with the person to identify goals, support with activities, maintain their bedrooms and buy their own shopping.
- People met with their keyworkers every two months to review goals and support needs, plan activities and gain people's views of the service. A staff member said, "We do their life plan, look at hobbies and activities. We also update their care plans like for communication, finance or risk assessments."
- People's support needs were also reviewed regularly with their relatives and health and social care professionals. A relative said, "We have regular reviews with staff, the manager and social workers. We talk about my relative's needs and wants. They say exactly what they want."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had clear communication guidelines that detailed their level of understanding, preferred communication, non-verbal cues and what they meant. They also considered people's numeracy and literacy skills and their understanding of using different forms of communication such as letters, emails and using the phone.
- Staff were knowledgeable of people's communication skills and we observed them supporting people in their preferred way. For example, one person required staff to check their understanding several times when making choices and we saw this happening.
- Some information had been provided in an easy read format to support people's understanding. For example, some people's care plan documents were pictorial to encourage their participation. There was also an easy read fire evacuation procedure available on fire exit doors that gave simple instructions to

people in how to respond in an emergency.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had their own bespoke activities programmes. Activities were based on people's preferences and hobbies. One person said, "I get to go out a lot. I go to day services, community activities and lunch clubs. We sometimes go out at the weekends too, but I usually want to stay in and rest."
- A relative said, "My relative goes on holidays a lot with their keyworker and does loads of activities. There seems to be a great community spirit too. When we go out, my relative always seems to know everybody."
- People told us they took part in lots of activities within and outside of the home, which included cooking, dance classes, art and craft, discos, art cafés, festivals, BBQs and cinema trips. People also went on regular holidays.
- The most recent had involved lots of local day trips, which people had chosen in resident's meetings. This included trips to Portsmouth, the theatre, Rye market, afternoon teas, Battle Abbey and a car show. The registered manager said, "People wanted to do all different things, rather than agreeing on one destination. So, we suggested having an activities week instead where they got to do a bit of everything. People said they really enjoyed themselves."
- People had chosen to go to a local festival. They had chosen their own colourful outfits and done their own face painting beforehand. The deputy manager explained that people didn't just do activities but were a part of the preparation as well. For example, when doing an activity to create their own Christmas trees, people went out to a local park to collect pine cones and other materials as decorations.
- People's goals were also considered when planning activities. For example, one person wanted to improve their understanding of recognising money. The registered manager ordered fake money and designed quizzes which the person enjoyed doing before shopping trips.
- Staff also used activities to improve people's anxiety levels. For example, one person was nervous about getting their hair cut. One staff member had obtained a hair dressing tuition dolls head and was teaching people how to do plaits. This also was a sensory experience for the person when they became anxious.
- The staff member said, "People love using it. The person who gets anxious is given the dolls head while they are getting their hair cut and this really seems to have helped. They seem less anxious and have something to play with."

Improving care quality in response to complaints or concerns

- There had been no formal complaints received since the previous inspection, however people we spoke to and their relatives told us they knew the process to follow if they had any concerns.
- A person told us, "I would talk to my keyworker or the manager and deputy manager if I had a problem. They listen to me." A relative said, "I've never had to make any complaints, we've never had cause to. In fact, it's the opposite, I'm always saying thank you."
- Complaints forms were available in an easy read format for people. There was also a pictorial guide in how to complain. This included photos of who to complain to and emoticons to express emotions. The registered manager had also implemented a suggestions box for people and staff to use anonymously if they wished.
- We saw the service had received lots of compliments from relatives and professionals since the previous inspection. These thanked staff for their kindness, commitment and activities people were involved with.

End of life care and support

- No-one was receiving end of life care at the time of inspection. However, the registered manager had recognised the importance of exploring this with people, in case they suddenly became unwell.
- Some people had been able to state their preferences and wishes. For one person, this included choice of

funeral arrangements, flowers and donations to charities. They had also specified that they wanted the registered manager to do their eulogy.

- Other people were not able to specify their wishes however staff had written down comments they had made that related to their spiritual beliefs, favourite items or places. Conversations held with people were documented, including the date and time preferences were made.
- Staff told us about a time they had supported someone at the end of their life and how they focused on making sure they were comfortable, and their wishes were met.
- A relative spoke to us about their experiences of losing a loved one that lived at 370 The Ridge. They said, "Staff kept in touch all the time, so I knew what was happening. They were supportive when we received bad news. My relative had all the support she needed. They went the extra mile. Staff sat with her every day in the hospital, so she wasn't on her own. She had everything she needed, and they kept her looking lovely."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People we spoke to told us the registered manager was, "Terrific" and, "Fantastic." One person said, "They do so much for us. They book trips for us too." Another person said to the registered manager, "I love you because you brought me to live here."
- We observed that people sought out the registered manager's company throughout the inspection. In some cases, this was for reassurance, but others wanted to sit and talk with them. We saw people hugging the registered manager or giving them high fives.
- One person spoke to the registered manager when they were becoming anxious. The registered manager listened to their concerns and then asked them what they thought might help. After discussing this, the registered manager also suggested several things they could do themselves to help them feel better. The person was smiling by the end of the conversation and thanked the registered manager for their ideas.
- Relatives spoke highly about the registered manager. One relative said, "The registered manager is fantastic, superb. The manager every home should have." Another said, "The registered manager is amazing and the main reason why we are so happy. We get a genuine sense she does the job because she loves it and has a genuine connection with people."
- A professional also spoke positively about the registered manager. They said, "The manager seems to be open and discusses things with her staff."
- Staff told us that they felt well supported by the registered manager and deputy manager and this made them feel valued. One staff member said, "It's really good here. Management is good. If there's any problems I know I can go to them. The registered manager is amazing. I can trust them with everything, professional or personal. If I have a problem, they encourage us to come and see them straight away."
- Staff told us they were encouraged to work together as a team to support people and resolve any issues. A relative agreed with this and told us, "I must say, they have a very consistent staff culture. It's always the same staff and the culture of care has always been excellent."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had a good understanding of the duty of candour. They told us they viewed this as a learning experience which allowed them to reflect on what went wrong and act to ensure it didn't happen again.

- We saw that when incidents had occurred, other professionals such as those from the local authority or GPs and other medical specialists had been informed. Their guidance was listened to and followed by staff.
- Where appropriate, these incidents were also reported to CQC.
- The registered manager also told us that they contacted relatives when things happened and explained how they had learned lessons and actions they had taken to mitigate things in the future. A relative confirmed this, telling us, "I always know straight away when something has happened. They are always apologetic and confident in how they will fix things."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were robust quality assurance processes in place to ensure the registered manager had oversight of the service. This included monthly review of safeguarding's, accidents and incidents, medicines practice, care plans and the environment.
- The nominated individual also completed full audits of the service each year. The registered manager said, "I also have regular supervisions at the office and a good relationship with the nominated individual and director."
- Since the previous inspection, the provider had sought an external company to do further audits of each service. This company inspected using CQC key lines of enquiry. The registered manager advised they would visit each service as if they were doing an unannounced inspection and thought this would be an additional tool in ensuring they were meeting regulations. The service was due to have their first visit after the inspection.
- The registered manager told us that quality assurance processes allowed them to identify areas of improvement. This could be things they observed or that people told them. It could also include records.
- For example, in a recent audit, the registered manager had identified that daily recordings for people weren't always detailed. They met with staff and completed example exercises with them to build their knowledge in this area. This also happened for completing incidents forms. Feedback from staff was that they found this exercise useful and recording had improved.

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

- People, staff and relatives were all given surveys to complete at least once a year and asked to provide feedback about the service and staff.
- People's surveys were available in an easy read format, using pictures and emoticons to communicate. Some people had completed this independently and one had written, "The best thing is being independent and the food we get here."
- Other people had required some support from staff. When recording answers, staff had explained how they communicated questions to people. This included how they responded, including facial expressions or body language that people displayed to indicate answers.
- The registered manager viewed comments made about improvements and used this feedback to improve the service. For example, one relative had given some constructive feedback about a lack of activities, inconsistent communication and the environment. The registered manager had reflected on this feedback. They met with the relative monthly to improve communication, discuss concerns about activities and made some changes to the environment as suggested by the relative.
- Staff told us that they attended regular staff meetings where they could discuss people's needs, actions to be taken, policies and any company changes. A staff member said, "We have meetings at least once a month. We talk about if anything has changed in resident's needs, any queries or worries, any upcoming days out, activities, anything to do with the house or residents. Any problems we can solve together as a team."

- The registered manager and deputy manager had also implemented 'Family and friend' days since the previous inspection. This involved relatives or friends of people coming to the home and celebrating what people had been doing. People made decorations and food for the event. A staff member said, "This improves communication between people, staff and loved ones and for people to showcase activities they do. They love doing it and are very proud of their home."
- A quarterly newsletter was also issued by the home and shared with other homes owned by the same provider, people, their families and staff. This included activities people had enjoyed, birthday celebrations or people's personal achievements. The registered manager said, "This is just another way of showcasing all the wonderful things people achieve and do."

Continuous learning and improving care; Working in partnership with others

- The registered manager and deputy manager told us they understood the importance of working with others to achieve positive outcomes for people. They continuously sought to improve their knowledge and experiences for people.
- Some professionals we spoke to had raised concerns about one person's needs not being met. Following this feedback, we spoke to the deputy manager, who was already aware of the issues. These related to activities being provided and health care support.
- We saw that the person had a varied activity timetable and they were out with staff during the inspection. The deputy manager had sought additional day service opportunities; however these were not suitable or the person did not want to go. We also saw that staff continually sought the person's views on whether they enjoyed activities and feedback was positive.
- The deputy also explained that a decline in the person's health did sometimes impact on whether they wanted to take part in activities. They were working with health professionals and supporting the person to hospital appointments to improve this.
- The service had recently received support from the Local Authority Market Support team and used their feedback to improve staff understanding of accidents, incidents and safeguarding issues.
- The registered manager attended several training courses and information sessions to improve their knowledge. This included annual care conferences run by the provider and care seminars run by the Registered Care Homes Association. The registered manager said, "These are always good for networking. I have been to a couple now on medicines and about CQC and how to prepare for inspections."
- The registered manager also attended Learning Disability forums run by the local authority. This gave them the opportunity to meet with registered managers from other care homes and share ideas or learning together.