

East View Housing Management Limited

East View Housing Management Limited - 1 Johnson Close

Inspection report

1 Johnson Close
St Leonards-on-Sea
East Sussex
TN37 7BG

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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

1 Johnson Close is a residential care home providing accommodation and personal care for up to four people. At the time of inspection, four people were living at the service. People were living with learning disabilities and autism as well as other health conditions.

The building was situated over two floors. Bedrooms were spacious, and person centred, with ensuite facilities and there were large, homely communal areas for people to relax in. There was also an accessible garden that we saw people using throughout the inspection.

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 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 to gain new skills and become more independent.

From what people told us and what we observed, people were safe. Staff knew risks to them well and took action to reduce areas of concern. Risk assessments were detailed and individual to people. Regular health and safety audits were completed by staff, management and external professionals to ensure that the building was safe. There were always enough staff to meet people's needs. Before staff started working at the service, their previous experience, character and safety checks were reviewed to ensure they were suitable to work with people.

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.

Staff all received robust training, which included areas required to meet people's specific health and social needs. Their competency to provide the right care was regularly checked and monitored by management. People's nutritional needs were consistently met, and they had regular involvement from health and social care professionals to promote their wellbeing.

Everyone we spoke to was complimentary about the staff team at 1 Johnson Close. We observed people to have built good relationships with staff. A relative told us, "Staff are absolutely fantastic. They are very

patient and give my relative time to process things. In my opinion they are so much better than other homes." Staff emphasised the importance of maintaining people's independence and worked with them to improve skills. People's dignity and respect was promoted and encouraged.

People received personalised activities based on their preferences and goals. Each activity was reviewed by people, so they only took part in activities they enjoyed. They were encouraged to spend time in the community, building links and relationships. They saw the people that were most important to them regularly.

Additional visual tools were used to support people to be able to make complaints. Any complaints made were managed in a professional and timely way, ensuring people were happy with outcomes. Staff knew people's communication needs well and had considered this when obtaining people's views. A new process for recording end of life wishes had been introduced so that information could be gathered in a way that would not upset people.

Everyone we spoke was complimentary about the registered manager and felt the service was well-led. Staff felt encouraged and supported in their roles with regular supervision and team meetings. A team working ethic was promoted. One staff member said, "I think what we do best is listen to people. We work as a team and pool together ideas to make things better for people." The registered manager continually reviewed ways of working and introduced new ideas that had been adopted by managers from other services.

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

Rating at last inspection (and update)

The last rating for this service was Good. (published September 2016)

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 - 1 Johnson Close

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

1 Johnson close 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. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us. Some people could also become anxious and so we wanted staff to have time to prepare people for our visit.

What we did before the inspection

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

During the inspection

People were not always able to talk to us to share their views of the service, due to complex communication and support needs. Therefore, we also observed four people's experiences living at 1 Johnson Close, including meal-times, medicines practice, activities and interactions with staff. We spoke with four members of staff including the deputy manager, and three care staff. We observed and used alternative communication methods to understand people's views of the service and staff. This included Makaton, a form of sign language.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment, training and support. A variety of records relating to the management of the service, including policies and procedures were reviewed. We also pathway tracked two people. This is where we check that the records for people match the care and support they receive from staff.

After the inspection

We phoned the registered manager after the inspection as they were not able to be there on the day. We also spoke with one health and social care professionals and one relative about their experience of the service and the lives of people.

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 kept safe from the risk of abuse because staff had a good understanding of people's needs and how to respond to risks.
- When we asked one person if they felt safe at 1 Johnson Close, they smiled and nodded. Another person gave us a thumbs up. Not all people could tell us whether they felt safe, however we observed them to be calm and comfortable around staff.
- A relative told us, "I absolutely feel people are safe. They support my relative when they go out, which reassures them." A professional agreed, telling us, "Staff overcome challenges and risk well. They look at issues creatively and work as a team."
- Staff had all received safeguarding training and were knowledgeable of when someone might be at risk and who to report to. One staff member said, "We review safeguarding a lot. For example, what to do if we find unexplained bruising. The important thing is the wellbeing of people and making sure it is recorded and reported properly."
- Staff told us that they had a whistleblowing policy. 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. One staff member said, "If I was worried about something the registered manager was doing, I would speak to the provider. They are very approachable and always available if we need to chat."

Assessing risk, safety monitoring and management

- Risks to people were identified, monitored and continuously reviewed to ensure people remained safe. Staff knew people very well and knew about risks to their wellbeing.
- People had assessments for areas of risk such as going out, choking, mobility, managing finances and falls. Some people had specific health conditions such as diabetes or epilepsy. Assessments were detailed and informed staff how the person presented when they were well or unwell and when to seek additional medical support.
- Some people could become anxious and display behaviours that challenged. There was specific guidance on all types of behaviour, signs a person may be getting anxious and what staff should do to support. There was also a recording chart for when behaviours occurred for example, what happened, was anything different and what actions were taken. This enabled the registered manager to have oversight of any behaviours and be able to identify patterns or trends.
- Staff completed regular health and safety checks of the building to ensure it was safe to live in, for example fire equipment, water temperatures and electrical equipment. There was a company maintenance person, who we observed to have built a good rapport with people. They talked to people about things that

needed fixing and asked their permission to go into their rooms. People were smiling and pleased to see the maintenance person.

- Fire drills were completed regularly with staff and people, so they knew what to do in the event of an emergency. People had Personal Emergency Evacuation Plans (PEEPs). These included includes people's awareness of evacuation, methods of assistance and equipment provided. It also gave information about if people could become anxious and how to support them.

Staffing and recruitment

- There were enough staff to meet people's needs. One person told us, "They are always here when I need anything." Rotas were closely managed by the registered manager to ensure there were enough staff on duty.
- Staff and a relative told us there were enough staff to meet people's needs. One staff member said, "We very rarely have to use agency staff." We also observed the deputy manager to make themselves available throughout the shift and step in to support when needed.
- To cover any vacancies or absences, staff from other homes owned by the provider sometimes supported people. This meant that they knew people, their support needs and preferences well and this provided consistency.
- 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.

Using medicines safely

- People received their medicines safely from staff that were trained and competent to do so. A relative told us, "Staff help with their medicines. They are very thorough and when my relative brings their medicines home they are very organised. I don't have to worry at all." One staff member said, "Managers observe us and ask lots of questions. They check that we know personal preferences for each person and what to do if we find a medicines error."
- Staff were able to explain clearly and confidently the process they would follow, if for example they found a tablet on the floor. This included identifying who the medicine belonged to, immediately checking the person's wellbeing and seeking additional advice from a medical professional.
- People had their own locked medicines cabinets in their rooms. Medicines were stored in an organised way and there were good systems for re-ordering, which meant people always had the medicines they needed.
- We observed staff giving people medicines in a safe and person-centred way. They involved the person in what they were doing, explained what medicines were and reminded them why they were taking them.
- Before giving medicines, they checked they were being given to the right person and at the right time. They also checked stock regularly and signed the Medicine Administration Records (MAR) after people had taken their medicines. One staff member said, "We count all medicines every day so if anything is amiss, it can be picked up straight away."
- Some people had 'as required' medicines, (PRN) such as painkillers or for when they became anxious. There were detailed PRN protocols that advised of maximum dosage, how the person demonstrated they needed the medicine and when to seek further medical advice.
- One person took some of their medicines independently. There was a thorough assessment investigating the person's understanding and ability to do so. Staff continually checked with the person that they were

happy to do this and recorded this on their MAR's.

Preventing and controlling infection

- We observed the building to be clean, tidy and well maintained, with good practices in infection control. One relative said, "It is always clean, tidy and spotless."
- Staff had all received infection control training and we observed them to use Personal Protective Equipment (PPE) such as gloves and aprons when supporting people.
- One staff member told us how important it was to teach people about reducing the risk of infection themselves. They said, "We do cooking sessions with people twice a week and spend time learning about infection control, for example washing hands, wearing protective equipment and using different coloured chopping boards to prepare food."
- We observed people being encouraged to wash their hands regularly. They had been encouraged to do this for the duration it took for them to sing a specific song. People and staff were laughing as they did this together.
- An infection control audit was completed monthly by the deputy manager who reviewed cleaning schedules, observed staff and people and checked the cleanliness of the building was to a high standard. People were supported to keep the environment clean and tidy. One person had pictorial guidance in their bedroom to support them to clean, change their bed and organise their belongings.

Learning lessons when things go wrong

- The registered manager had good oversight of accidents and incidents and analysed these to learn lessons, prevent them re-occurring and improve ways of working.
- Several incidents had occurred between two people. Staff monitored these closely and talked as a team about possible causes and ways to support. The Community Learning Disability Team (CLDT) were involved, as were people's GP's and other health specialists.
- The deputy said, "We wanted to resolve this in the least restrictive way possible, while making sure people were involved and happy with outcomes. We introduced a way of preventing the incidents from happening and it worked very well." Since introducing this, incidents had not reoccurred.

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 in, assessments were completed with them, their relatives and professionals to determine support needs and preferences for care. A relative said, "Staff hadn't supported someone with the health condition my relative has before. They asked lots of questions to understand them and support them the right way."
- The deputy manager said about this person, "We spent a lot of time brainstorming, identifying training and listening to what the person wanted to make sure we could support them in the way they needed." Management then spoke to social workers and staff to ensure they had understanding of what was needed and that they could provide the best support to the person.
- People's needs, and choices were continually reviewed to ensure they were receiving the right care and support. People met with their keyworkers every two months to review their care and every year, a more comprehensive review was held with the person, professionals and relatives.

Staff support: induction, training, skills and experience

- Staff had received training in areas such as medicines, moving and handling, mental capacity, health and safety, first aid and food hygiene.
- Staff had received more specialised training to meet specific needs of people, for example in diabetes and epilepsy. This included the use of any emergency medicines. Staff understanding of medicines and emergency protocols was regularly checked by the registered manager.
- Some people required additional support with managing anxiety and communication. Staff had attended further training in positive behaviour support, effective communication and Makaton, a form of sign language. We observed staff putting these communication approaches into practice during the inspection. A staff member said, "I think the training is really good here. I always learn a lot and it gives me confidence when supporting people."
- We talked to staff about their induction into the service and whether they felt it gave them the skills and knowledge they needed to support people. They told us induction was thorough and not rushed. One staff member said, "We were told how important it was to really get to know people and given the time we needed to do that." New staff shadowed more experienced staff working with people, to understand what was expected of them and about people's preferences and routines.
- New staff also completed the Care Certificate as part of induction. The Care Certificate is a nationally agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

- Following induction, staff were supported with regular supervision by the deputy manager or registered manager. This allowed them time to discuss developmental needs or any concerns they had. One staff member said, "We talk about actions from previous supervisions and how I am getting on. The registered manager is very supportive and guides me with things I am struggling with. They also compliment me on good work."

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

- People's nutritional and hydration needs were met. We saw a collection of photographs that were used with people to help them choose what they wanted to eat each week.
- One person was at risk of choking and had received support from the Speech and Language Team (SaLT). Staff were aware of this guidance and we observed them following it during meal times. This included sitting with the person and reminding them to eat slowly.
- Another person required a specific diet to support them with managing health conditions and staff had sought support from dieticians. Although the person required a calorie-controlled diet to remain healthy, staff did not restrict them on their choices. For example, the person ate the same food as other people and if they requested a meal, this was respected. One staff member said, "We talk to the person about portion control. But they can eat what they want and there's no reason they should feel excluded from what other people eat. It's about moderation, explaining when things are high in calories and giving the person choice."
- We observed staff supporting people to prepare their meals and then sitting together to eat. Mealtimes were considered a social occasion and staff and people talked throughout about what they had been doing, how they were enjoying their meal and what was happening next.
- People were continually encouraged to drink. Staff were aware that due to hot weather, there was a higher risk of people becoming dehydrated. We observed them offering drinks and making sure they were available for people during activities or meal-times.

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

- People had regular support from a variety of health and social care professionals to improve their physical and emotional wellbeing. This included people's G. P's, specialist nurses, CLDT, neurologists, dentists and chiropractors.
- One person was being supported to go to an appointment during the inspection. Staff spent time explaining where they were going, who they would see and what would happen. The person's questions were answered, and they were happy to go with staff to their appointment.
- A relative said, "My relative needs a lot of support and has a lot of appointments. Staff always take them to these and tell me how it went."
- People were encouraged to look at their own physical and mental wellbeing. They attended annual well-being clinics at their GP surgery each year.
- The deputy manager advised they worked closely with specialist professionals who knew how to support people with learning disabilities and autism. They said, "They are very good. They know waiting can increase anxiety, so they see people straight away. They know people well and work at a pace that makes them comfortable."
- The deputy manager explained that one person could become anxious following appointments and required reassurance from professionals. When this happened, staff supported them to phone professionals directly, talk through their concerns and about what would happen next.

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

- The building had been adapted to ensure it met the needs of people.
- People had their own bathrooms to encourage privacy and independence. Some people had specialist

seating in their showers to support with mobility. One person said, "I use it because my legs hurt."

- There was some easy read signage around the building to help people with understanding where their bedrooms and other communal areas were.
- People had large bedrooms and a choice of several communal areas. This meant that they always had privacy and space when it was needed.
- There was a large, accessible garden, with slopes so that all people could use it easily. People told us they liked using this space. There were also raised beds so that people with mobility support needs, did not have to bend down to plant their own flowers or vegetables.

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.

- People's choice and consent was valued, and they were continually consulted about their care. We saw staff using various tools such as objects of reference, pictures or Makaton to support people in making choices.
- We observed staff to repeat information to people when needed and check their understanding. One staff member said, "Some people have full understanding and can make all decisions. Others, we need to check their understanding, for example one person will always say yes, but this doesn't necessarily mean they are consenting. We observe their body language or facial expressions. We also explain everything, including positives and negatives so they can decide."
- Where a person was assessed as lacking capacity, DoLS applications had been made. We viewed those that had been authorised and saw that any conditions were being met.
- People's ability to consent to care had been assessed. Where people could not give consent, a best interest decision had been taken. For example, one person had been supported to have a medical procedure and was deemed as not having capacity to understand. Staff worked with health professionals, learning disability specialists and hospital staff to improve the person's understanding and reassure them what was going to happen. This included showing them pictures of the hospital and visiting several times beforehand to allow the person time to become familiar with staff and their surroundings.
- The best interest meeting included observations of the person's understanding and views of others involved with their care, such as professionals or relatives. The deputy manager advised us that for this particular procedure, several best interest meetings had taken place before any decisions were reached.
- The registered manager had recently recognised that improvements were needed to the recording of mental capacity assessments. They had devised and implemented a new MCA document that ensured people's understanding and views were recorded in more detail and in line with current legislation. At the

time of inspection, this MCA was in the process of being added to all people's care plans. The registered manager was also planning to take it to the next manager's meeting, so it could be used in other East View Housing services.

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

- People told us that staff were kind and caring. One person said, "I love it here. The staff and managers work really hard." Another person said, "I like my keyworker. They are nice. We sing together." Another person described their key worker as, "Their best one." One person pointed at different staff and told us, "I like them."
- Other people could not tell us how they felt about staff, however we could see relationships had been built between them. People greeted staff with a smile and a hug. One person smiled at a staff member and said, "I love you, you're the best." Another person blew a kiss to a staff member and held their hand.
- A relative told us that the service was, "Absolutely amazing" and, "Brilliant." They said, "Staff are absolutely wonderful. I am just so happy. For the first time my relative is happy. They treat my relative like a grown up and an individual and talk to them with respect."
- A professional was complimentary of staff and the support they gave to people. They said, "Staff provide emotional support, are kind, caring and fantastic. They talk to people respectfully and don't judge them by their diagnosis. I can't fault them."
- We observed staff supporting people in a caring way. For example, one person became anxious and sought out the deputy manager to reassure them. The deputy manager spoke softly and held the person's hands. They asked them what was making them anxious and talked them through their worries. The deputy then talked to them about an event that they had enjoyed, and the person became excited, smiling and talking about how happy they were. They looked at the deputy and said, "You know what, you're lovely you are."
- Staff told us they loved their job and being with people. One staff member said, "I really enjoy it here and wouldn't want to leave. It's so rewarding, and people make us feel so welcome." Another said, "I really feel because the service is small, we can provide completely personalised care. We have lots of time for people and they are happy."
- Staff knew people well and understood the things that made them unique. For example, staff told us about one person who carried a toy with them wherever they went. A staff member said, "We know this is important to them and make sure they have it with them at all times." We observed staff checking where the toy was on inspection and talking to the person about it, which made them smile. Other people had spiritual support needs and staff went with them to church or to church events.

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

- Staff listened to people, understood how they communicated decisions and valued their opinions.
- During the inspection, one person didn't want to use public transport and asked for a taxi instead. Staff talked to them about this being expensive and suggested alternatives, but the person still wanted to use a taxi. Staff listened to this and supported the person to arrange this. The deputy manager said, "We give them all the information and advice but ultimately it's their decision and we respect that."
- Another person was asked if they minded us looking at their bedroom. The person said this was fine as long as we didn't touch anything, and staff made sure we understood this choice before allowing us inside.
- We saw that people were involved in regular meetings where they could discuss activities, health and safety in the home and menus. Meetings were documented in a pictorial way, with simple language used. People's reactions and views were also documented.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was continually promoted and encouraged.
- Staff had all received confidentiality training and understood about promoting people's privacy and dignity. They told us they held conversations privately and that personal information was stored securely.
- When people were receiving personal care or being given medicines, staff ensured that their bedroom doors were closed. We observed one staff member asking a person in a communal area if they could go to their room to chat, when they had to discuss support needs with them.
- For one person, it was very important to them that other people did not go into their bedroom. There was clear guidance for this and the person had their own key, so they could lock their door.
- The deputy manager told us that the service ethos was, "We maintain independence, and dignity, ensuring a fulfilled life and developing new skills." We observed staff promoting this during inspection.
- People were supported and encouraged to make their own drinks and meals. After meals, people were assisted to clean and tidy the kitchen. One person was being supported to do their laundry. A staff member said, "We encourage independence all the time. With personal care, we ensure they do as much as they can on their own. Another person does their own medicines and loves the responsibility."
- A staff member told us that cooking sessions weren't just about preparing food. People were encouraged to first choose what they wanted, then find out ingredients they needed and make a list. People then went shopping for ingredients. The staff member said, "This teaches people about the whole process and builds their independence skills in all areas."
- A relative said, "Staff are honestly absolutely brilliant. They encourage my relative to be independent. They help with the cooking, cleaning and laundry. Staff encourage them to do things themselves, which is how it should be."

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

- People received personalised care that was tailored around their wishes, preferences and routines.
- Information gathered during pre-assessments was used to formulate a bespoke care plan. This included information about people's preferences, goals, sensory needs, support needs and histories. For those who couldn't always express how they were feeling, there was detailed information on how they might present when they were well or unwell.
- People had a, 'This is me, document which held personalised information about the person, including their background, interests and communication needs. There was also a section on what was important to the person, such as their family, friends, routines, hobbies, ambitions, hopes and dreams.
- People had a 'Circle of support' document, which held photos of people, those important in their lives and favourite places or items.
- We saw that relatives and professionals were invited to annual reviews to discuss people's care. One relative said, "I am always invited and attend when I can. If not, I am phoned frequently by staff to keep me updated and to ask my opinion."
- People also met with their key-worker's every two months to discuss their care, what they had been doing and any personal goals. For example, one person had a goal to prepare their own packed lunches and staff had supported them to do this.

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.

- We observed interactions between staff and people and saw that staff knew their communication needs well. Some people used Makaton, a form of sign language or made vocal sounds, but staff understood what they were saying. They responded using signs and checked they had understood people.
- The deputy told us, "It's all about communication here. One person has hearing aids and we produced specific guidance to staff in how to clean and maintain this so the person could always communicate fully." Guidance was detailed and included pictures of equipment, so staff could fully understand how to maintain it.
- Some people could become anxious and staff had used alternative methods of communication to support with their understanding. This had included social stories. A social story is a simple description of an

everyday social situation. The goal of a social story is to share accurate social information in a patient and reassuring manner that is easily understood.

- Communication assessments included information on how each person communicated specifically, if they used any communication aids or tools and how to support them with this. For people that could not communicate verbally, this included different facial expressions or body language and what this could mean.
- People's documentation was personalised by using photographs of familiar objects to improve communication. For example, one person who had a finances risk assessment, had photos of their bank and their card. Other people had photos of their communication aids included in their communication plans.

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 were involved in activities that they enjoyed and that promoted their wellbeing.
- Since the previous inspection, people were no longer attending an external day service. Additional staff had been employed to provide activities for people at the service. The registered manager said, "We wanted to provide a personalised day activity programme that specifically met people's goals and preferences. It needed to be meaningful and involve people with the community. People really seem to enjoy this." Another staff member said, "This seems to have had a positive impact on people and feedback from them is very good. One person is communicating more and always wants to talk about what they have done."
- One person said, "I do lots of lovely things, I like it." Two other people were excited to show us pictures of activities they had taken part in or arts and crafts projects they had been involved with.
- Activities for people were designed around their hobbies and interests. For example, some people loved animals and volunteered at a local animal sanctuary. Other people loved to dance and attended a specialist dance class for people with learning disabilities. One person said, "Dancing is my favourite. I like seeing my friends there." For those people that wanted to improve their wellbeing, they were supported to go to the gym.
- People had visited florists to make their own bouquets and learn about flowers. They had also visited a local museum. A staff member said, "Staff made the experience very hands on for people which was important for their sensory needs. They learned about skeletons and got to handle some real bones."
- A day activity staff member said that they introduced a 'topic of the month' so that people could learn about areas such as health and safety or infection control. There was also a theme chosen by people, such as seasons, emotions or wellbeing, that activities were focused around. For example, at Christmas, people had made wreaths and learned about different religions. To promote wellbeing, people had learned how to make healthy smoothies.
- People were supported to maintain relationships with those that were important to them. One relative said, "My relative is in a relationship with someone who lives at another service. They are always around each other's homes and take turns cooking each other dinner." A professional said, "They recognised that it was really important for one person to maintain contact with their relative and had supported them to do this." Staff told us when the relative was unable to visit they transported the person home, so they could still spend time with them.
- People were encouraged to build links with the community and learn about different people and cultures. Recently they had donated some clothes to a homeless shelter and had volunteered at a soup kitchen. They had also taken part in a Christmas festival where they had built relationships with a local church. Some people had since chosen to attend other church events.

Improving care quality in response to complaints or concerns

- The registered manager considered feedback to be important and had developed ways of working with people to support them to do this.

- In the communal area, there were visual aids of emotions, such as a sad, angry or a frightened face. When people felt these emotions, they were encouraged to bring the relevant visual aid to the registered manager or other staff, so they would know they were unhappy and could discuss things. People were regularly reminded of how to use this in meetings.
- One person had used this method following an incident and the registered manager talked with them about how they were feeling and actions to go forward. The registered manager had documented this, actions taken and that the person had said they were satisfied with the outcomes.
- The deputy manager told us they had also introduced nurturing groups. This gave people the opportunity to meet together and talk about what was upsetting them. The deputy explained that they used pictures, colours, signs and symbols to get people to communicate their feelings. They said, "For example, we ask people what colours they associate with anger or jealousy and then ask them to colour the picture in the colour that they're feeling. We see this as a gentle approach to airing issues and discussing them together."
- A relative said, "I have never had to make a formal complaint. One time I raised something I was a bit worried about and this was dealt with very quickly by the registered manager. They're good like that."

End of life care and support

- No-one was receiving end of life support at the time of inspection. However, the registered manager and deputy manager had been developing their knowledge of people so that if required, support given to people at the end of their lives would be kind, compassionate and reflective of people's wishes.
- There were end of life packs for people, which held personalised information about their wishes and preferences. This included, 'When I am being cared for these things are important to me and will give me comfort', favourite colours, clothes and music. These documents were pictorial and also detailed how the person communicated their decisions to staff.
- The deputy said, "We ask people about their favourite flowers or clothes without the subject being scary. For example, one person loves a certain toy and carries it around with them everywhere. Therefore, we understand its importance and that they would likely want it with them if they were poorly." Families opinions and views were also sought.
- Staff explained that a person from another service and a member of staff had recently died. People were supported to understand using a variety of easy read documentation. The deputy said, "It was also about using open and easy to understand language. For example, "Died", instead of, "Passed away.""
- People had been supported to design their own personalised bouquets of flowers and had planted a rose in their garden for the staff member. Staff had also been supported with bereavement. The deputy manager said, "The registered manager is fully invested in staff wellbeing as well. They helped us organise an event to raise money for a charity that had supported an ill person. They sent a package of food to a staff member whose relative was in hospital. They were always offering to talk to people and staff."

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 told us they really liked the registered manager. One person said, "She's the best manager." Another person said, "I like to give them cuddles because they are lovely." A relative agreed, telling us, "The manager is very nice. They run it well and are always there for my relative. They're also organised and don't miss a thing."
- A professional told us that the registered manager focused on people and their wellbeing on a day to day basis. They said, "The registered manager is fantastic. They are very person centred and vigilant about consulting with people about changes. They have lots of house meetings and people are really involved." They also spoke highly about the provider, telling us, "I know people are going to be in safe hands with this provider. They have a good reputation and provide the best for people."
- Staff were also complimentary about the registered manager. One staff member said, "She's a good manager, very understanding and supportive." Another said, "The registered manager is amazing. Their approach with residents is inspiring. It's their empathy and understanding I'm most impressed with and the reason I took the job."
- Staff told us they worked closely as a team and felt, "More like a family." This included sharing ideas, supporting each other emotionally and working together to resolve issues. A staff member said, "The registered manager is particularly good at putting a positive spin on change. They do it in a way that makes staff enthusiastic and want to be involved and give ideas."

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 and said, "We promote an open ethos for people and staff. We encourage it always."
- The registered manager had a good understanding of when and who to report concerns to. We saw that any incidents were recorded in detail and relevant professionals informed as required such as the Safeguarding team and CQC.
- The deputy manager told us that this openness included relatives of people when things happened. A relative confirmed this, telling us, "They always let me know when something happens without any delay."

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

regulatory requirements

- Management and staff told us there was a clear line of responsibility. They all had areas that they monitored and told us when and how these were completed. For example, two monthly meetings were held with people by their keyworkers. Staff knew what was required to be reviewed and these were monitored by the registered manager to ensure they reflected people's view and opinions.
- The registered manager and deputy manager worked closely together to ensure that quality audit processes were completed consistently. This included the health and safety of the building, accidents, incidents, and complaints. The deputy manager did monthly infection control audits and regularly reviewed care plans, which meant they were up to date and relevant of people's support needs.
- We viewed the latest quality audits and saw that any actions to drive improvement were identified. They were allocated to individual staff and then monitored to ensure they were completed in a timely way.

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

- The registered manager was aware of the importance of obtaining feedback from people, staff, relatives and professionals to improve the service.
- We were unable to view the latest results from the most recent survey on inspection as they were being analysed by the provider. However shortly after the inspection, the registered manager discussed findings with us, which were all positive. A relative said, "I complete questionnaires all the time but have never had anything bad to say."
- Surveys for people were available in an easy read format. The responses of people had also been documented by staff supporting them to answer questions. The deputy manager said, "A large part of it is how staff support the person to answer questions and express their thoughts. They use individual methods of communication and made it unique to each person."
- Staff told us they attended regular staff meetings. This included discussions on people, health and safety of the building, training and policies. One staff member said, "We talk about ideas we have or any improvements that are needed. We also get thanked a lot for our hard work. They really seem to appreciate us."

Continuous learning and improving care

- The registered manager recognised the importance of remaining up to date with current legislation and good practice and promoted new ways of working with staff.
- The registered manager had reflected on their ways of recording incidents, particularly if behaviour was not something that was usual for the person. They developed a new form for recording incidents to improve oversight and this had been adopted by all managers with East View Housing.
- The registered manager had also recognised recording of mental capacity assessments required improvements and had introduced a new document to support staff in completing these with people effectively.
- The registered manager had recognised that end of life was a topic that required more thought and had devised an end of life tool for discovering people's wants and preferences in a non-obtrusive way. This tool had then been implemented at other East View Housing services.
- The registered manager and deputy manager attended regular meetings with managers from other services owned by the provider. This gave them the opportunity to discuss positive ways of working, share ideas and problem solve together.

Working in partnership with others

- The registered manager and deputy manager told us it was important to them that they worked with others to improve outcomes for people. We saw that they worked very closely with health and social care

professionals such as social workers, G. P's and behavioural specialists to improve people's wellbeing.

- A health and social care professional was very positive about the work they had done with staff from 1 Johnson Close, particularly in supporting a person with a specific health need. They said, "We had lots of meetings and staff had extra training. It is one of the most positive professional experiences I've had with a great outcome for the person involved. They are so happy living there and get exactly the right support they need."