

Review of compliance

East View Housing Management Limited
East View Housing Management Limited - 368 The
Ridge

Region:	South East
Location address:	368 The Ridge Hastings East Sussex TN34 2RD
Type of service:	Care home service without nursing
Date of Publication:	July 2012
Overview of the service:	This service is operated by East View Housing. The accommodation is a chalet bungalow with six ensuite bedrooms and provides a service to adults with learning disabilities. The service is close to public transport links. There is limited parking.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

East View Housing Management Limited - 368 The Ridge was not meeting one or more essential standards. Action is needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 12 June 2012, checked the provider's records, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

When we visited we met four of the people who lived in the home. Only one person we spoke with was willing to engage in the inspection process, and told us that they were happy.

What we found about the standards we reviewed and how well East View Housing Management Limited - 368 The Ridge was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People's privacy, dignity and independence were respected.

The provider was meeting this standard

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People experienced care, treatment and support that met their needs and protected their rights.

The provider was meeting this standard

Outcome 08: People should be cared for in a clean environment and protected from

the risk of infection

The absence of an infection control lead meant that there was no formalised system in place for the effective and routine update of staff in infection control practice. Infection control audits had not been implemented.

The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard.

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

The Provider was meeting this standard.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

People were cared for by staff that were supported to deliver care and treatment safely and to an appropriate standard.

The provider was meeting this standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

With the The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider was meeting this standard

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take. We will check to make sure that this action has been taken.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

We met four out of the six people who lived in the home. One person indicated that they did not wish to speak with us and we respected this. Another person was able to confirm their preference in regard to the planned redecoration of their bedroom.

Other evidence

Peoples' views and experiences were taken into account in the way the service was provided and delivered in relation to their care. When we visited we observed routines to be flexible. Staff provided support to people to get up at a time in keeping with their own preferences. Only those people who had appointments or day care were supported to get up earlier.

On files viewed we noted that a roster of household tasks was in place for each person. In discussion, staff confirmed that they actively involved people living in the home with tasks to help promote their independence. Staff said that people could choose to participate or not.

We observed that staff had considered the privacy and dignity needs of people in the home as there was some difficulty in maintaining window coverings in some people's bedrooms and in communal areas. One way staff had tried to maintain privacy had

been by the addition of a frosted film covering half of each window. Window blinds were provided in the majority of rooms. In one bedroom where window coverings could not be used staff had created a stain glass effect to ensure that person's privacy and dignity was fully protected.

People in the home were younger adults and we observed them to be dressed in casual comfortable clothing appropriate to their age.

When we spoke with staff they told us that they consulted with the people they supported about what they wanted to do each day. We observed and heard staff asking people about what they wanted to do. Interactions between staff and the people they supported were seen to be relaxed, respectful and friendly.

We looked at the records of three out of six people in the home. We found good evidence that the people concerned were supported to maintain contact with their family. There was also evidence that family, other professionals, and representatives, were involved in decisions about care and support.

During our visit a relative telephoned the home for an update and we observed a staff member responding to this in some detail.

The provider may wish to note that in files viewed we found that recording of decisions by professionals and family members to use residents' money for large purchases was not clearly documented

Our judgement

People's privacy, dignity and independence were respected.

The provider was meeting this standard

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

We spoke to people using the services but their feedback did not relate to this standard.

Other evidence

Peoples' needs were assessed and care and treatment was planned and delivered in line with their individual care plan. During our visit we observed routines in the home to be flexible and responsive to the needs of the people living there.

People who got up earlier had opportunities to go out more often with staff for walks, shopping, and other preferred activities if they wished. Staff we spoke with told us that people who lived in the home went out every day, sometimes several times in the same day dependent on their own preferences. During our visit we observed the people who lived there coming from, and going to, preferred activities. We also observed people refusing to go on planned activities and this was respected by staff.

We looked at the records of three people living in the home. We saw that each had an activity planner. Records were also maintained of actual activities attended. We noted that sometimes activities needed to be rescheduled as a result of people refusing to participate.

There was also evidence that activities changed. When we spoke with the manager and staff they indicated that peoples' interest in their activities was routinely reviewed.

Staff we spoke with demonstrated a very good understanding and knowledge of the

people they supported. They spoke affectionately but respectfully about the people they worked with.

Records viewed were well organised, and easy to navigate. Support plans detailed individual needs, these were personalised and comprehensive. There was evidence of updating. Care plans were supported by a range of risk information. There was good evidence that the majority of risk information was routinely reviewed and updated.

When we spoke with staff they told us they had received positive behaviour support (PBS) training. A new staff member told us that they felt quite confident as their colleagues had provided some initial PBS training as an interim measure until they could attend the course which was booked for them. Behaviour was well documented with triggers clearly identified. Strategies for managing behaviour were recorded in detail. There was evidence that these were reviewed following incidents. Staff advised that support plan and risk information would also be reviewed for possible changes in the event of an incident occurring.

There was good evidence that incidents and accidents were being recorded and supported by body maps to record injuries sustained through accident.

We observed and heard a staff member consult with a senior staff member with regard to updating a support plan. We later observed the staff member updating the support plan on the office computer.

In one file viewed we noted appropriate authorisations were in place for restricting the person's liberty; best interest meetings were held where necessary. A capacity assessment was also noted on the same file and we were informed this was a new process.

Each person in the home had a separate health file. Three of the files viewed indicated that people in the home had access to routine and specialised health support. Staff took account of peoples differing needs. For example they could evidence work undertaken to enable one person to access much needed dental care through painstaking and lengthy introductions. They were also proactive in seeking professional advice and interventions in response to health needs that impact on peoples health and behaviour; sexual well being for example.

The provider may wish to note that one health record viewed indicated a person was in receipt of regular physiotherapy each day. In discussion with staff they were able to describe the support they provided on a daily basis, but this was not recorded in the support plan or risk information.

Our judgement

People experienced care, treatment and support that met their needs and protected their rights.

The provider was meeting this standard

Outcome 08: Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

What we found

Our judgement

The provider is non-compliant with Outcome 08: Cleanliness and infection control. We have judged that this has a minor impact on people who use the service.

Our findings

What people who use the service experienced and told us

We spoke to people using the services but their feedback did not relate to this standard.

Other evidence

When we visited we found the home to be clean, with no unpleasant odours. Staff were observed accessing protective clothing to undertake personal care tasks. Staff confirmed that they always had access to supplies of aprons and gloves.

We were advised that there was a level of incontinence amongst some of the people in the home. On occasion clothing needed to be sluiced in a laundry sink before going into the wash. There was no formal protocol for this to ensure that a deep clean of the area was conducted, although staff said they would ensure the area was cleaned thoroughly.

Laundry facilities were satisfactory. Staff demonstrated a good understanding of how soiled laundry should be appropriately managed. They told us that they separated soiled from normal laundry by use of red alginate bags that dissolved in the wash.

Designated cleaning staff were not employed at the home. Cleaning tasks were allocated to care staff; people in the home were also allocated household tasks to undertake with staff support if they wanted to. A roster of daily tasks was viewed for staff on the day and night shift. We were told that the majority of cleaning tasks were undertaken at night, where they did not disturb people living in the home.

Staff told us that bedrooms were tidied weekly, showers and baths were cleaned after every use. Ensuites were cleaned weekly. They thought that present cleaning frequencies were sufficient to maintain the cleanliness of the home.

When we spoke with staff they advised us that they had completed their infection control training. This was confirmed by the organisation using a training spreadsheet which we were given access to.

However, staff said that they did not receive additional information about infection control matters in between their training updates. Staff were unaware if there was an infection control lead linked to the service. They were not aware of any infection control audits having been conducted. In discussion the manager confirmed that there was currently no named infection control lead and audits had not commenced.

Our judgement

The absence of an infection control lead meant that there was no formalised system in place for the effective and routine update of staff in infection control practice. Infection control audits had not been implemented.

The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard.

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

* Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

The provider is compliant with Outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us

One person we met and spoke with confirmed they had moved some furnishings in their room to where they wanted them; they indicated that they did not want staff to change this.

Other evidence

The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained.

When we visited the home we were shown around communal areas. Two people living there also allowed us to look at their bedrooms. We observed these had been personalised to reflect specific interests.

We observed that communal areas were spacious and comfortably furnished, and provided a light modern environment. Furniture and fittings were of good quality and in good order.

Staff told us that repairs were usually completed within a reasonable timescale with some repairs prioritised over others depending on their importance. We saw maintenance repair report sheets requesting repairs. There was an appropriate time frame between the raising of the majority of repairs and their completion.

The needs of people in this service were complex and therefore décor and furnishings were subject to wear and tear. Replacement furniture was required for some people on a more frequent basis. The manager advised that because of this they had sourced

better quality more sturdily made furniture which had been adapted to suit the needs of people in the home. The new furniture ensured that people could continue to have televisions and computers in their rooms as these were now housed in protective cupboards.

We observed that one person had personalised their bedroom door to identify their room. We were advised that the staff team were looking at possible options to enable other people to do the same. Previous attempts to do so had been damaged or torn off by other people living in the home.

An upstairs bedroom was in the process of being redecorated. However, this needed to be done with the involvement of the person living in the room and at a pace that suited them.

We checked servicing of equipment, gas and electrical installations. We found that portable electrical appliances testing (PAT) had been carried out within the last 12 months. Fire extinguishers had also been serviced recently. These were kept in special approved cabinets to reduce opportunities for people in the home to handle them inappropriately. The electrical installation had been serviced and was not due a recheck for some years.

Staff told us that they carried out regular fire drills and recorded tests and checks of fire equipment and the alarm system. Records viewed confirmed this.

A health and safety audit had been conducted by an external contractor. Some recommendations for improvements were made as a result of this. However, the provider may wish to note that some recommendations were still to be implemented. We also noted that the carpet on the stairs was worn, and could pose a tripping hazard for people and staff in the home.

Our judgement

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

The Provider was meeting this standard.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

We spoke to people using the services but their feedback did not relate to this standard.

Other evidence

We spoke with four staff in addition to the registered manager. All staff spoken with confirmed that they had access to mandatory and specialist training. All staff said they thought that their mandatory training was up to date in most areas. We viewed a training spreadsheet to confirm this. We noted some staff were overdue refresher training, but, we also noted documentation to confirm booked courses for those staff that were due updates.

We spoke with two newer staff. Both confirmed they had received an in depth induction. Both new staff confirmed that initially they had spent five or six days in a supernumerary capacity. This had enabled them to familiarise themselves with the environment, policies and procedures and the support and positive behaviour plans of people in the home. They were also expected to complete work units, these ensured staff had the appropriate knowledge and skills to offer effective support. They were assessed on their completion of these units.

Both staff confirmed they had shadowed more experienced staff during their first week working at the home. They said they had found this helpful.

New staff said they felt well supported by the manager and other longer serving staff whilst on induction. They said that they had met regularly with the manager during their probationary period

When we spoke with two longer serving staff they confirmed there were opportunities for career progression within the organisation. They spoke positively about the support offered by their manager to help them toward this.

Staff confirmed they had access to regular team meetings. They said they received monthly supervision sessions. The provider may wish to note that the frequency of manager supervisions had not been maintained.

Staff we spoke with said that the manager operated an open door policy; they liked this and felt comfortable about approaching the manager outside of usual supervisions times with any issues. Staff said they felt able to raise issues within staff meetings and felt listened to.

Our judgement

People were cared for by staff that were supported to deliver care and treatment safely and to an appropriate standard.

The provider was meeting this standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We spoke to people using the services but their feedback did not relate to this standard.

Other evidence

With the exception of infection control audits, the provider had an effective system to regularly assess and monitor the quality of service that people received.

The manager told us that families and representatives of people who lived in the service were surveyed for their views. We saw evidence of survey feedback.

The manager advised that survey feedback rarely highlighted issues of concern or suggested improvements. However, all comments would be analysed and any improvements made where this was in the best interest of the people in the home.

Service development plans were in place for one, three and five year intervals.

In discussion staff confirmed that health and safety, and medication audits were in place. In addition an external health and safety audit of the service was conducted.

A comprehensive periodic service review was also undertaken by senior managers every three months. Actions were identified for any identified shortfalls with a timescale for completion. Follow up that compliance had been achieved and monitoring was undertaken by senior managers at subsequent reviews.

Our judgement

With the The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider was meeting this standard

Action we have asked the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 08: Cleanliness and infection control
	<p>How the regulation is not being met: The absence of an infection control lead meant that there was no formalised system in place for the effective and routine update of staff in infection control practice. Infection control audits had not been implemented.</p>	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
Further copies from	03000 616161 / www.cqc.org.uk
Copyright	Copyright © (2010) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA