

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:	September 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 meeting all the essential standards of quality and safety inspected.

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 to check whether East View Housing Management Limited - 368 The Ridge had taken action in relation to:

Outcome 08 - Cleanliness and infection control

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 16 August 2012, checked the provider's records, observed how people were being cared for, talked to staff and talked to people who use services.

What people told us

We used a number of different methods to help us understand the experiences of people using the service, because the people using the service had complex needs which meant they were not able to tell us their experiences. We looked at records, observed care and spoke to staff.

When we visited we saw three people who were coming and going from the house and to and from activities.

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

Outcome 08: People should be cared for in a clean environment and protected from the risk of infection

People were protected from the risk of infection because appropriate guidance had been followed.

The provider was meeting this standard.

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 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 compliant with Outcome 08: Cleanliness and infection control

Our findings

What people who use the service experienced and told us

We used a number of different methods to help us understand the experiences of people using the service, because the people using the service had complex needs which meant they were not able to tell us their experiences. We looked at records, observed care and spoke to staff.

Other evidence

We previously inspected this service on 12 June 2012 and had found shortfalls in the monitoring and auditing of infection control within the service. We asked the provider to send us an action plan of what improvements they were implementing to address these shortfalls. The provider sent us an action plan within the required timescale.

We visited the service again on 15 August 2012 to check that the improvements the provider had told us about had all been implemented.

We met the registered manager who informed us that a new infection control lead had been appointed. They informed us that the lead had received additional training and had already conducted the first infection control audit of the service.

We met a senior member of staff who advised us that they were the appointed infection control lead. They confirmed that they and other infection control leads within the organisation, had received additional training in June 2012 to fulfil their roles. They said that a number of dedicated hours had been set aside each month for them to undertake their duties. This enabled them to undertake and write up audits, and research using

the Internet and other information sources.

At team meetings there was an allocated slot for feedback in respect of Health and safety and infection control matters. We viewed a copy of the last team meeting minutes, and found reference to infection control arrangements and issues recorded there.

We looked at the first infection control audit conducted. We noted this had highlighted areas for improvement. We asked the manager what action had been taken to address the areas identified within the audit. They told us that the audit had identified that some furnishings needed replacement and a programme was underway to do so with a number of new furniture items ordered. We were shown evidence of email requests for all replacement items. Consideration had been given not only to the comfort of furniture but to issues of cleaning when selecting replacement furniture and furnishings.

Decor was subject to heavy wear and tear from the people who lived in the service. The audit had identified some areas of the building for redecoration. These areas had already been identified for inclusion within a five year works maintenance programme. The audit had raised awareness about the type of materials to be used to effect easier cleaning. The manager reported these findings would be taken into consideration within the works programme.

The manager and infection control lead both felt that the audit had a positive impact on staff, who they thought now worked more as a team in respect of maintenance of good infection control. A re-evaluation of cleaning schedules had taken place to ensure these fully reflected tasks to be undertaken. Full bedroom checks were now in place each week. A monthly deep clean of different rooms was scheduled and arrangements were in place for the maintenance person to help with moving heavier furniture. The service had reviewed cleaning equipment and had already purchased a better vacuum cleaner to improve cleaning quality.

The manager and infection control lead had instituted unannounced checks of infection control compliance by staff and these were recorded. As a result of these visits the manager had identified the need for staff to refresh knowledge and understanding of all policies and this was being implemented.

The manager informed us that it was their responsibility to ensure that actions from infection control audits were addressed. This would however, be monitored for compliance by the provider through the periodic service review process. It was too early to judge how effective the monitoring was.

We checked the training matrix for the service and noted that the majority of staff infection control training was in date. We saw that three staff due updates were booked onto a course in October 2012.

We observed staff interactions with people they supported. We noted staff were mindful of promoting good infection control with people they supported. They did this by prompting and encouraging handwashing between activities.

Survey feedback gathered by the service from relatives had not highlighted any concerns from them in respect of cleanliness or infection control.

There were effective systems in place to reduce the risk and spread of infection.

Our judgement

People were protected from the risk of infection because appropriate guidance had been followed.

The provider was meeting this standard.

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

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