East View Housing Management Limited

East View Housing Management Limited - 19 Alexandra Road

Inspection report

19 Alexandra Road
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

East View Housing (19 Alexandra road) is a residential care service for three people with learning disabilities. It is situated over three floors with a communal lounge, kitchen and dining area. Bedrooms are located on the second and third floor with a communal bathroom and toilet.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. (Registering the Right Support CQC policy)

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Although regular quality audits were completed by the registered manager and senior support worker, a number of shortfalls were found within record keeping which suggested current auditing processes needed to be developed. Staff had a thorough knowledge of people and their support needs, which meant where shortfalls were identified, there was limited impact to people. However, support needs were not consistently identified within care documentation. This was an area that the registered manager had already identified as requiring some improvements.

People were safe. Staff had a clear understanding on how to safeguard people and protect their health and well-being. People had a range of individualised risk assessments to keep them safe and to help them maintain their independence. Where risks to people had been identified, risk assessments were in place and action had been taken to manage the risks. There were sufficient numbers of suitable staff to ensure peoples safety.

Staff received regular training, supervisions and attended meetings to ensure they were well supported and had the knowledge and skills to support people. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's nutritional needs were met and they were given choice and control over what they wanted to eat and drink.

People and relative's felt that staff were kind and caring. It was evident that staff knew people well and

strong relationships had been built. People's privacy, dignity and independence was promoted at all times and they were encouraged to engage with a variety of social activities of their choice in house and in the community.

Staff knew the people they cared for and what was important to them. Staff appreciated people's life histories and understood how these could influence the way people wanted to be cared for. Each person also had a key-worker; this was a named member of staff who had a central role in their lives and would oversee their support needs and care plans. Care plans were person centred and emphasised involvement from people, their relatives and health professionals.

People and their relative's felt that they were listened to and were confident complaints were dealt with effectively. People, their relatives and staff were complimentary about the management team and how the service was run.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remained Good.	**Good**
Is the service effective? The service remained Good.	**Good**
Is the service caring? The service remained Good.	**Good**
Is the service responsive? The service remained Good.	**Good**
Is the service well-led? The service was not always well-led. Quality audits did not always identify inconsistencies or information that was missing in care documentation. People, their relatives and staff spoke highly of the registered manager and felt the service was well run.	**Requires Improvement**

East View Housing Management Limited - 19 Alexandra Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 13 March 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often supporting staff or providing care. We needed to be sure that they would be in and that our visit would not disrupt the lives of people there more than necessary.

East View Housing (19 Alexandra Road) is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Two inspectors were present on the day of inspection. Before the inspection, we checked the information held regarding the service and provider. This included previous inspection reports and any statutory notifications sent to us by the registered manager. A notification is information about important events which the service is required to send to us by law. We also reviewed the Provider Information report. This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make.

On the day of inspection we spoke with people that used the service about their day to day experiences. We spoke with a staff member, the registered manager and senior support worker. We spent time reviewing

records, which included three care plans, three staff files, staff rotas and training records. Other documentation that related to the management of the service such as policies and procedures, complaints, compliments, accidents and incidents were viewed. We also 'pathway tracked' the care for people living at the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care.

Following the inspection we spoke with two relatives about their experiences of people living at 19 Alexandra Road.

Good

Is the service safe?

Our findings

People were safe. Although not everyone was able to tell us they felt safe, we saw people were comfortable and relaxed around staff that knew them well. One person said, "Staff make me feel safe, I like living here". Another nodded and gave the Makaton sign for 'yes' when asked if they felt safe living at 19 Alexandra Road. Relatives confirmed they felt people were safe, one told us, "Absolutely. I am certain my relative is safe and have no concerns at all."

There were sufficient levels of staff to support the needs of people who lived at the service. People had the same staff who worked regularly with them which meant they knew and felt comfortable around familiar people. Any absences were covered by other core staff from another East View Housing home or agency staff that knew people well. This ensured that people received continuity of care.

The provider had completed thorough background checks as part of the recruitment process. This included applications to the Disclosure and Barring Service, which checked for any convictions, cautions or warnings. References from previous employers were sought with regard to their work conduct and character and these were evidenced in staff files. People were also part of the recruitment process and interviewed potential new staff. This process ensured as far as possible staff had the right skills and values required to support people living at 19 Alexandra Road.

In-depth risk assessments had been completed for people, staff and the building, that were person and task specific. If a risk was related to a particular behaviour, such as a person becoming angry or distressed, this was clearly described and included ways on how to support the person during this time. Other people had in-depth assessments regarding specific health conditions such as Diabetes and how these should be managed.

People's medicines were managed so that they received them safely. One person managed their own medicines and was very proud of this achievement. Another person had shown confusion around taking their medicines and so a separate document had been designed for staff and the person to sign. This was then used if the person needed a reminder that they had already taken their medicines. Staff were not able to support with medicines unless they had received relevant training. Some people took medicines on an 'as and when required' basis (PRN). Records were used that detailed why the medicine was prescribed and the dose to be given. There were good arrangements for the storage, ordering and management of medicines. People had their own medicine cabinets in their bedrooms to encourage person specific care and independence.

Staff demonstrated a good knowledge of how to recognise and report signs of abuse. Safeguarding training was provided and reviewed regularly. Staff had a good understanding of how to prevent the spread of infection and we saw that personal protective equipment (PPE) was used regularly to support this.

People lived in a safe environment. Regular Health and safety checks were completed which included equipment, fire safety checks and regular fire drills. There were detailed Person Emergency Evacuation Plans

(PEEPS) for people. This ensured that staff and people knew how to evacuate the building in an emergency. One person knew how to test the fire alarm system and supported the manager to do this each week. Maintenance work was reported and completed within relevant timescales and the registered manager had scheduled further works for re-decorating people's rooms.

Good

Is the service effective?

Our findings

When asked about staff and whether they had the skills and knowledge to support people, one person gave us a big smile and a 'thumbs up'. Another said, "Yes I think so. I know they do training sometimes too." A relative said, "Staff are very knowledgeable on how to support my relative with a specific health condition and cope very well. They know exactly what to do."

Staff had the appropriate skills and knowledge to support people living in the service. Staff told us that they received training in giving people medicines, health and fire safety, food hygiene, mental capacity and infection control. Staff also had additional training in supporting with choking risks, challenging behaviour and Diabetes to ensure they had the skills to support people with specific needs. Staff records showed that training was up to date and regularly reviewed.

All staff received regular supervisions with the registered manager. Appraisals were also completed annually and considered staff's individual goals, positive work practise and areas for improvement. This was confirmed by staff and individual staff records. Staff at 19 Alexandra Road had been in the service for many years and were involved with inducting new staff from other East View Housing services. They advised said that induction had improved a great deal since they had started. Staff were given opportunities to meet people and shadow experienced staff, so that they could get to know them and their support needs.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff demonstrated a clear understanding of involving people in decisions and asking their consent before providing care and support. This was observed during interactions between staff and people and was also documented within care plans. Staff knew people very well and recognised that they were able to give consent for day to day living decisions, but may need additional support with understanding more complex decisions, such as issues to do with their health.

People's nutritional needs were met. Staff demonstrated understanding of people's preferences but also encouraged healthy eating. People sat together once a week to plan their menus. One person had been referred to the Speech and Language Team (SALT). There were detailed assessments that identified the consistency of food the person required to minimise the risk of choking. The registered manager told us that the person liked to enjoy the same foods as everyone else. They had pictures of the person's favourite foods and how they could be prepared or altered slightly so that they could still be enjoyed. Staff also showed the person their food before it was cut up or mashed, so that they were reassured they were having the same meal as others.

The service supported people to maintain good health with input from health professionals if they were feeling unwell. People had a yearly review of their health and well-being with their GP. One person told us they made their own appointments and went independently. They were also being encouraged to develop relationships with the local pharmacy for health advice when the GP was not required. There were

'Healthcare/Appointment logs' in each care plan that demonstrated contact with health and social care professionals throughout the year. Each person had their own individual hospital plans. With people's permission, these were given to paramedics or hospital staff should the person need to go to hospital. These plans included details about the person such as allergies, contact details for the home and their families and any medical history. There was also a list of their current medication, their methods of communication and how to alleviate any anxiety.

People told us how they decorated their bedrooms in the colours they wanted and that they chose the layout of their bedrooms. We saw people had personal belongings such as photographs and posters which were important to them and made their bedrooms feel like their own. Communal areas were also given a homely feel and decorated with photographs and ornaments that people had chosen. One person had requested to have fish and was excited to show us their fish tank in the lounge. There was also an outside garden that people could use.

Good

Is the service caring?

Our findings

People and their relatives felt that staff were kind and caring. People told us staff were, "Very nice", "Funny" and "Good listeners". They smiled or gave thumbs up when talking about staff. One person talked about one particular staff member saying, "They go above and beyond, even when they're not on shift they will take me out." They also said, "The best thing about living here is that I can go out when I want to. There are no time restrictions and I can come home when I want to."

Staff told us that they enjoyed working at the service and that was why they had stayed there for years. We were told, "The best thing about working here, is how well the company supports and cares for people." Because of this, they said, "If I knew anyone that needed support, I would highly recommend this place without hesitation." Relative's described staff as, "Very kind and caring" and "Attentive" and also said, "I know my relative is happy and well cared for because they consider 19 Alexandra Road to be their home and when they visit me, they want to go back." Another relative said that their relative was "Completely happy and settled."

Staff knew the people and their support needs well. We observed this in interactions between people and staff. People were happy and excited to see staff when they came to work and hugged or high-fived them. Exchanges were friendly and evident of a relationship built on mutual trust and respect. People and staff spent time looking at photographs and reminiscing over activities they had shared. Staff also knew about people's interests, support needs and things that could potentially make them anxious.

Staff ensured that people's dignity and privacy was respected and promoted. We saw that staff knocked on people's doors before entering and always asked for their opinions about what they wanted to do, or how they felt. People were addressed by their preferred name and their bedrooms were considered a safe place where they could go if they needed space. Staff had a good understanding of how to ensure confidentiality was maintained. People's documentation was kept in a locked cabinet in the office and any discussions about people were held in private, unless the person wanted other people involved.

We saw that people were enabled to be as independent as possible. One relative said, "In my opinion one of the best things about the home is how they encourage people to be independent." An example, one person wanted to attend an activity that was finishing too late to use public transport to get home. This person was supported to choose and book overnight accommodation. The registered manager consulted with the learning disability team to complete an appropriate risk assessment. The person also developed a plan with staff so that they felt confident on where to go and who to call if they had any worries. This ensured that the person could enjoy their chosen activity fully, without having to leave early.

People were involved in making their own decisions and encouraged to express their views. We saw that choices were offered in all aspects of care. People told us that they met with their keyworker's regularly to talk about what they wanted to do and any goals they had. One person told us, "Staff always ask us for our views in meetings and if we are unhappy, ask us if we want to fill in a complaint's form." Residents meetings were held every two months. We could see that people talked about their families, the weather, activities,

menu planning, maintenance around the house and health and safety. One staff member described meetings as, "People led. They can talk about whatever they want as it's their meeting."

People told us that staff were caring and supportive when they felt upset. One person told us, "My friend passed away and staff were really nice to me. They organised for me to go to extra gigs which made me feel better." The registered manager sourced an easy read document on 'Understanding bereavement' which was used to support the person during this time. The person also told us that they had a 'Good stuff' folder, where they could write about good things they were doing or activities they particularly enjoyed. The person told us, "This helps me to feel happy when I am angry or sad about something."

Good

Is the service responsive?

Our findings

People told us that staff were responsive to them if they were feeling unwell. One said, "I tell staff" and they help me." Another said, "There is always someone to talk to. They encourage me to go to my GP or the pharmacy independently but also go with me if I need them to." Relatives advised that they are always kept informed of any changes to their relative's health or support needs by telephone or when they visit.

People received care that was tailored to them as individuals. Before moving into the service, support needs were assessed and detailed 'Pre-admission plans' completed with involvement from people and their families. These were used to formulate person centred care plans for people which included information on their preferences, dislikes, daily routines, choices and what was important to them.

The provider was responsive to people's changing support needs and worked with health professionals and outside agencies to improve quality of life. One person received regular in-put from professionals to support them with emotional needs. Others had in-put from various professionals, such as learning disability nurses, the SALT team and GP's in response to their changing health needs. One person told us how they really wanted to go to a festival; this had required the involvement of a physiotherapist to prepare for this event to ensure the resident could rise to standing on their own. A document with a step by step guide for how to get off the floor had been developed, with photos of the person doing each step themselves. The person told us some of the hurdles they had overcome such as using portaloos and forgetting willies; this was clearly a memorable occasion for them where they were supported to be independent.

People took part in activities that encouraged social interaction and wellbeing and had complete choice and control over what they wanted to do each day. One person told us about activities they had enjoyed such as going to the zoo, carnival and fireworks, motorbikes, steam boat, hot air ballooning, wrestling, banger racing and falconry. Other people told us how they were supported to see their families or friends on particular days. People were supported to go on holiday, either with staff, their families or other organisations. This included trips to festivals and a once in a lifetime trip, cruising around the Caribbean. One person was a trustee for a group called, 'Gig buddies' and was supported to gig's or concerts a couple of times a month. Another person was passionate about drumming and showed us a video of them playing with a local band at their Christmas party. Although there was only one staff member on shift each day, the registered manager was available in the building to offer support if needed. One person felt confident being at home on their own if other people needed staff support to go out and the provider had addressed any concerns in a risk assessment. This meant that people had the flexibility to change their routines if they chose to.

People's views were listened to. They were actively encouraged to express their views about the service and were given clear information about how to make a complaint. This was available in an easy read format. This document had pictures as a communication tool and also space to write what was upsetting them. There were no recent complaints and the registered manager felt that this was because they promoted an open culture where people discussed their concerns straight away with staff and each other. The manager had created an "about diversity" booklet in an easy read format to promote positive relationships in the

service. People understood their rights as individuals and how to express themselves. The booklet included being treated fairly, equalities, sexuality, race, language, harassment, religion and bullying.

Although no-one required end of life support during inspection, the provider had talked with people about their preferences for the future. Where people did not want to discuss end of life care, this was written in their care plan. Other people had an easy read end of life plan. The plan was detailed and specific to the person. It included information about 'people who are important to me', what to do with possessions, funeral arrangements, wishes about flowers, music, choice of minister, readings, clothing and donation.

Requires Improvement

Is the service well-led?

Our findings

People spoke highly of the registered manager and we could see that they had a good relationship with them. One person hugged them when they came into the room. Another described them as, "My best manager. They are my lifeline. We wouldn't be anywhere without them." Relative's described the registered manager as, "Organised", "Pleasant" and "Absolutely lovely."

Staff were also complimentary of the registered manager and described them as "Supportive", "Fair" and "Understanding." A staff member told us, "The manager always compliments and thanks us, it makes us feel appreciated". The registered manager also told us that they felt supported in their role by staff at head office, particularly the quality assurance manager who visited the service to do quality audits. The registered manager attended regular meetings with managers from other East View Housing accommodations, to discuss good practice and areas of learning.

Despite this positive feedback, there were some areas that were not well-led.

There was a number of quality audit tools used to look at people's documentation, which included two monthly key worker reports, and monthly senior and manager reviews. These looked at the building, documentation for people and staff, compliments, complaints, accidents and incidents. However, we identified some records inconsistencies during this inspection which suggested quality tools used were not always effective. Some care plan's lacked consistency or information was contradicting. For one person, the care plan referred to the need for full support for dental hygiene and in another for prompting only. Information about capacity was also not always consistent throughout files. For example, a care plan stated in one place that a person, "understands risks related to their health condition but sometimes chooses to ignore advice" and in another place "does not have capacity to understand". On discussion with the registered manager this was felt to reflect changes in assessment over time and out of date information had simply not been removed from the care plan.

It was evident from speaking with the registered manager and staff, that they knew people and their support needs well. However, information was not always reflected in care documentation. An example of this was for a person who became anxious and forgetful with their medicines. Staff had introduced strategies to reduce this anxiety, however information about additional support provided was not written in their care plan. The care plan for mental health also did not include information about a possible diagnosis of dementia that had been provided by the registered manager before inspection.

One person required support with a specific eye condition however this was not reflected on their most current communication plan. The registered manager and staff were able to tell us which people had sensory or communication needs and how they were supported; therefore there was minimal impact on people. However, these guidelines were not in line with the Accessible Information Standard (AIS) This standard applies to people who have communication needs relating to a disability, impairment or sensory loss and identifies steps that providers should follow to ensure these needs are identified, recorded and met appropriately. We recommend that the provider refers to current guidance regarding AIS to improve their

practise.

One person was on restricted fluids due to a medical condition and had a chart for staff to monitor fluid intake. We found that for several days in the month, they had been given more than the recommended daily intake of drinks. A specialist nurse who knows the person well, advised that there was no risk to their well-being, however audits of the person's care documentation had failed to identify this issue.

The registered manager had already identified that audits were an area for development, particularly around consistency and quality of care plans. They had recently spoken with the company's head office to make changes to their reports. This was something that the registered manager was keen to improve and they discussed ways they could achieve this, such as amending key worker and manager monthly audits along with additional staff training.

The registered manager had good oversight of accidents and incidents and responded in a timely way to concerns. An example of this was for several incidents of people disagreeing over shared items in communal areas. In response, the registered manager spoke with people directly about issues and devised an easy read document with pictures of items and people to remind them about sharing with others. This was kept in communal areas and regularly reviewed with people during meetings. Since the introduction of this document, there had been a reduced number of incidents.

The provider sought out views about the quality of care and valued feedback given. Questionnaires were completed yearly by people, their families and staff. The registered manager used this information to generate an overall document which detailed positive feedback and constructive comments. Any actions identified for improvement were addressed and feedback given to the relevant person. Relatives confirmed they were regularly asked for their feedback and surveys were sent to them.

During inspection, we found the registered manager to be open and transparent. They were aware of areas that still required improvement and discussed actions they were going to take to rectify these. Issues that were identified on inspection were reflected upon by the registered manager and senior support worker with actions being taken immediately. This demonstrated a willingness to improve.