East View Housing Management Limited

East View Housing Management Limited - 51 Chapel Park Road

Inspection report

51 Chapel Park Road
St Leonards On Sea
East Sussex
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Ratings

Overall rating for this service	Good

Is the service safe?	**Outstanding** ☆
Is the service well-led?	**Good**

Summary of findings

Overall summary

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

About the service
Eastview Housing – 51 Chapel Road is a residential care home providing personal care to 4 autistic people at the time of the inspection. The service can support up to 4 people.

People's experience of using this service and what we found
Right Support
People were at the centre of their care and support. Staff used innovative ways to support people to learn how to manage risks around expressing themselves and risks associated with their physical health. In doing so, risks to people had been significantly reduced and their quality of life had improved. Staff provided consistent and effective support to help people to achieve their goals. People were supported to have maximum choice, control and ownership over their medicines. Staff had ensured people had the correct support to administer their own medicines and worked constantly to remove barriers that may have otherwise prevented people from doing so. 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.

Right Care
People were supported by staff that were kind and caring. Staff knew people well and communicated effectively with people to ensure they felt understood and valued. Staff spoke with people in a dignified and respectful way and often made people laugh. Information included in people's care plans was individual and included what was important to the person.

Right Culture:
The culture of the service was focused around empowering people to live how they chose to. Staff regularly reviewed with people what they would like to do and what they wanted their days to look like. The registered manager and management team led by example and was involved in advocating for people to receive person-centred, holistic support from both staff and other health and social care professionals involved in people's support.

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

Rating at last inspection

The last rating for this service was good (Published 7 April 2018).

Why we inspected
This inspection was prompted by a review of the information we held about this service. We undertook a focused inspection of the safe and well led key questions. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Outstanding ☆

The service was exceptionally safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

East View Housing Management Limited - 51 Chapel Park Road

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
This inspection was carried out by 1 inspector.

Service and service type
East View Housing Management Limited - 51 Chapel Park Road is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. East View Housing Management Limited - 51 Chapel Park Road is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage

the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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.

What we did before the inspection
We reviewed information we received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spent time with and spoke to everyone that lived at the service and observed interactions between people and staff. We spoke to 4 members of staff including the registered manager, deputy manager and support staff. We received feedback from 3 health professionals. We spoke to 2 people's relatives about the care and support provided. We reviewed 3 people's support plans and 2 people's medicine records. We were sent and reviewed documents relating to monitoring and quality assurance processes.

Outstanding ☆

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has changed to outstanding. This meant people were protected by a strong and distinctive approach to safeguarding, including positive risk-taking to maximise their control over their lives. People were fully involved, and the provider was open and transparent when things went wrong.

Assessing risk, safety monitoring and management

● The provider had created a transparent and open culture that encouraged creative thinking in relation to people's safety and taking risks. Staff worked with people to look at levels of risk in different areas such as falls, physical health and risks around eating and drinking. Staff worked together with people when they wanted to do something which could be risky and discussed how they could support people to do this whilst remaining safe.

● People were empowered by staff to manage and reduce their own risks. For example, one person's goal was to lose weight. Staff supported them to reach their goal weight which had a positive impact on their physical health. Due to this person's weight loss, they no longer needed to take medicine for diabetes and had their blood pressure medicines reduced. They were very proud of their achievement and had then been empowered to share their knowledge with staff to support them to achieve their own weight loss goals.

● Staff worked with people to manage their own reactions when they became distressed or upset. One person told us how staff had helped them to use a hand signal that informed staff they needed time and space to calm down before speaking to them further. The person told us, "I find it helpful. It gives me time to calm down." A relative told us staff had worked with their loved one to help them to express when they were upset. The relative told us, "Staff came up with a yellow card, red card system for [person] to give to staff depending on how they were feeling. This made sense to [person] because they're a big football fan." People had clear information in their care plans on what may cause them to become upset and how staff should react to support them in the best way possible. This had been discussed and agreed with people where possible. Supporting people to communicate their distress in different ways had led to a significant reduction in incidents of people getting more upset.

● Staff worked in partnership with health professionals to support people to manage any health risks. One person was at risk of frequent urinary tract infections (UTIs). Staff discussed the possibility of changing their personal care and continence routine with them in order to support them to manage this risk. Staff worked in partnership with the learning disability team, occupational therapist and physiotherapist and arranged for equipment to support this change. Staff bought an audio device that reminded the person to get up and go to the bathroom in the morning and equipment for them to be able to use the bath safely. Consistency with this new routine and vigilance from staff had led to a significant decrease in UTIs for the person and increased independence and self-esteem.

● People took part in fire safety sessions and fire drills. People had personal emergency evacuation plans (PEEPs) in place which were individual to each person and easily accessible in the event of an emergency. For one person with a hearing impairment, they had a strobe light on their ceiling and a device under their pillow that vibrated to alert them if the fire alarm was activated. This enabled them to maintain the ability to

respond independently in the event of a fire. They told us this worked well for them.
● One person had a condition that impacted on their mobility and independence. They were supported to mobilise using equipment. Staff involved the person in this process by teaching them how to attach the correct loops of their sling onto the equipment themselves. Staff told us, "It is so important to [person] for them to be as independent as possible, we try to think creatively of any way we can encourage them to continue to be as involved as they can be." Staff had also worked tirelessly for this person to obtain finances for a specialist wheelchair in order for them to be able to mobilise more independently.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)
● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
● Staff understood about capacity and consent and worked with people to reduce any restrictions they may have in place. For example, one person moved into the service with a legal authorisation to prevent them from leaving the home following an incident. Staff had worked with them to increase their understanding and confidence around going out. As a result of this work, the authorisation had been removed, ensuring they were as free from restrictions as possible. Staff regularly supported them to go out and they told us they really enjoyed going out with staff.
● One person had previously required restrictions such as clinical holds and sedation in order for health professionals to take blood from them. Staff worked with the person using social stories, practice sessions and reassurance over 4 years to gradually increase their understanding and acceptance of the process. Staff worked in partnership with the nursing team to ensure that the same nurse supported them to build up consistency and familiarity with the nurse and the routine. The person was now able to give blood without any restrictions, improving their experience of medical interventions and helping them to grow in confidence.
● People's capacity was always considered when the sharing of personal information was required. The registered manager told us they recently completed a mental capacity assessment to determine whether one person could give consent for staff to make a health care referral. The outcome of this assessment was that they had capacity to make this decision and was then involved in the referral process.

Using medicines safely
● Staff worked creatively with people to closely involve them in the management and administration of their own medicines. Staff supported people to attend a skills course to understand how to safely administer their medicines. This involved the innovative use of technology and for one person staff had provided a visual and audio device to remind them when to take their medicines. This led to the person having more control of their medicines.
● Staff worked to consistently remove barriers that may prevent people from being able to safely self-administer their medicines. For example, for one person whose brand of medicines frequently changed, staff had put processes in place to help the person recognise and understand these changes to ensure they could continue to self-administer their medicines safely.
● Staff understood and applied the 'stopping the over medication of people with a learning disability'

(STOMP) principles. Staff had advocated for a person to reduce and eventually stop medicines that were thought to be making them lethargic. Staff told us how this had positively impacted the person who use to spend most of their time in their room and chose not to interact with others. We saw this person now spent their time around the home and interacted with staff and people confidently.

● Staff had worked in partnership with the mental health team and learning disability team to support one person to undergo medicine changes that were normally undertaken under regular monitoring in a hospital setting. Due to the person previously having traumatic experiences in hospitals, staff supported them to undergo this change at home. In doing this, staff supported them to remain in familiar surroundings whilst going through this change. This involved intensive monitoring of the person's physical health and close partnership working with health professionals.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

● Staff understood their responsibilities around safeguarding and how to report concerns. Staff had developed trusting relationship with people and their loved ones.

● Safeguarding concerns had been recognised by staff and appropriately reported. Where learning from safeguarding concerns had inspired ideas for how to improve staff practice, staff were asked to reflect on events and record lessons they had learned from incidents. This was then reviewed by staff with the registered manager to discuss how to improve practices.

● When things went wrong, people were encouraged to be involved in the process of learning lessons to improve staff practice. For example, following a medicine error, we saw the registered manager had discussed the incident with the person, apologised, obtained their views and involved the person in the reporting process.

● People's relatives told us staff supported people to feel safe. One relative told us, "Everybody knows [Person]. The home is familiar to [person], they feel safe and secure."

Staffing and recruitment

● Staff levels and rotas were arranged around how people wanted to spend their time and who they wanted to support them to do certain things. Staff levels were increased when people wanted to go out to ensure there was always enough support if someone else wanted to do something different. The registered manager and deputy manager regularly supported people to ensure there were no restrictions on what people wanted to do due to staffing levels. People were able to make choices about who they wanted to support them.

● The staff team were mostly long-standing members of staff and all staff knew people well. The registered manager told us that if temporary staff needed to be used, they would be allocated jobs that did not involve supporting people with personal care such as cooking and cleaning. This was to ensure people felt at ease in their home and could be supported with personal care by someone they knew and felt comfortable with.

● People were fully involved in the recruitment of staff and had a say about who was appointed. Staff told us for one person the most important thing about hiring staff was to ensure that they could cook them homemade meals. They were given the opportunity to show potential new staff around the home and quiz them on their culinary prowess. It was also important to them that all staff be honest and direct with them when the person asked them questions, even if the answer was difficult to hear. The registered manager observed interviews and made decisions based on people's views and on how candidates responded to people's questions.

● Staff were recruited safely. The provider carried out checks before employing staff such as references from previous employment and DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was supporting people living at the service to minimise the spread of infection. People were supported by staff to take ownership of cleaning their home and encouraged by staff to take part in doing the housework and laundry. Where people expressed themselves in a way that could pose a risk to infection control, staff had worked with them using social stories to help them to understand the impact of their behaviour and the risks around this.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using personal protective equipment (PPE) effectively and safely. Staff use of PPE was personalised to the individual. For example, for one person who required support with catheter care, staff used different coloured gloves for different aspects of the person's personal care to minimise the risk of cross contamination.

● We were assured that the provider was responding effectively to risks and signs of infection.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

People were supported to have visitors to the home where they chose to.

Good

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 our last inspection we rated this key question good. At this inspection the rating this key question has remained good. 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

- Staff worked with people to increase their confidence and belief in their abilities. For one person who had always wanted to attend an annual social event, the registered manager worked with the person over a number of years to build their confidence to be able to attend. Staff told us the person felt comfortable to attend the most recent event and we saw photos of the person enjoying themselves.
- Staff supported people to achieve their goals. Another person told us how they had been supported by staff to attend a car festival and had been supported to drive a car. The person told us this was their favourite day.
- Staff had recently worked with a person and their family to plan for a family holiday. Staff told us this was the person's first family holiday for over 30 years. The person's relative told us how much they had enjoyed this holiday and what it meant for both them and the person.
- Relatives told us staff worked hard to ensure the home felt like people's homes. One relative told us, "All the people who work there and look after [person] are brilliant, all of them are so good. It's [person's] home and they very much know it's their home. Our house is now the holiday home."

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 understood their responsibilities around duty of candour and apologising when things went wrong.
- Statutory notifications, which the provider is required to send to CQC to notify us of events that affect the service had been sent appropriately.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality assurance and audit systems were effective in monitoring the quality of the service and identifying areas for improvement. Staff were in the process of ensuring people's support plans were up to date and regularly reviewed. This had already been identified as an area in need of improvement through audit systems and was being worked on by staff.
- Staff and people's relatives were positive about the management of the service. One relative told us, "[Registered manager] and [deputy manager] work in tandem together and it works very well. They've helped [person] through difficult times. Staff in this home are like one big family."
- The management team held robust oversight and analysis of events that happened at the service. This

included incidents around people's behaviour, safeguarding concerns and complaints. Incidents were analysed by the registered manager to identify trends and themes in order to make improvements to the service.

● Professionals that worked with the management team were positive about working relationships. One told us, "The communication between the care home and myself is outstanding. I consider the home to be well led and well managed and this reflects in the commitment to providing care and support for the individuals living at the location."

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

● Staff worked to facilitate friendships between people that lived at the home as well as supporting existing friendships between people and their friends in the community. One person was supported to regularly keep in contact and visit a friend that lived nearby.

● Relatives told us their views on the service were regularly sought and they were involved in the care planning process where possible. One relative told us, "Staff regularly review [person's] support with us and they advocate for [person] to help improve things for them."

● Where people were happy to participate in the care planning process, staff sought people's views on the support they received and discussed changes people wanted with them. People's relatives told us they were involved in reviewing people's care and support.

● Staff were encouraged to give their feedback on the running of the service. Staff meetings took place regularly where staff discussed improvements for how they supported people.

Working in partnership with others

● Staff worked in partnership with an aromatherapist to meet people's needs and improve their wellbeing. Therapies were tailored on an individual basis for people depending on their mood and health. For example, if someone was feeling tired or lethargic, staff discussed with the aromatherapist and arranged for their therapy that day to be based around encouraging energy and supporting the person to be more alert to their surroundings.

● Health professionals we spoke with were positive about the service. One told us, "People seemed comfortable with the staff who appeared caring and professional in their duties at the time of my visit."