

Orwell Housing Association Limited

Rosebank Park

Inspection report

Rosebank Park
Main Road
Harwich
CO12 4FY

Tel: 01255440565

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19 April 2023
24 April 2023
03 May 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Rosebank Park is an extra care service consisting of 70 flats, accommodating people within 2 large purpose-built buildings. At the time of our inspection there were 54 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People and their relatives told us they were very happy with the support they received and would recommend to others.

One person told us, "Staff have been brilliant, couldn't do more for me, make me laugh if I'm miserable."

Staff demonstrated a culture of supporting people to retain their independence and building up their confidence and abilities to support them in this area. This reflected the positive feedback we received from people, relatives and social care professionals who noted the improvements they had seen in people's confidence and abilities. One staff member told us the key is providing, "Encouragement and reassurance."

People felt safe with the care they received and were supported by staff who understood their role in keeping people safe from abuse. Risks associated with people's individual needs were assessed with measures in place to mitigate. People told us they received their medicines as prescribed, including time sensitive medication, which would impact on their welfare if not given on time. Staff received training and were aware of the procedures to follow to prevent and control the spread of infection.

Staff received an appropriate induction and were well supported through a programme of regular supervision and training. One person told us how specialist training to support their individual needs, was provided to ensure staff had the skills to support them. Systems were in place to support staff with their career progression.

People told us they never felt rushed during their care visit, staff respected their home and listened and acted on what they said. If they had any concerns, people felt comfortable to raise them with members of the management team direct.

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.

To reduce the risk of people becoming socially isolated, activities and social events were arranged to enable

people to get to know others living at Rosebank Park. The licenced bar was independently run by people living in the service, at lunch time we saw people sitting having a chat over a drink.

People felt the service was well led, and felt they benefited from having the team's offices located on site, so they were contactable if needed. Systems were in place to check staff followed safe practice, gain people's views of the service, and act on any feedback as part of driving improvements. We found the management team to be open where there had been problems introducing new systems, and actions they had taken to address them.

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

Rating at last inspection.

This service was registered with us on 2 March 2022, and this is the first inspection. The last rating for the service under the previous provider was Good, published on 27 July 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Rosebank Park

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.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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

This inspection was unannounced.

Inspection activity started on 19 April 2023 and ended on 3 May 2023. We visited the location's office on 19 and 24 April 2023.

What we did before the inspection

We reviewed information we had received about the service which included 4 'share your views' feedback forms. We sought feedback from the local authority and professionals who work with the service. 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 information gathered as part of a CQC monitoring activity that took place on 13 January 2023 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with 9 people who used the service and 6 relatives, about their experience of the care provided. We joined in with a coffee morning and observed interaction between staff and people living at Rosebank Park. We also spoke with the registered manager, area manager and 7 members of staff which included the administrator, care coordinator, shift leader and care assistants. We received written feedback from 2 social care professionals. We reviewed a range of records, including 5 people's care plans, daily notes, and electronic medicines administration records.

We also looked at a range of records relating to the management and monitoring of the service. These included, 3 staff recruitment files, supervision and training records, visits lists, spot check observation records, minutes of meetings, a range of the provider's quality assurance records, and policies and procedures.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff. One person said, "There isn't 1 [staff member] I wouldn't trust."
- Staff told us they had received training and understood their responsibility to report abuse. They felt confident their concerns would be listened to and acted on.
- A staff member said they would always report any concerns, "It's their home, we have a duty of care," to ensure people were safe from abuse.
- The registered manager told us 'resident' meetings were used as a forum to raise people's awareness about safeguarding, including how to raise concerns.

Assessing risk, safety monitoring and management

- People were involved in managing risks to themselves and in taking decisions about how to keep safe.
- A staff member described extra care housing, with staff being onsite 24/7 to react to emergencies, as being, "Like living in your own home, but with a safety blanket."
- A person showed us the pendant they wore, used to summon staff in an emergency. They told us when pressed, staff had responded quickly, "Come right up." A relative said, "Staff have been very good in responding to panic buttons."
- Another person said, "I've not had to press it yet," but felt reassured, if needed, staff would respond. In knowing this, they described the positive impact it had on their wellbeing.
- People's care plans included risk assessments, which provided staff with guidance on how to minimise risk to ensure the person's safety. This included risks associated with their environment, mobility, physical and mental health conditions.

Staffing and recruitment

- There were sufficient staff employed to undertake agreed care visits. People told us there had been no missed visits, and staff stayed the allocated amount of time.
- One person commented there were, "Always new staff coming in," but didn't mind as they found them to be, "All very good...very gentle and kind."
- The provider acknowledged there had been a high level of agency staff used and had been taking action to address it. This included an ongoing recruitment campaign and "Over staffing," to be able to cover short notice absence. A staff member confirmed the strategies put in place had, "Greatly reduced," the amount of agency staff used.
- The provider had safe recruitment systems in place, however, was not always being followed where gaps in 2 staff's employment history had not been fully explored. Action was taken by the management to obtain missing information and put further checks in place to prevent it happening again.

Using medicines safely

- People received their medicines as prescribed by trained staff who had their competency checked.
- People's medicines support needs were assessed and recorded in care plans. A person prescribed time sensitive medicines, said staff always ensured they received it on time, "Someone will come."
- A relative told us, knowing their family member was being supported to take their medicines as prescribed, "Is a weight off our minds." Another relative said their family member received their medicines, "Every day...I have no issues at all."
- Where a person was prescribed 'as required' pain relief, they told us staff always checked to see if they required it, "They will ask," and act on their response.
- A relative told us the electronic system, meant they could no longer monitor if their family member had received their medicines because paper records were not present. Management told us, to provide reassurance, they were able to print off information from the electronic system to show what support had been given.

Preventing and controlling infection

- Infection prevention and control was well managed.
- Staff completed mandatory infection prevention and control training and food hygiene training. Senior staff carried out spot checks to assess staff knowledge in this area and ensure compliance.
- Safe practices were followed to help prevent the spread of infection including COVID-19. Hand sanitiser dispensers were in all corridors, at entrances and exits.
- Staff told us they had access to enough personal protective equipment PPE to ensure good infection control.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to identify any trends or patterns. This helped to mitigate future risks and ensured lessons were learnt.
- There was a culture of learning from mistakes. The management team had an open approach and were keen to provide a good consistent service.
- The registered manager told us how they reflected on incidences. For example, where some staff were unsure of the procedure following a death, an additional meeting was held to share information on the procedure and offer support to staff.
- Records showed where a medicine error had occurred, which resulted in a person not receiving their pain management as prescribed. Action had been taken to prevent it happening again. This included extra training for staff in using the new electronic medicine system.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's care needs were carried out prior to people being offered a tenancy. This was to ensure the service could provide the level of support the person was looking for.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.

Staff support: induction, training, skills and experience

- People and their relatives felt staff had the skills and knowledge to carry out their role. A relative told us, "I have never experienced any of the team who doesn't have a positive can-do attitude."
- Staff received an induction and training which included a week shadowing an experienced member of staff, which enabled them to get to know the people they would be supporting. A staff member said during their induction they found, "Other staff members were always happy to help and teach."
- Staff told us they had ongoing access to training, both face to face and through eLearning, to keep their skills and knowledge updated. A staff member described the training as, "Very good and informative and in-depth." The service checked staff's competency to ensure they understood and applied training and best practice.
- Senior staff monitored people's new and changing needs, to ensure it reflected the range of training provided.
- Staff received 1:1 supervision to support them in their role. A staff member told us how the sessions enabled them to gain feedback on their work, "Can tell you what you're doing well, boost your confidence."

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

- People were supported with their nutritional and hydration needs where this was an agreed part of their care and support.
- Staff described how they tried to encourage people to shop and eat healthy. For example, where food products gave a 'traffic light' system linked to the fat, sugar, and salt content, raising people's awareness to choose foods rated 'green.'
- People's care plans provided information on any specialist diets, and support and guidance given by health professionals.

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

- People were supported to access appropriate healthcare services when required, for 1 person this included registering with a local GP.

- Where people were discharged from hospital, a social care professional said staff were, "Very helpful," and ensured good communication during the process.
- Staff told us they would report any concerns about a person's wellbeing, would seek professional healthcare support and / or liaise with the person's relatives.
- Where applicable, people's relatives told us they were kept updated on any changes in a person's health, and feedback from medication appointments.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The service was working within the principles of the MCA. Systems were in place to assess a person's mental capacity to make specific decisions if needed.
- Staff sought people's consent when delivering care and people were involved in decisions about their care.
- At the time of the inspection, no one was receiving a service with restrictive practices in place. However, senior management understood the need to ensure any restrictions under the MCA were legally authorised.
- People's care records showed they were given the option during their care reviews, to have a family member/advocate present to support them in any decision making.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives gave positive feedback about the caring staff. A person said staff, "Always have time for you." Another spoke about the friendship and support they had received from staff, "If it wasn't for the carers here, I wouldn't be here today." A relative told us staff, "Have a brilliant sense of humour and really engage," with their family member.
- Policies and procedures were in place to ensure people were treated fairly and without discrimination. A poster in the office raised staff's awareness to FREDIE: fairness, respect, equality, diversity, inclusion, and engagement.
- During the inspection we observed staff interactions with people demonstrating dignity and respect. A person told us they, "Never feel rushed" during care visits.

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

- Care plans and reviews demonstrated how people were involved in making decisions about their care.
- A person's relative told us how staff, "Support and listen to [family member] and to us. Nothing seems too much trouble and we work together to come up with solutions."
- Resident meetings provided a forum for people to share their views, and records showed how their comments were acted on.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence as far as they were able to and staff were aware of the importance of people being involved in their care.
- A person told us, "I have still got my independence," but if help was needed, they knew they could ask for it. Another person said they carried out as much of their own personal care as they could, and asked staff, "To assist with areas I am unable to reach."
- Staff spoke about the importance of ensuring people maintained their independence. A staff member said they would read the person's care plan to know what they could do for themselves.
- Staff understood the need to deliver care in a way which supported and respected people's privacy and dignity. For example, where a person had reduced vision, letting them know if they had any stains on their clothing they may have missed.

Is the service responsive?

Our findings

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans provided staff with information on how the person wanted to be supported.
- A relative told us, "The team at Rosebank genuinely look after [family member's] needs both physically and mentally." Another said in the short time their family member had been using the service they had seen improvements in both their physical and mental welfare, "Happy at last, more relaxed."
- A person's relative said staff, "Always talk to us," and they were updated on any changes in the care plan.
- Where we found staff had a good understanding of people's needs, the personalised level of information in people's records did not always reflect this. However, this was being addressed as part of moving away from paper to electronic records.

Supporting people to develop and maintain relationships to avoid social isolation.

- Staff had good awareness of people's individual preferences when socialising to reduce the risk of becoming isolated.
- The registered manager told us they had found people's care needs had reduced since moving in which they felt was because of the social interaction and building up confidence to meet others and take part in activities.
- A staff member told us, "We try to accommodate everyone...breaking down any barriers," that might be preventing socialising happening. For example, building up a person's confidence on a 1:1 basis, then slowly introducing them to others.
- A relative told us, "All staff members are friendly, considerate and empathetic and always come up with new ideas to try and encourage my [family member] to take part in activities."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans contained information about people's communication needs which were established through the initial assessment and ongoing reviews.
- Information was available in different formats to suit people's individual communication needs.
- Staff were able to describe how poor eyesight impacted on a person's life, and how they supported the person to retain their independence, this included the use of specialist aids.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise concerns. a person told us, "I will go to the office," which was in the complex. Another person said when they had raised a concern, it had been dealt with, and the

situation hadn't happened again.

- There was a complaints policy available to people and their relatives. The provider's website included information on their 'Complaints & Compliments Policy and Procedure', as well as an electronic form for people to raise any concerns.
- A senior manager told us any complaints and concerns received were used as a way of learning to improve the service they provided.

End of life care and support

- The service worked alongside other agencies to ensure people's needs were met at the end stage of their life to enable them to remain comfortable and pain free.
- At the time of the inspection no people were being supported with end-of-life care.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The provider worked hard to create a culture which was open and inclusive. People were supported to make decisions about the level of care they received. A person told us, "Nothing is too much trouble."
- A social care professional described the service as, "Excellent." They provided examples of how people's quality of life has improved since moving into Rosebank Park.
- Staff told us they would recommend the service to their relatives, some said they had, and were living in the service. A staff member commented, "I would love to bring my [family member] here can't recommend it more than that."
- Throughout the inspection we observed positive interactions between staff and people. A person told us, "I love it here, great fun, you have a wonderful time."
- A staff member felt the provider and management treated staff well, "As a place to work 100%. I really enjoy it, not the same people all the time, I get to know everyone."

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 duty of candour was understood and implemented by the registered manager. The duty of candour is a legal obligation to act in an open and transparent way in relation to treatment and care.
- People told us prior to the Orwell taking over from the previous provider, they visited and had meetings to keep people updated on what was happening. A person described the new provider as "A breath of fresh air... been honest with us."
- Where we received feedback that didn't come under our remit, as they related to people's tenancy, not personal care, we did pass it onto the registered manager.

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

- The current management / supervisory team had all worked under the previous provider (although job roles may have changed), therefore they knew people well and the change of provider did not impact on the safety and quality of care.
- All the staff we spoke with, clearly understood their role and responsibilities. Care staff told us spot checks were carried out as a way of monitoring their performance, and any shortfalls were discussed at the time.
- Staff told us supervision provided a forum to discuss any performance issues. A staff member said the manager knew if training had not been completed and received reminders, "If you don't keep the training

up-to-date they can halt your working shifts."

- The registered manager was supported by the area manager, who attended during the inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- There were a range of forums used to engage and gain feedback on the quality of the service people received. This included resident and staff meetings, informal coffee mornings, care reviews, staff supervision, surveys or as a person told us, "I just go to the office."
- Resident meeting minutes for February 2023, mentioned the work which would be going on regarding, 'care calls to get people's preferences.' A person confirmed they had been asked to participate and had been given their preferred time frame.
- The 'Customer involvement form' enabled people a chance to be involved at provider level on feeding their views of the service. For example, contributing to the newsletter, being considered for the board.

Working in partnership with others

- The service worked well with health and social care professionals, to achieve the best outcomes for people.
- A social care professional said this included supporting people to move from nursing / residential care homes and back into the community.