

Orwell Housing Association Limited

Blackbourne View

Inspection report

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Tel:
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Ratings

Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This inspection took place on the 9 December 2015 and was unannounced.

Blackbourne View is a housing with care complex run by Orwell Housing and is registered to provide personal care to people living within their own flats. The scheme has 34 flats. On the day of our inspection the manager told us there were 33 living at the scheme.

There was 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.

People's safety had been considered and were at a reduced risk of harm as staff understood their roles and responsibilities. Staff had the required knowledge and knew what action to take to protect people from harm and what action to take if they had concerns.

There was a system in place to audit medication errors and determining the roles and responsibilities of staff.

Summary of findings

The provider's policy was in the process of being updated as it did not currently provide staff with the guidance they needed in the ordering and obtaining of people's medicines. Staff also required guidance in understanding the difference between prompting people to take their medicines and actual administration.

There were enough qualified, skilled and experienced staff to meet people's needs. The manager followed safe recruitment practices.

Staff were provided with regular supervision, annual appraisals. This enabled staff to be supported and provided with opportunities to discuss their work performance and plan their training and development needs.

People were satisfied with the care provided. Everyone we spoke with expressed their satisfaction with the way the service was managed and the support provided by staff. People told us they felt safe and were treated with kindness and compassion. They also told us their dignity had been respected when staff supported them with personal care.

The care needs of people had been assessed prior to their moving into the service. Risks to people's health and wellbeing were clearly identified and actions in place to minimise these.

People were provided with opportunities to express their views regarding the quality of the service they were provided with. People were knowledgeable of the provider's system for receiving and responding to complaints.

The culture of the service was open, transparent and focused on the needs of people who live at Blackbourne View. Staff were supported by the manager who they described as supportive and approachable.

The manager had systems in place to carry out spot checks on staff performance and medicines audits. However, further work was needed to ensure the provider evidenced regular, quality and safety monitoring of the service. The manager told us the provider had recognised the need to improve their quality monitoring systems of their services and were in the process of developing audit tools to enable them to do this effectively. This would provide a focus more on the quality and safety of care provided in addition to the monitoring of the housing and financial side of the business.

Summary of findings

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 was not consistently safe.

Further work was needed to ensure that medicines audits checked stock to ensure people did not have access to out of date medicines and the balance of stock against medication administration records was accurate to ensure people received their medicines as prescribed.

The provider had systems in place and staff trained to reduce the risk of people experiencing abuse and poor care.

There were enough staff employed to keep people safe and meet their needs.

Requires improvement



Is the service effective?

The service was effective.

Staff received training, supervision and support to provide them with the knowledge and skills they needed to meet the needs of people living at the service.

People had been involved in the planning and review of their care. They were asked their preferences and choices. Staff supported people to maintain their independence.

Good



Is the service caring?

The service was caring.

People were positive about the care they received. Staff supported people in a manner that was kind and supportive of their privacy and dignity.

Care plans described for staff how best to support people in promoting their dignity and independence. Staff had been trained appropriately and had received the guidance they needed to support people in a caring and dignified manner.

Good



Is the service responsive?

The service was responsive because people's individual needs and preferences were assessed and implemented in planning their care.

People were involved in making decisions about their support. Information was provided about the service and care plans were kept in people's flats. This meant that people knew what to expect in terms of their support visits.

People were confident to raise concerns with the management and the staff if they had any. People's complaints were dealt with appropriately.

Good



Summary of findings

Is the service well-led?

The service was well-led.

The culture of the service was open and transparent. Staff morale was good.

Staff were supported by the registered manager and described an open, friendly, caring culture where they were able to raise any issues or concerns that they had.

People told us they received a good service and were confident in the management of the service.

The quality and safety of the service was monitored regularly by the manager. However, further work was needed to evidence regular, quality and safety monitoring by the provider.

Good



Blackbourne View

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.

This inspection took place on the 9 December 2015 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had experience of providing care.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the

provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information that we held about the service such as statutory notifications. Providers are required to notify the Care Quality Commission about events and incidents that occur.

During our inspection we spoke with eight people living at the service, five visiting relatives, six care staff, one team leader and the registered manager. Some people were not able to communicate their views of the service to us and therefore, we observed how care and support was provided to some of these people.

The records we looked at included three people's care records, records in relation to management of people's medicines, staff training, staff recruitment and quality and safety monitoring of the service.

Is the service safe?

Our findings

We looked at how information in medication administration records and care notes supported the safe handling of people's medicines. The manager told us that where people required support from staff with the management of their medicines the service took responsibility for the ordering, receipt and disposal of medicines. The provider's policy to guide staff in the safe management of people's medicines was currently under review as the current procedural guidance was not fit for purpose. The manager told us that it was anticipated this work would be completed early 2016.

We reviewed the draft policy and advised the manager of additional information that would be required. For example, we found from discussions with differing views as to what was meant in actual practice, 'prompting', 'assisting' and 'administration' of medicines as described in people's care plans. The provider's policy did not provide a clear definition with guidance for staff as to what these terms meant in practice. Where staff told us and care plans recorded people as, to be 'prompted' with their medicines, we found that for some people staff were in fact administering these medicines. This had the potential to put people at risk of not receiving their medicines as prescribed and in accordance with their plan of care.

We looked at the storage, medicine administration records and care notes for three people who lived at the service. People had their prescribed medicines stored securely in their flats. Where staff were responsible for the administration of people's medicines this had been recorded within their plan of care. This included an assessment of risk with guidance provided for staff and with actions to reduce any risk identified.

Further work was needed to ensure that medicines audits checked stock to ensure people did not have access to out of date medicines and the balance of stock against medication administration records to ensure people received their medicines as prescribed. The provider's information return submitted to us prior to our inspection told us that there had been 127 medication errors identified within the last 12 months. The manager told us that they and team leaders carried out regular medicines management audits. These were used to identify the omission of staff signatures within administration records and checks that the correct codes were used. However,

these audits did not identify other medication errors in relation to checks on the balance of stock against the medication administration records and checks for out of date medicines. One person whose pain relieving medicines were administered from a monitored dosage system, we also found additional unaccounted for and out of date medicines. The provider's audit had not identified this error. This meant that the provider could not be assured that people's medicines were being handled safely and people received their medicines as prescribed.

The manager told us that they were developing new audit tools and showed us an example of one they had recently produced. We advised the registered manager how these audits could be made more robust to avoid and identify the medication errors we had found.

The response from questionnaires we sent to people prior to our visit to the service told us that 100% of people surveyed said, 'I feel safe from abuse and or harm from my care and support workers.'

Everyone we spoke with told us they felt safe living at the service and with all the staff who supported them with their personal care. One person told us, "The care here is second to none. It is reassuring to know that if you need help there is someone in the building at all times to help you." Another person said, "I would feel safe with anyone here helping me with my shower. They cannot do enough for you."

Staff demonstrated a good understanding and awareness of the different types of abuse and described to us how to respond appropriately where abuse was suspected. Staff had been provided with training in the local safeguarding protocols in place for the safeguarding of adults from abuse and what steps to take if they had concerns. This demonstrated that staff had the knowledge to protect people from avoidable harm and abuse.

Risks to people's safety had been assessed. Risk assessments had been personalised to each individual and covered areas such as moving and handling, management of people's medicines as well as the assessment of environmental risks to prevent falls.

People told us they were confident and reassured that they would receive consistency of care and be supported by staff who were aware of their needs." Staff described how staffing levels were adjusted according to people's changing needs. They were able to describe to us how people's needs were reviewed and where allocated care

Is the service safe?

packages were increased in response to people's changing needs, without delay and kept under review. People, staff and relatives told us that there were sufficient numbers of staff deployed throughout the day and night to meet the needs of the people who used the service. One staff member told us, "If we are short we manage to avoid agency usage for most of the time. We are flexible and work well as a team to cover for absences."

Prior to our inspection staff we surveyed told us, "We have enough time to carry out our duties in each person's flat. If a person requires more time and if this happens continuously they will be accessed for a longer visit. People are allocated a time length for their care visits, it is much better than other care services. I have worked in. I have been on a lot of training courses since I worked here."

We looked at the staff recruitment records for three people appointed within the last 12 months. Recruitment records showed that the provider had carried out a number of checks on staff before they were employed. These included checking their identification, health, conduct during previous employment and checks to make sure that they were safe to work with older adults. We were therefore satisfied that the provider had established and operated recruitment procedures effectively to ensure that staff employed were competent and had the skills necessary for the work they were employed to perform.

Is the service effective?

Our findings

People told us they were satisfied with the care and support they received. One person told us, “The staff here are truly wonderful and well trained.” A relative told us, “They are consistent and knowledgeable and appear to be trained well. They are sensitive to people’s needs, friendly and treat people as individuals.” Another relative told us, “They are qualified for what they do. They are never too busy to stop and chat to us and my [relative].”

Prior to our inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Staff surveyed told us, “This is a great service to work for. I have been given excellent training opportunities that have enabled me to further my career. Blackbourne View is a friendly caring place with a great team of staff whose main focus is on the wellbeing of the people we support.”

Staff told us that they had received regular supervision, annual appraisals and enough training to enable them to do their job effectively. Training records showed us that staff had received training in a variety of subjects relevant to the roles that they performed. This included training to enable the staff to support people with specific health conditions such as diabetes, Parkinson’s Disease and dementia. Staff had also received training in understanding their roles and responsibilities with regards to the Mental Capacity Act 2005 (MCA) and related Deprivation of Liberty Safeguards. This meant that staff had the required knowledge to identify when a person without capacity needed specialist support to ensure that their best interests were protected.

Newly appointed staff described to us their induction training provided at the start of their employment. They told us they worked alongside other staff shadowing them to get to know the tenants and their needs before they started working alone. On the day of our inspection we saw that one newly appointed member of staff was shadowing

another as part of their induction training. All staff we spoke with were complementary about the training and support they received. One told us, “The training is very good. There is lots of it and we enjoy learning.” Another said, “We all work well together here. This is the best place I have ever worked.”

Spot checks were carried out by senior staff on care staff to check the quality of care they provided to people and to assess their competency. Records of these checks had been maintained.

The service provided on-site catering facilities for people to access a variety of hot meals with support from staff in the communal dining room. Prior to our inspection we sent questionnaires to people who used the service to ask their views about the quality of the care they received. One person told us, “The one disappointment at Blackbourne View is the standard of the contract catering. I have tried the meals and they are not to my liking, therefore, I have to cater for myself.” Another person told us, “The food provided is bland but what do you expect when they have to cater for so many people.” People were provided with choice and some chose to receive support from care staff with staff supporting them with heating up of pre-packed meals within their flats. Where the service provided support for people at mealtimes this was recorded within people’s care plans.

Some people were able to manage their healthcare independently or with support from their relatives. Staff recorded the support that they provided at each visit and other relevant observations about the person’s health and wellbeing. People’s records showed us that when necessary staff had taken action to ensure that people had access to appropriate health care support for example, GP’s, community nurses and occupational therapists. One relative told us, “The staff keep us informed and it is reassuring to know that staff will notice if things change and [my relative] becomes unwell. They pick up if things aren’t right and get the help [my relative] needs.”

Is the service caring?

Our findings

People told us that staff respected their dignity when providing them with their personal care support needs. One person told us, “They reassure you and talk to you. They don’t make me feel awkward they always make sure the door is closed and I don’t feel embarrassed because they are well trained in what they do.” Another said, “They help me to protect my privacy which I appreciate.”

Staff were knowledgeable about the people they cared for and spoke with empathy and passion about their work and the people they supported. People told us they had been fully involved in making decisions in the planning of their care. They said they had been given information about the service and knew what to expect in terms of their support visits from care staff. They also told us that they were given the opportunity to regularly review their plan of care and had been involved in updating any changes necessary. One person told us, “They do their best to make sure the timing of your call is according to my choice but there are a lot of people here to care for I know that and we work together to get it right.” Another said, “I have a copy of my care plan and I have been asked if I agree with what has been written about me.”

Relatives told us that they had observed staff to be kind and caring in their approach to their relative. They told us

that the privacy and dignity of their relative had been maintained. Comments included, ‘The staff are always polite and so discreet. They always knock on the door before entering. They are all caring and thoughtful; [my relative] would soon tell me if they were not.’

We spent time observing interactions between staff and people who used the service within the communal areas. We saw that staff were respectful and spoke to people in a kind manner. For example, we saw that when staff supported people to and from the dining room in wheelchairs. They did so in an un-hurried manner and chatted to people in a friendly manner as they walked along the corridors and when supporting people to their seats in the dining room. Where people required support in cutting up their meals, staff did this in a sensitive manner and interacted positively with people.

Care plans described for staff how best to support people in promoting their dignity and independence. Staff were provided with guidance in how to support people in a kind and sensitive manner for example, when responding to people who were anxious or presented with distressed behaviour in reaction to others or situations. We were therefore assured that staff had been trained appropriately and had received the guidance they needed to support people in a caring and dignified manner.

Is the service responsive?

Our findings

One relative told us, “Moving here has been a truly life changing experience for my [relative] and our family. They are receiving good quality care and social interaction in an assisted living complex which is very well kept and is in the main staffed by friendly and competent carers. These factors have contributed significantly to improving my [relative’s] daily quality of life.”

People received their support from regular care workers. They told us that when new staff had been employed to work in the service they had been introduced to them before they provided their care. They also told us that staff responded to their changing needs and if they needed support in an emergency. One person said, “I have not had any problems with them coming when I call during the night not that I have had to call often just on the odd occasion.”

We asked people if the support they received met their needs and whether any changes to their care arrangements were required. People told us they had been involved in the planning and review of their care. People gave us examples of when adjustments had been made to the timing of their support visits in response to hospital appointments and when they were unwell. This was also evidenced from care records and staff handover and communication records.

Staff were knowledgeable of people’s needs and had detailed knowledge about each person. They described how they tried to ensure that people remained in control as far as possible and described how they supported people to express their choice and maintain their independence by encouraging them to do as much as they could for themselves with staff support. For example, one relative told us, “We have seen how the staff don’t just do everything for [our relative] they encourage them to keep their independence. They know that [relative] would just give up and they know how important it is to keep people going.” This demonstrated that people were receiving care and support when they needed it whilst maintaining their autonomy and encouraging their independence.

People told us how arrangements were made to ensure that people’s needs were met when they moved between the housing with care scheme and hospital. For example, by providing the hospital with information about the person’s plan of care and any background information useful to support the individual. If the person’s needs had changed whilst in hospital a reassessment of their needs took place to ensure that the support provided from the service was appropriate and reflected the current care needs of the individual. This meant that people received effective and coordinated care when they returned home from hospital.

People told us they had confidence in the management to deal with any concerns they might have. One person said, “We can always talk to one of the senior staff if we have a problem or any worries about anything.” There was a formal system in place for responding to complaints. Information which guided people as to this process was provided to people on admission to the service. We reviewed the two complaints that had been received by the service within the last 12 months. Records evidenced a response to the complainant with investigation and outcomes agreed. People we spoke with told us they had always received a prompt response to any complaints. This demonstrated that the service was open and responsive to people’s concerns.

When the manager was asked prior to our visit to the service in their provider information return, What improvements do you plan to introduce in the next 12 months that will make your service more responsive? They told us, ‘We are currently reviewing how we undertake satisfaction surveys with customers to ensure these are accessible to people of all abilities. We aim to transform our annual survey from a standard questionnaire to a more user friendly method incorporating visual aids, and discussion, tailored for the needs of people with complex needs and dementia.’

Is the service well-led?

Our findings

Everyone we spoke with was satisfied with the service they received living at Blackbourne View. People told us the service was well led. One person told us, “I was sad to leave my own home but here I feel well cared for. They are never too busy to listen. If you need anything the staff are always willing to do what they can for you.” One relative told us, “We have been more than happy with the care [our relative] has been given since moving here. If you are ever concerned the senior staff are always willing to get things sorted.” Another relative said, “The management is very good. They are available when you need them.”

Staff told us that they were supported by the manager and described the culture of the service as friendly, caring with a focus on meeting the needs of people as the priority. All staff we spoke with told us that staff morale was good and that they enjoyed working at the service. Comments included, “This is the best place I have ever worked. Things are stable now and we work well together as a team”, “There is always support from the manager when you need it” and “We are a happy team. I would put my name down to live here the care is so good.”

Staff were provided with regular supervision and annual appraisals. This meant that they had been provided with opportunities to meet with their manager to discuss their work performance and plan their training and development needs. Minutes of staff meetings we reviewed demonstrated a team of staff who looked at ways to improve the quality of life for people in their planning towards continuous improvement of the service.

The manager carried out audits including spot checks on staff performance and audits of medicines management. However, further work was needed to evidence any regular, quality and safety monitoring of the service carried out by the provider. The manager told us the provider had recognised the need to improve their quality monitoring systems of services and were in the process of developing audit tools to enable them to do this effectively. This would enable the provider to focus more on the quality and safety of care in addition to the monitoring of the housing and financial side of the business.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We had asked the provider within this document, what improvements do you plan to introduce in the next 12 months that will make your service safer? They told us; We have drafted a Dementia Strategy with the aim for all staff to undertake a specialist Quality Care Framework (QCF) diploma in caring for people with Dementia in order to deliver improved, safe and personalised care. We are currently reviewing the medication policy and audit tools in order to ensure they are fit for purpose and appropriate. They also told us they aimed to introduce an electronic based recording system across all of the services to improve efficiency and reduce any risks of missed visits. In addition to implement system which would enable improved tracking of medication errors as well as improved communication among the staff team in relation to monitoring and responding to incidents.