

Orwell Housing Association Limited

Steeple View

Inspection report

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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

Steeple View provides care and support to people living in an 'extra care' housing scheme. Extra care housing is purpose built or adapted single household accommodation in a shared site or building. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care provided by the service. Not everyone living at Steeple View received the regulated activity of personal care. On the day of our inspection 35 people were receiving this service.

Steeple View consists of 36 one and two-bedroom self-contained apartments over two floors. The service is situated in a quiet rural area on the edge of the town of Stowmarket in Suffolk. The service provides support to people to live in their accommodation, with their own tenancy agreements. The aim of the service is to provide high quality care and support at all times to enable people to remain living as independently as possible within their own homes.

At the last inspection in January 2017, we found a breach of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. We were concerned the service was not consistently safe as the provider's recruitment procedures were ineffective. Pre-employment checks on new staff did not always identify gaps in employment and ensure references from the most recent employer had been provided. We asked the provider to take steps to improve and complete an action plan to show what they would do and by when to improve the key question of responsive. At this inspection we found improvements had been made. We viewed the staff recruitment records of six staff recruited since our last inspection. We found appropriate checks such as employment references had been undertaken prior to the staff member commencing employment.

People were provided with care and support according to their needs and any risks were identified and managed. People's care plans provided staff with the information they needed to support people and were personalised to reflect their preferences. Systems were in place to support people with their medicines where required. Staff understood the principles of mental capacity.

People were cared for by staff who received appropriate training and support from their line managers.

People's dignity, privacy and independence were respected and promoted. People were supported with their eating and drinking needs when needed. People were supported to access healthcare professionals when required and the service worked with a number of external agencies to ensure that people received joined up, consistent care.

People and their relatives had access to and were aware of the services complaints procedure. People were regularly asked for their views. There were effective systems in place to monitor and improve the quality of the service provided.

The service was well-led and people were satisfied with the care and support provided. There was a quality assurance system in place to ensure the service was routinely audited and checked.				

The five questions we ask about services and w	hat we found
We always ask the following five questions of services.	
Is the service safe?	Good •
The service was safe.	
Safe recruitment procedures were in place.	
There were sufficient staff on duty to meet people's needs safely although there was a lot of use of agency staff	
People who required support received their medicines as prescribed.	
Is the service effective?	Good •
The service was effective.	
People were supported by staff who received supervision and suitable training for their role.	
People's needs were holistically assessed and referrals made to health and social care professionals as needed.	
Staff understood the principles of the Mental Capacity Act 2005 and respected decisions people made about their care.	
Is the service caring?	Good •
The service was caring.	
People were cared for by staff that were kind and compassionate and enjoyed their work.	
People were treated with dignity and respect	
People's privacy and dignity was respected.	
Is the service responsive?	Good •
The service was responsive.	

Care was personalised and care files reflected personal

preferences.	
Complaints were dealt with in line with the provider's policy. People knew who to speak to if they were unhappy about the service they received.	
Is the service well-led?	Good •
The service was well-led.	
The management team were approachable and had a visible presence in the service.	
Systems were in place to monitor, assess and improve the quality of the service.	



Steeple 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 announced comprehensive inspection took place on 2 August 2018 and was carried out by an 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.

The provider was given up to 24 hours' notice because it is a community based service and we wanted to be certain the registered manager and staff would be available on the day of our inspection. We also wanted to give them sufficient time to make arrangements with people so that we could visit them in their homes to find out their experience of the service.

Before the inspection, we requested that the provider complete 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. This was received from the provider.

We also reviewed information we held about the service including feedback sent to us from other stakeholders, for example the local authority and members of the public. Providers are required to notify the Care Quality Commission (CQC) about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us.

We spoke with the registered manager, two team leaders, three care staff and a member of the domestic team. With their permission, we met with ten people and one relative.

We reviewed the care records of three people to check they were receiving their care as planned. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.



Is the service safe?

Our findings

At our last inspection on 25 and 26 January 2017 we found that systems for the recruitment and selection of staff were not robust. We were not assured that the provider had taken appropriate steps to evidence that safety checks had been carried out on all staff. At this inspection we found that the necessary improvements had been made.

The service had suitable and robust recruitment procedures in place. We viewed six staff recruitment files for staff who had been recruited since our last inspection in 2017. All necessary pre- employment checks had been completed to demonstrate staff were suitable for employment in the care sector. These included references from previous employers and Disclosure and Barring Service (DBS) checks. A DBS check is a criminal record check on a potential employee's background. At the time of our inspection the service was actively recruiting with interviews being held during our visit.

People's visit schedules were well organised and our analysis found there were sufficient staff available to provide all planned care visits. Most people told us they had they care visits at a time that suited them with variance at times due to emergency situations or other people being unwell. One person told us, "The majority of time they are here when they should be. They come and take me for my dinner and they put me to bed, sometimes its 9pm other times 10pm." A second person said, "They are good at timekeeping, too good at times! I'm in bed at 10pm, they are first class in every way."

Staff told us there were enough of them to deliver people's care needs in a timely manner however they often worked with agency staff. A schedule of care to be delivered was in place and took into account people's preferences wherever possible. This was referred to at the service as a care 'route'. Staff told us that they often worked with agency staff however these agency staff were usually consistent and known to people. One member of staff told us, "We have time to discuss people's family and backgrounds with them. There are always five or 10 minutes to have chat. Some 'routes' are quite tight but we can phone ahead to another member staff to explain we are going to be late."

The registered manager told us, "Staffing is an issue. Recruitment is a challenge. We currently have 86 hours a week to recruit to and we would also like to employ 'relief' staff as well. We are managing to cover with agency." During our visit the registered manager and one of the team leaders were carrying out staff interviews in an attempt to fill some of the vacant hours.

We observed that staff had time to spend with people. They were not task orientated and interactions between people and staff appeared relaxed and mutually well received. The registered manager told us, and people we spoke with confirmed, that there had been no missed care calls. This meant that people received their support hours as planned.

People and their relatives told us that the service continued to be safe and that they felt safe with staff providing their care. One person told us, "I feel completely safe here. I have my alarm and when I have rung it they [staff] were very quick." Another person said, "I feel so safe here, carers call in and see me, I like being

out in the lounge as well." A third person commented, "I have an alarm around my neck, a couple of times I have slipped off my bed, I just tell them [care staff] I have fallen, and they are here like a dose of salts!"

People were supported by staff who had undertaken training in safeguarding of adults and who knew how to raise and report concerns should they have had any. One member of staff told us, "Safeguarding concerns, I would go to [registered manager] or a team leader, they're always here to go to. If not, I can contact the [local authority safeguarding] team for advice. They can put us on the right track of what to do."

In response to a possible safeguarding concern at the service we found that the manager had taken action to investigate the concern fully and made recommendations to prevent reoccurrence.

Each person's care plan contained information about their support needs and the associated risks to their safety. Guidance was in place about any action staff needed to take to make sure people were protected from harm. Risk assessments provided detailed information to staff on how to support people safely including a detailed 'adult at risk profile' to alert support workers, partner agencies and staff if a person living with dementia were to leave the service without staff support.

People continued to receive the support they needed with their medicines and systems were in place to help ensure that people received them when they needed them. Prior to staff taking on the role of administering people's medicines they undertook training and had an observation of their competency to administer medication completed six weekly. We reviewed medicines management at the service with one of the team leaders who was very knowledgeable about safe medicines systems. Two levels of medication support was offered within the service. Level one for when a person required prompting to take their medicines and level two when a person needed full assistance with their medicine administration. Every time staff administered any persons medicines they counted and recorded all the medicines in stock for that person to ensure accuracy. Some people had medicines prescribed to be taken 'as required', they told us they had support with these when they needed it. People's medicines and records were checked on a regular basis to ensure that people received their medicines as they should.

The service had measures in place to manage the control and prevention of infections well. Staff had access to policies and procedures on infection control and received training as part of the provider's training programme. Staff were provided with personal protective equipment (PPE) as necessary, in order to prevent the spread of infection. This included disposable gloves and aprons.

We saw there were few accidents and incidents, but when any happened, they were recorded and managed appropriately with detailed investigations undertaken along with learning to prevent reoccurrence.



Is the service effective?

Our findings

At our last inspection on 25 and 26 January 2017 we rated the key question of effective 'Good'. At this inspection we found that the service had sustained this rating.

Care and support was delivered in line with current legislation and best-practice. People's needs had been assessed holistically and care plans were based upon assessments of their needs and wishes. These assessments had been used to create highly detailed care and support plans.

Staff continued to have the necessary skills and knowledge to effectively support people. One person told us, "All the staff are very nice, they go that little bit further to do their jobs. I think that's how they train the staff to be, it makes all the difference." Staff records showed training in topics the service considered mandatory including; first aid, fire safety and infection control. A member of staff commented, "The training we have helps us to meet people's needs and recognise that people make their own choices."

The registered manager told us the service induction had been improved to make it more robust. They told us, "We now go through everything, get people on training. It's more person centred for the staff member as well, more one on one. We go through polices. I also get to meet and get to know the new staff." Staff told us about their induction and of the additional training they received as well as the ongoing support through supervision one to one meetings. One staff member explained, "Training is not an issue, we can request training and have never had a struggle. We can even go to a team leader and say, 'can you show me?' No one has ever said no, they are all on the ball. Next supervision they follow up to make sure we've had that training need met."

People told us they received the support they wanted with their nutritional needs. As people lived in their own flat their food was purchased by themselves or their relatives. The service had a restaurant accessible to people which provided meals during the day. At other times people received support from care staff to prepare light meals and snacks.

It was evident a range of health care professionals such as GP's and an occupational therapist were involved when needed to support people to maintain good health and independence. We saw an example in one person's care plan of how staff had worked closely with the relevant health care professionals to obtain a piece of equipment the person needed and their care plan was updated straight away to reflect the change. One person said, "I was really unwell a little while ago and staff called an ambulance."

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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 Act 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 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. We checked whether

the provider was still working within the principles of the MCA.

People we spoke with confirmed they had agreed to the care and support provided and that care staff gained their consent before providing support. One person said, "They know me but if a new staff member comes they ask me what needs doing, they do what I want. If I don't like something I will say."

We saw in multiple care records that staff documented seeking consent from people before providing their care and where people had declined this was also recorded and respected. One member of staff told us, "We were taught on training that everyone has the right to make a decision and we can help with day to day decisions even where some people may need guidance. Like help with day to day choices whether to have a bath or shower, what to wear and how to have their hair done." We saw people had signed their care records to show that they consented to the care they were being provided with.



Is the service caring?

Our findings

At our last inspection on 25 and 26 January 2017 we rated the key question of caring 'Good'. At this inspection we found that the service had sustained this rating; people continued to receive a caring service.

We found that positive relationships continued to be formed between people and the staff supporting them. People told us that staff treated them with kindness, respect and compassion. One person said, "You never need to be lonely here, there is always someone to talk to. If I've got any troubles I can go down and see management." Another person told us, "The staff are so caring, they are marvellous, very friendly and willing. They are what you call gentle, there is nothing forceful about them, they are easy going, I like them all."

Staff were clearly enthusiastic about the care they provided to people. One member of staff said, "When I came for my interview I arrived and thought 'wow'. I really would recommend it. It's a happy place and is all good." Another member of staff told us about how they ensured people felt cared for regardless of whether it was within their designated support hours or not. They told us, "At night I sit down and chat with [person] if they can't sleep. We watch to or bring in photos to talk about. [Person] worries at night and that helps."

Staff were respectful of people and adapted communication according to their needs. For example, when having a discussion, staff gave people time to respond and listened to what they had to say. Choice and autonomy was promoted. One person commented, "I can make them [staff] understand what I want to wear, or what perfume I would like and stuff."

People were supported to express their views and be actively involved in making decisions about their care and support and their views. For example, people had personal profiles in their care plans which included their life histories and what was important to them. One person told us, "They are always open to suggestions around my care."

We saw that staff respected the fact they were visiting people in their own home and were respectful of their right to privacy. During our visit we observed that staff always knocked on people's front doors and waited to be invited in. If the person was unable to respond staff knocked, let themselves in and called from the hallway to let the person know they had arrived and who it was. One person told us, "They don't just barge in, they are very good that way." Another person said, "I have care in the morning to help me wash and dress, and they help me get to bed. They always stay and make sure I am comfortable. All that I have met have been very kind. They knock on the door, cover me up, all that."

The service promoted people's independence and autonomy wherever possible. This was evident in the way care plans were written and the entries we viewed in people's care records. One person's relative told us, "I think [family member] was able to hold onto their independence by living here in this setting". Staff explained how they promoted independence, by enabling people to do things for themselves. One member of staff said, "I think we support people to live their lives as fully as they can and as independently as they can. We offer guidance. Life living with dementia can be complicated and confusing and just one thing like helping to set the table is something worthwhile." Another member of staff said, "Sometimes [person] will

ask cleaner if she can do dusting. Important to involve people and retain their independence."



Is the service responsive?

Our findings

At our last inspection on 25 and 26 January 2017 we rated the key question of responsive 'Good'. At this inspection we found the service had sustained this rating.

People we spoke with told us their individual needs and preferences were met and that staff were very responsive to them. One person told us, "Best thing I have ever done moving here. I don't think I would have lived to [age] without their care." Another person told us, "They always offer to make me drinks and do things for me. The other day a carer came in and said I've got five minutes, why don't you get your puzzle book out and we'll have a look at it together. Another member of staff took me to Ipswich, so I could have pie and mash."

The majority of staff we spoke with told us care visits were well planned and gave them sufficient time to ensure people received personalised care. The exceptions to this being when agency staff who were unfamiliar with people's preferences were working, however we were told this was the exception as consistent agency staff were deployed where at all possible. One staff member told us, "We don't cut people short, we are interested in what they have to say."

Care plans were very personalised and contained detailed information about peoples' individual needs, preferences and how staff should adapt the support they provided to ensure people received the care they needed. The service was taking part in a trial for the provider using an online electronic care planning system and all staff had access to a 'tablet' which they used to access care records and record care delivered. Staff told us the care plans were a 'live' document which meant they could be taken to people's flats when delivering their care. It also meant any necessary changes to the plan of care could be updated and agreed with the person at the time.

People's care plans provided staff with a summary of their personal and health backgrounds, communication needs and 'things you must know about me' as well as the things people did not like and staff should not do such as 'don't use a hair brush as the bristles hurt my head'. Care plans also recorded how staff should support the person whilst still ensuring their independence, for example, 'I can assist with ironing, but need some supervision.'

The registered provider had processes in place to receive and act on complaints. People told us they knew how to raise concerns if they had any problems. Information about the complaints procedure was displayed and made available to people and the provider had clear procedures for how any complaints would be investigated and dealt with. One person told us, "In the early days I complained. I spoke to the manager and since then the situation has been much better." Another person said, "If there was any problem you would have heard. There's no word of complaint from me."

We looked at records of any complaints made and saw that these were dealt with speedily and in line with the providers policy and procedures and involved the registered manager communicating effectively. One comment to the registered manager after a complaint had been addressed and resolved read 'thank you for the open and honest meeting'.

At the time of our visit, no one being supported by the staff at Steeple View was living at the final stages of their life. We spoke with the registered manager and staff about how they supported people with their end of life wishes. The registered manager told us the provider was developing an end of life policy in line with NICE (National Institute for Clinical Excellence) guidelines which was in the process of being agreed and disseminated across services.

Some people had plans in place such as if they wanted to be resuscitated or not and these had been agreed with them, their relative, GP or healthcare professional. There were also some people, where they wished to, with 'thinking ahead' advanced care plans in place. A member of staff told us, "We recently had a family approach us about end of life wishes. We said would get the persons GP or nurse practitioner out to see them." Some staff had received some training in end of life care, a member of staff told us, "[Provider] didn't provide training. End of Life Care was a passion of ours so we sourced external training so any staff could attend, it was really interesting."



Is the service well-led?

Our findings

At our last inspection on 25 and 26 January 2017 we rated the key question of well-led 'Good'. At this inspection we found the service had sustained this rating.

People and staff spoke very highly of the registered manager and told us they felt the management team, which consisted of the registered manager and team leaders, were open and approachable. One person told us, "The manager is very good, she's here if you need her, she'll come in and have a chat. They do a marvellous job, it feels like home from home." Another person said, "The [registered] manager has made a lot of difference to the place in that she has enlivened this place up. She will come in when they are short staffed, that's what you need." One person's relative commented, "Our experiences were really positive. The manager has gone above and beyond." We observed throughout our visit that people were comfortable approaching the registered manager and that she always took time to listen to them and help them with any questions that they had.

The vision of the service was to provide high quality care and support to enable people to remain living as independently as possible within their own homes. People and their relatives told us that the staff delivered high quality care and that they were happy with the service they were receiving. One person told us, "It's a cut above everywhere else, its well laid out. The idea this place is moulded round is excellent, you have your own front door, you can have privacy and peace.." We asked staff about the culture and values of the service. Staff told us that the registered manager was supportive and had an 'open door' approach. One member of staff commented, "With previous management, if I made a mistake I felt it was condescending. [Registered Manager] isn't like that. I've been offered training, I don't feel like she 'looks down on me'. I feel comfortable around her."

A range of governance and quality assurance systems continued to be in place to ensure that care being delivered was safe, effective and compassionate. The registered manager told us that any audits she completed were also sent to the provider's head of service so they too could maintain oversight of the service. These audits showed evidence of regular monitoring of the quality of care and support being provided and included checks on medicines management, care records and accidents and incidents.

Staff told us that meetings took place and records confirmed this. Minutes from staff meetings showed that a range of topics and issues relating to the running of the service were discussed and information was shared with staff. The registered manager had meetings with other managers from the provider's organisation which they told us enabled them to learn, share ideas and support one another.

The registered manager worked with other professionals and organisations to ensure people received a coherent service. This included, amongst others, healthcare professionals and the local authority safeguarding team.

Procedures were in place to ensure that personal information and records relating to people using the service and staff were stored appropriately. For example, care plans and staff records were all were stored

electronically and were password protected which ensured they were only accessible to staff requiring the information.

The provider had sent a 'care survey' to people using the service in order to seek their feedback on the care and support they received. The registered manager told us that it had been highlighted at the last service that people were not always sure about raising a concern or complaint so the staff had been focussing on this with people, bringing it up in 'tenant' meetings and the provider had some fridge magnets supplied for people which contained the customer service number. When we asked people about raising concerns they were all now clear.