

# Orwell Housing Association Limited

# Sydney Brown Court

## Inspection report

Sydney Brown Court  
Tayler Road  
Hadleigh  
Suffolk  
IP7 5JJ

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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

This service operates an assisted living scheme in a purpose-built development called Sydney Brown Court. This service is a domiciliary care agency. It provides personal care to older people living in their own flats. The development within central Ipswich consists of 34 flats occupied by older people who also share some communal areas and facilities; such as a dining rooms, lounges and gardens.

At the time of our comprehensive inspection of 25 June 2019, there were 32 people in receipt of the regulated activity of personal care.

### People's experience of using this service:

Effective systems were in place to ensure people's safety. Risks were assessed and monitored, there were sufficient staff to support people and safe recruitment procedures were followed.

Staffing levels enabled people to maintain choice and involvement in their care and daily routine.

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.

People were treated with respect and their privacy and dignity was protected. People were supported and encouraged to remain independent.

The provider had effective quality assurance systems to monitor the quality and safety of the care provided. People were asked for their views and their suggestions were used to improve the service and make any necessary changes.

For more details, please see this full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

The last rating for this service was Good (4 January 2017). This inspection was a planned, the timing was based on the previous rating. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Your Life (Ipswich) on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

# Sydney Brown Court

## 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 Care Act 2014.

#### Inspection team

This inspection was undertaken by one 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 bought, or 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.

The service had a manager registered with the Care Quality Commission. A registered manager means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection visit because we needed to make arrangements to meet people to seek their feedback.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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. This is information providers are required to send us 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 spoke with five people who used the service and two people's relatives about their experience of the care provided. We spoke the registered manager and four members of staff.

We reviewed a range of records. This included three people's care records. We looked at two staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service, including policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We left our contact details for any further people, relatives or staff who wished to share their experiences, however no one got in touch.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff understood about the types and signs of abuse and could explain the action they would take if they suspected or witnessed abuse.
- Records showed appropriate action was taken in response to safeguarding concerns and the registered manager had made appropriate referrals to the local authority safeguarding team.
- People told us they felt safe with the support that they received. One person said, "I trust [the staff] to do anything." A relative told us, "My [relative] is very relaxed, the [staff] come and go with a kind word, that makes my [relative] feel safe."
- Staff had received training on how to recognise abuse and what to do in the event of a concern being raised.

Assessing risk, safety monitoring and management

- Potential risks to people's health, safety and wellbeing continued to be assessed and reviewed, and staff took steps to reduce the likelihood of harm occurring.
- Risk assessments were in place in areas such as staff supporting people with moving and handling and environmental considerations such as slips, trip and falls within people's own environments.
- Risk assessments included any action staff needed to take and provided detailed information on how to support people safely.

Staffing and recruitment

- People told us there were enough staff available to support them and meet their care needs. People we spoke with told us staff came at the arranged time and stayed for the agreed length of time. One person commented, "They come and do everything I need, they don't rush me and are so kind." Another person said, "If I need help they come quickly."
- Safe and effective recruitment practices were followed to make sure that all staff were of good character.

Using medicines safely

- Where people required support with administration and management of their prescribed medicine this was detailed in their care plan.
- People who were supported with their medicines continued to be well supported by trained staff.
- Before being able to administer medicines staff undertook training and had their competency assessed. Staff completed medicine administration records (MARs) to record when people's medication had been administered.

### Preventing and controlling infection

- Staff continued to have access to protective equipment, for example, gloves and aprons, to reduce the risk of cross infection when providing personal care and support to people.

### Learning lessons when things go wrong

- The staff and provider responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained 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

- Prior to people being supported by the service a full care needs assessment was carried out. This included gathering important information about the person's health, physical, mobility and social needs. This information was used to create a care plan in order that the person's identified needs could be met.

Staff support: induction, training, skills and experience

- People were supported by skilled, experienced staff. A relative commented, "When I watch them with [my relative] they are kind and thoughtful. I can see they know what to do."
- The provider's induction procedures and ongoing training provided staff with the skills and competencies to carry out their role effectively. This included training in people's specific needs, such as dementia, protecting people's dignity and showing respect. Staff were supported to undertake qualifications relevant to their role.
- Staff were provided with one to one supervision meetings. These provided staff with the opportunity to receive feedback about their practice, discuss any issues and identify training needs.
- Staff told us that they felt supported and had received the training they needed to meet people's needs effectively. One staff member commented, "The [senior staff] are there if we need them and training I have had is good."

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

- People received the support assessed to be required to meet their nutritional needs.
- People chose between eating in their own flats or to using the communal dining room where they could purchase their meals.
- At other times people received support from care staff to prepare light meals and snacks in their own flats.

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

- People received the care and support they needed. Staff supported people, where required, with any healthcare referrals and accompanied them to appointments if asked.

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 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 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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA

- People were involved in decisions about their care and treatment and staff supported them to have maximum control of their lives.
- Staff asked and explained to people before giving care and support records demonstrated people had consented to their support plan and were involved in discussion about their care.

# 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

At the last inspection this key question was rated as Good. At this inspection this key question has remained 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 told us they were supported by kind and caring staff. One person said, "They are all lovely, the [staff] stop for a chat and make sure I'm comfortable." Another person commented, "We come from all walks [of life], but we're all treated with kindness and respect."
- Staff spoke about people in a caring manner and told us they enjoyed the role they played in supporting people.

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

- People were supported to express their views and be actively involved in making decisions about their care and support.
- People told us that they continued to have plenty of opportunities to speak to staff and express their views and opinions.
- Regular client's meetings were in place so that the service could share information with people and they could contribute with ideas of how the service could develop.

Respecting and promoting people's privacy, dignity and independence

- People told us that the service supported them to maintain their independence along with providing support to ensure they remained safe. One person commented, "I'm a private person, staff always knock before they come in the flat." Another said, "They don't embarrass me, it isn't easy having someone help you have a bath. They let me stay independent and let me do what I can."
- Staff were aware of maintaining people's dignity and explained to us how they ensured that this was respected during personal care by ensuring that people were covered up as much as possible.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained rated Good. This meant people's needs were met through good organisation and delivery.

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

- Detailed care plans were in place to show the support people needed and these were reviewed regularly.
- Care plans were personalised and included information such as the person's history, skills and interests to aid staff in building a professional relationship and rapport with the person.
- Staff were familiar with people's needs and their preferences and what was important to them. This enabled them to deliver people's care in a person-centred way.
- One person commented, "More often than not I get the same staff, but I know them all and they know me."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was provided in alternative formats such as pictorial format and large print to ensure that this was available to people in a way they could understand and access.

Improving care quality in response to complaints or concerns

- The provider continued to have a complaints process in place and people knew who to speak to if they had any concerns. One person said, "I've got no complaints, if I did I know the staff would make sure things were put right."
- Records showed that any complaints that were received were dealt with in line with the services complaints policy. Those we saw showed that the person had received an apology and had been asked what their expected outcome was so the service could ensure it was dealt with to their satisfaction.

End of life care and support

- There was no one receiving end of life care when we visited the service, however people's preferences for their advanced care wishes had been considered. Whilst some people had opted to share their wishes and expectations for their end of life care, others had declined to have these discussions with staff and this had been respected.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager had a good understanding of their role and regulatory requirements. They had recently completed specific to their role.
- The service had an effective system to monitor the safety and quality of the service. The organisation had a quality assurance officer whose role included having an oversight of all the audits, completed and submitted by the registered manager, and reviewed any trends and identified improvements and learning needed.
- Audits identified actions required to ensure full compliance with the provider's objectives and regulations.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager shared their experiences with us and voiced their plans and ideas to improve the service offered to people. The Care Quality Commission does not require services that provide personal care, without accommodation, to offer people activities. However, the registered manager introduced activities into the complex and was arranging trips to help promote a positive culture.
  - One move was to invite a local nursery into the service. This comment from the manager illustrates their passion for their work, "I contacted the nursery teacher. When we started talking on the phone we realised that we were both passionate to get this interaction with the children and tenants to work. We agreed this would help the children to learn and develop new skills and would reduce loneliness and improve the health and wellbeing of our tenants."
  - A relative commented, "[The registered manager] does a good job, she has made some good changes since she has been here, I often wonder what she will think of next to offer people. My [relative] was so pleased when an alpaca came to the flat to visit them."
- Staff were clear about the ethos of the service and the aims they were working towards. They were also positive about the changes the manager had made to the service since they had started working in the service.

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 manager and providers understood the requirement of the duty of candour, and were open and honest about the care and support people received.

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

- People's feedback was obtained, and their views listened to by the registered manager. Regular meetings were held for people using the service and people could choose what topics they wanted to discuss.
- Systems were in place to involve people, relatives and staff in the running of the service.
- Surveys and meetings were carried out. Feedback from these surveys and meetings was analysed and action taken if any issues were identified.
- Regular staff meetings were held so the provider could effectively communicate any changes within the organisation, training updates and information about changes in people's care.
- The service worked in partnership with people, relatives and health professionals to seek good outcomes for people.

Working in partnership with others

- The service worked in partnership with people, relatives and health professionals to seek good outcomes for people.
- Staff reported that working relationships were good with other partners such as the local GP and pharmacy.