

## Orwell Housing Association Limited

# Emily Bray House

### Inspection report

300 Woodbridge Road  
Ipswich  
Suffolk  
IP4 4BA

Tel: 01473720610  
Website: [www.orwell-housing.co.uk](http://www.orwell-housing.co.uk)

Date of inspection visit:  
22 August 2023

Date of publication:  
30 October 2023

### 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

Emily Bray House is a specialist 'extra care' housing facility where people live in flats in a single purpose-built building. At the time of our inspection there were 36 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 received personalised care from caring staff who had the knowledge and skills to carry out their roles and responsibilities. People described staff as friendly and supportive of their independence.

People felt safe with staff providing care and support. Safeguarding procedures were followed, and staff knew the signs to look for if they suspected abuse and how to report concerns.

People's needs were assessed before the service began to ensure they could be met by the service. Care plans were written and updated regularly. Risks were identified, assessed and appropriate mitigation put in place.

People told us the service was well-led and they spoke positively of the support they received. The culture of the service was open and transparent, and staff told us they felt supported and motivated by managers to provide the best care for the people they supported.

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.

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

### Rating at last inspection

The last rating for this service was good (published 9 February 2018).

### Why we inspected

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

### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

|  |               |
|--|---------------|
| <b>Is the service safe?</b><br>The service was safe.             | <b>Good</b> ● |
| <b>Is the service effective?</b><br>The service was effective.   | <b>Good</b> ● |
| <b>Is the service caring?</b><br>The service was caring.         | <b>Good</b> ● |
| <b>Is the service responsive?</b><br>The service was responsive. | <b>Good</b> ● |
| <b>Is the service well-led?</b><br>The service was well-led.     | <b>Good</b> ● |

# Emily Bray House

## 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 team consisted of 2 inspectors 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.

#### 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

We gave the service short notice of the inspection because we needed to be sure that the provider or registered manager would be available to support the inspection.

#### What we did before inspection

We reviewed information we had received about the service. We contacted the local authority commissioning team and safeguarding team for their feedback about 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 all this information to plan our inspection.

#### During the inspection

We spoke with the registered manager, management team and administrator during the site visit. We reviewed a range of records including 4 people's care and medication records. We looked at 3 staff files in relation to recruitment and staff supervision. We spoke with 7 people by telephone and received e mail feedback from 1 relative. We received e mail feedback from 5 staff members. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were clear systems in place for safeguarding people from harm.
- People said they felt safe and comfortable in the carers company. A person told us they felt "Absolutely safe in my flat. Knowing that there's plenty of security. Knowing that there's someone here."
- Staff had training on how to recognise and report abuse. Feedback from staff demonstrated they knew how to apply their training.

Assessing risk, safety monitoring and management

- Risks were assessed, and actions were put in place to keep people safe. Care documents included information about risks to people and how they should be managed. For example, a person at risk of developing a pressure ulcer had the appropriate equipment in place.
- Care plans demonstrated risks to people were reviewed regularly, and changes made to their care as needed.
- Staff understood how to raise any safety concerns and told us they felt able to do so. Staff knew how to seek support from senior staff out of office hours if required.

Staffing and recruitment

- Staff had been recruited safely and there were enough suitably trained staff to provide support to people. Staff had all necessary pre-employment checks in place including Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager told us how they managed staff to ensure people were supported by carers with the appropriate training.
- Care staff told us they were given enough time to provide the care and support each person needed.

Using medicines safely

- Staff followed effective processes to assess and provide the support people needed to take their medicines safely.
- People's medicine records were up to date and accurate. No gaps were found.
- Staff undertook training to ensure medicines could be administered safely.
- Protocols were in place for as and when needed medicine, also known as PRN. Staff had the guidance needed to safely administer medicine.
- The provider carried out staff competency checks to ensure they had the skills to accurately administer medicines.

### Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Learning lessons when things go wrong

- The provider had a process in place to learn lessons when things went wrong.
- Accidents and incidents were recorded and reviewed for trends.

# 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 our last inspection we rated this key question good. The rating for this key question has remained 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

- People's needs had been assessed prior to receiving care and support to ensure they could be met. These were recorded in their care plan which was regularly reviewed to ensure it was up to date.
- People, and relatives where appropriate, as well as external health and social care professionals were fully involved in the assessment and planning of people's care.
- Care and support was planned and delivered in line with best practice guidance and standards.

Staff support: induction, training, skills and experience

- People told us that staff had the skills required to provide the care they needed. A person said, "They are very knowledgeable. They know what they're doing that's for sure."
- Staff told us they received training and support for their role. A member of staff said, "There is a very comprehensive program of training both online and practical. Additionally, we are supportive of each other and those less experienced"
- The provider had systems in place to support staff to develop in the care sector.
- Staff undertook an induction into the service. This included the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Training records demonstrated staff had received a variety of training relevant to their role.

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

- People received the support they needed to meet their nutritional and hydration needs.
- Care plans contained an assessment for people's dietary support needs, and this was used to create a care plan with guidance about how to support that need.
- People who were supported with meals told us they were happy with this.

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

- People's healthcare needs were recorded, and staff were given information about how to care for identified needs.
- Staff responded appropriately when people became unwell, seeking medical assistance and liaising with healthcare professionals.
- The registered manager told us they worked in partnership with family members and health and social

care professionals to help ensure people received appropriate care.

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.

- There was information in people's care plans about their mental capacity and whether they had a power of attorney in place.
- It was evident in daily notes and records that people were encouraged to be independent and make decisions about their own care and routines.

# 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 our last inspection we rated this key question good. The rating for this key question has remained 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 who used the service consistently told us they were treated with kindness, consideration and compassion. A person said, "They're always extremely polite and everything I want them to do it's done with great care. As far as I'm concerned, by the way they talk to me, the staff have always been very respectful. They always treat me with respect and care."
- Staff described how they provided care in a compassionate and caring manner.
- Where people had specific cultural needs, these were recorded in their care plan along with any actions staff needed to take.

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

- People were involved in their care, and they had the opportunity to share their views through resident's meetings, reviews and surveys.
- Staff were able to describe how they supported people in the way they wished. A member of staff said, "I make people as involved in their care as much as possible, give them choices. By being empathetic with them and ensure that their care is met in a way which they want it to be carried out, by respecting their privacy. Always talk them through what I am doing and not talking over them."

Respecting and promoting people's privacy, dignity and independence

- People told us staff consistently showed respect towards them and maintained their dignity. A person told us, "They come in and they've got a good attitude and will generally ask how your day's been. Some people will talk about their lives, that's nice to interact, it's nice when they choose to share. It's just normal chat and that's nice."
- Feedback from people and relatives demonstrated people were encouraged to be as independent as possible. When asked if staff encouraged their independence a person replied, "Definitely they really do. The more we can do ourselves the better."
- Feedback from care staff demonstrated they knew to protect people's dignity and promote independence when providing care and recognised the importance of this. A member of staff said, "I would always give people choice and respect their dignity at all times. I would ensure they have choice in their care and to ensure I listen to them and never talk over them."

# Is the service responsive?

## Our findings

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

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

- People were aware that they had a care plan, but some people were not always sure how to access it if they wished. A person said, "From the first time I was assessed before moving here, I was asked what my requirements were and, as far as I'm concerned, everything has worked out extremely well." Another person said, 'For quite a little time now, they've been using electronic tablets and they write everything down on that. They always say what they're going to write, and I say that's OK."
- People told us they were confident their carer would arrive but was not sure who the member of staffing coming into their home would be. We discussed this with the registered manager who told us they would put in a system to ensure people knew who their carer would be.
- The care plan, alongside the risk assessment, provided a person-centred perspective of what support the person needed and what their preferences were. Care plans covered areas including medical conditions and domestic requirements. They provided guidance for staff on what care people needed and how they wanted it provided.

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.

- The service identified people's information and communication needs by assessing them before providing care and support.
- People's communication needs such as if they needed hearing aids were identified in their care plan.
- Different methods of communicating were used for example where English was not a person's first language, a translator phone supported communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans recorded how people liked to be supported, their social histories and interests.
- The provider organised activities in the service which people accessed if they wished.
- The registered manager told us they worked with a variety of outside agencies to support people to access the local community and follow their interests.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and systems in place to appropriately respond to any complaints received.
- Although most people spoken with did not name a person they could raise a concern with, they felt there would be someone they or a relative could talk to such as a carer, team leader or the registered manager and there would be support to resolve concerns.

#### End of life care and support

- The service was not providing end of life care at the time of our inspection.
- Care plans recorded people's end of life wishes, and if they had made any decisions about this aspect of their 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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager created a positive culture with good outcomes for people. Most people using the service were happy with the service they received. One person told us, "It's a good place to live and I'm very happy to live out my days here. I can see people and have a drink with other ladies and gentlemen. It is good."
- The registered manager was aware of challenges to the service including the impact of COVID on the staff team. They had worked through these and told us, "The Emily Bray culture is now one of togetherness, team working, being open and honest with each other respectful and happy."
- Staff told us the registered manager was approachable and listened to them. Comments from staff included, " I feel that the management is very approachable and there is always an open-door policy. I feel I am able to sit down with any one of the management team and feel supported. I always feel that if I ask a question, they are always there to help me or find me the answers."
- There were regular tenants meetings where complaints and suggestions about the care and support provided were discussed.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had a clear understanding of their responsibilities to report under the duty of candour. The duty of candour sets out actions the provider should follow when things go wrong and to be open and transparent.

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

- The registered manager had relevant experience and staff understood their roles and responsibilities.
- Regular audits ensured care plans were up to date and reflected people's needs.
- There were appropriate quality monitoring systems and processes in place. The management team carried out audits and acted on the findings to ensure people continued to receive good quality care.
- The registered manager understood their responsibility to notify us of any incidents relating to the service. These notifications tell us about any important events which have happened at the service.

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

- Meetings were held in the communal area of the service where people could raise concerns and provide feedback on the service provided.
- Team meeting minutes demonstrated that these were used as open arenas to discuss the quality of the service, seek views and impart knowledge and training.
- Specialist advice was sought and followed when needed.
- People's diverse needs such as culture, religion and language spoken were considered as part of the assessment process.

#### Working in partnership with others

- The registered manager worked in partnership with various other health and social care professionals.
- Where appropriate they liaised with other relevant agencies, such as the local authority and community health care professionals to ensure people's needs were met.