

## 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:  
06 December 2017  
07 December 2017

Date of publication:  
08 February 2018

### 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

Emily Bray House provides care 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 service.

Emily Bray House consists of 45 self-contained one and two bedroom apartments over two floors. At the time of this announced inspection of 6 and 7 December 2017 there were 34 people who used the service. The provider was given up to 48 hours' notice because we wanted to be certain the registered manager and key staff would be available on the day of our inspection. We also wanted to give them sufficient time to make agreements with people so we could visit them in their homes to find out their experience of the service. This service was registered with CQC on 10 June 2011.

At the last inspection of 29 October 2015 the service was rated Good. At this inspection we found that the service remained Good.

A registered manager was in post. 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.

The service continued to provide a safe service to people. This included systems intended to minimise the risks to people, including from abuse, mobility, accessing the community, nutrition and with their medicines. Care workers understood their roles and responsibilities in keeping people safe.

Recruitment checks were carried out with sufficient numbers of care workers employed who had the knowledge and skills through regular supervision and training to meet people's needs.

People told us that they felt safe and well cared for and had developed good relationships with the care workers and the registered manager.

People were able to express their views and care workers listened to what they said and took action to ensure their decisions were acted on. Care workers consistently protected people's privacy and dignity.

People were supported to eat and drink enough to maintain a balanced diet. They were also supported to maintain good health and access healthcare services. Where people required assistance to take their medicines there were arrangements in place to provide this support safely.

People received care that was personalised and responsive to their needs. People's care records were

comprehensive and accurate. This ensured they received care and support which was planned and delivered to meet their specific needs in accordance with their wishes.

People were supported to have maximum choice and control of their lives and care workers supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The service listened to people's experiences, concerns and complaints and took action where needed. People, relatives and staff told us the registered manager was accessible, supportive and had good leadership skills. The service had a quality assurance system and shortfalls were identified and addressed. As a result the quality of the service continued to progress.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Emily Bray House

## 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 checked 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 was carried out on 6 and 7 December 2017 by a CQC inspector. The provider was given up to 48 hours' notice because it is a small service and we wanted to be certain the registered manager and key staff would be available on the day of our inspection. We also wanted to give them sufficient time to make agreements with people so we could visit them in their homes to find out their experience of the service.

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 contacted the local authority contracts and provider support teams for feedback about the service. We received no information of concern.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public. We met and spoke with eleven people who used the service and four relatives. We observed the interactions between the care workers, management team and people. We spoke with the registered manager; provider's nominated individual, regional area manager, 11 care workers including two team leaders and three agency care workers. We spoke with an independent advocate and received positive feedback from two health and social care professionals.

To help us assess how people's care needs were being met, we reviewed five people's care records. We also looked at records relating to the management of the service, seven recruitment files, training, and systems for monitoring the quality of the service.

## Is the service safe?

### Our findings

At our last inspection of 29 October 2015 the service was rated Good. At this inspection of 6 and 7 December 2017, people continued to be protected from avoidable harm and abuse. Care workers understood how to recognise and report abuse. Staffing numbers remained consistent to meet people's needs and the rating continued to be Good.

The provider had maintained measures to protect people from harm and abuse. Care workers knew how to keep people safe and they were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. They were aware of the provider's safeguarding and 'whistle-blowing' (reporting of bad practice) policies. When concerns were raised the management team notified the local safeguarding authority in line with their policies and procedures and these were fully investigated. One care worker said, "I know how to report concerns; would go to a team leader, or [registered manager]. I have reported issues before and it was handled immediately." Another care worker told us, "I would go and see [registered manager] if something was wrong and we would work it out. If the problem continued I know who to contact [named the provider and local authority safeguarding team]."

People told us that they felt safe. One person said, "I am safe, the carers are lovely. They are kind and gentle when helping me. I am out of harm's way here." Another person commented, "I don't want to be here I would rather be home [where they used to live], but it is not safe for me there anymore. It is okay here. I am much safer here. Haven't had any falls since I came here. They [care workers] do everything they can to keep you safe and secure." A third person shared with us, "I feel safe in the company of the carers." A relative commented, "I would like to live here when the time comes. It is safe, people are well looked after but still have their independence. [Registered manager] works hard and makes time to speak to you."

Risks to people's safety continued to be managed appropriately. Care workers and the registered manager were aware of people's needs and how to meet them. People's care records included risk assessments which identified how risks were minimised, this included risks associated with mobility, nutrition, accessing the community, medicines and being safe in their homes. One person said the care workers "Help me with all my medicines, get my meals ready and to be safe when I go out. All the information to keep me safe is in my folder [care plan]."

Systems were in place to record and investigate incidents, accidents and near misses in the service. The registered manager reviewed the outcomes to identify lessons learnt, themes and patterns, taking steps to reduce the risk and likelihood of further reoccurrences. This included liaising with relevant professionals such as the falls prevention team and occupational therapists to make sure equipment and the environment was safe for people whose mobility needs had changed and were at risk of falls.

People who were vulnerable as a result of specific medical conditions for example diabetes and who were living with dementia had clear plans in place guiding care workers as to the appropriate actions to take to safeguard the person concerned. For example, there were examples of where healthcare professionals had been involved in the development and review of care arrangements. Where appropriate, there were detailed

care plans for care workers to follow where people may display behaviours that may be challenging. Wherever possible people's choices about how they wanted to be supported during a crisis were included in the strategies in place to keep them safe and manage the risk. This helped to ensure that people were enabled to live their lives as they wished whilst being supported safely and consistently.

People, relatives and care workers told us that there were sufficient number of care workers to meet their needs but there had been several personnel changes which at times had been unsettling in the service. One person said, "I went into hospital and when I came out six carers had left and there were all these new faces. It was a bit strange but I have got to know them and they are very nice, thoughtful and kind." Another person commented, "Place is getting better again, things settling down; there was too much agency and not enough Emily Bray staff, but the manager is dealing with it. The Emily Bray staff are better, they know what they are doing, and I feel safer with them. I like the [agency] carers that we have at the moment. I am used to them. Before there were too many new faces."

The registered manager advised that following a recent recruitment drive they had appointed to existing vacancies and were now fully staffed. They acknowledged there had been several staffing changes in the last 12 months but that things had settled down and they were using less agency staff to cover shifts. To ensure continuity of care existing staff and management where ever possible covered shifts and where required preferred agency staff were used. Despite the staffing changes there had been no missed care visits to people in the last 12 months.

The service continued to maintain robust recruitment procedures to check that prospective care workers were of good character and suitable to work in the service. Care workers employed at the service told us they had relevant pre-employment checks before they commenced work to check their suitability to work with people and had completed a thorough induction programme once in post. This included working alongside experienced colleagues, reading information about people living in the service, including how identified risks were safely managed. Records we looked at confirmed this. One care worker told us, "The induction and training taught me what I needed. You can't do this job without it. I shadowed some shifts putting the learning into practice with the more experienced carers. That helped to build my confidence. I was new to care so the combination of induction, training and shadowing was really beneficial for me."

Medicines were safely managed. We saw that people who required support with their medicines received them as prescribed. One person told us, "They [care workers] get my tablets all ready for me along with a drink." Another person said, "Regular as clock work they [care workers] are with giving me my medication. They come to my flat and are very discreet. I appreciate that as sometimes I have visitors."

People's records included the support that each individual required with their medicines and what time their medicines should be given and if it was to be given with food. This helped to ensure people received them when they needed them. Records were comprehensive, well-kept and showed that medicines were given to people as prescribed. Where people were prescribed with medicines to be administered 'as required' (PRN), there were protocols in place to guide care workers when these should be given. As part of continual improvement of the service the registered manager had implemented an improved audit and check system to reduce medicines errors to allow them to quickly pick up any issues and take action to address them.

Care workers were provided with training in infection control and food hygiene and understood their responsibilities relating to these subjects. There were systems in place to reduce the risks of cross infection including providing care works with personal protection equipment, such as disposable gloves and aprons. Care workers confirmed that these were available to them in the office and they could collect them when needed.

## Is the service effective?

### Our findings

At our last inspection of 29 October 2015 the service was rated Good. At this inspection of 6 and 7 December 2017, the service continued to provide care workers with the training, ongoing support and the opportunity to obtain qualifications in care to meet people's needs effectively. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be Good.

People's care needs were assessed, planned for and delivered to achieve positive outcomes in line with best practice and current legislation. This took into account their physical, mental and social needs and were regularly reviewed and updated. The service worked with other professionals involved in people's care to ensure that their individual needs were consistently met.

Care workers told us they were provided with the training and support that they needed to meet people's needs. This included the provider's mandatory training such as moving and handling, first aid and medication training. This was updated where required. Also, care workers received additional training associated with people's specific and diverse needs such as epilepsy, mental health and diabetes awareness. The registered manager told us they were planning to provide end of life/advanced care planning training, further workshops on sensory awareness, dementia and mental health to support care workers in the upcoming year. One care worker shared with us, "The training is really good, linked to people's needs. If there is a change to someone's health and they are diagnosed with something new then the manager will share information, get someone [relevant professional] in to talk to us. We have had the district nurses in and dieticians. We also have refresher training so we are up to date."

Records and discussions with care workers showed they continued to receive supervision, competency observations and appraisal meetings. These provided them with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had. One care worker shared with us their positive experience of the supervision arrangements in place, "Supervision is done with [team leader] we meet regularly and talk through any issues and what training needs I might have."

Where required, the service continued to support people to maintain a healthy diet. People's records identified the support that they required including concerns that care workers should be aware of relating to their dietary needs and how to manage this. A relative told us, "[Person] needs prompting and encouraging to eat and drink enough. The carers all know this it is written in [person's] folder [care records]."

People continued to be supported to maintain good health and had access to health professionals where required. Records demonstrated that the care workers were proactive in obtaining advice or support from health professionals such as a doctor when they had concerns about a person's wellbeing. One person said, "They [registered manager] got the specialists in when I fell, to stop me having any more falls. They [occupational therapist assessed] and arranged for [mobility equipment] to help me be safer in my home. Not had any more falls." A relative told us, "Great communication in place. We have no issues. Kept informed if they [care workers] call the doctor out."



The service worked effectively with professionals from other care settings to ensure people's needs were met consistently and effectively. For example, in the event of a person being admitted to hospital, arrangements were in place to support coordinated care. This included a care worker or a member of management travelling with the person to reassure them and to advocate on their behalf where needed. As part of the transfer process they brought with them key documentation about the person and how to meet their needs. This was made available to the professionals involved in the person's care, support and treatment plans to ensure their needs were effectively and consistently met.

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 told us that the care workers consistently asked for their consent before providing any care. One person said their care workers, "Check with me first and follow my instructions; do what I tell them." People's care records continued to identify their capacity to make decisions. People had signed their care records to show that they consented to the care and support they were being provided with. Care workers had been trained in the MCA and continued to demonstrate they understood this and how it applied to the people they supported.

## Is the service caring?

### Our findings

At our last inspection of 29 October 2015 the service was rated Good. At this inspection of 6 and 7 December 2017, people told us they were satisfied and happy using the service, they continued to be complimentary of the care workers approach and felt looked after. The rating continues to be Good.

People told us that their care workers consistently treated them with kindness and respect. One person said, "I have been here a long time and never seen the carers be rude to anyone, they are all very nice." Another person commented on the caring approach of the care workers, "This place has changed so much. People now need more care and support. They are less able. Staff work very hard to get it right for them. They are ever so compassionate." A third person said, "Everyone is nice to me. [Care workers] are good to me. On the whole I am very happy here." A fourth person commented, "Staff are all nice and polite to me. I like living here I am satisfied. The staff look after me, help me a lot."

Relatives shared with us their positive experiences of how people were well cared for. One relative said, "All the staff are kind and accommodating. Know what [person] needs and get on with it. I have no concerns." Another relative commented, "The care is very good. The carers know what they are doing and have a nice way about them."

People continued to be relaxed in the presence of their care workers and with the registered manager. Care workers were caring and respectful in their interactions and we saw people laughing and smiling with them. Care workers used effective communication skills to offer people choices. This included consideration to the language used and the amount of information given to enable people to understand and process information.

People were encouraged by care workers to be actively involved in expressing their views and making decisions about their care and support needs. They told us the care workers listened and acted on what they said. One person commented, "They [care workers] talk respectfully and politely to me, they listen to what I say and do a good job looking after me." Accessible information was made available to people to assist them in making decisions about their care. This included access to independent advocacy services.

People's care records demonstrated how people continued to make decisions about their ongoing care arrangements. Their views were listened to and incorporated into the planning and delivery of their care and reflected in their care records. One person told us that during a care review with their care worker they had requested a change. They said, "I told [care worker] I wanted to change the time when I had [personal care] and they wrote it all down and I signed it."

Care workers told us and records showed that where people were unable to express their views their relative or representative, where appropriate, were included in the process. One relative shared with us their positive experience of working with the service, "I attend the [care review] meetings to discuss any changes and make sure everything is in order. All working well. Am satisfied with what is in place, if I wasn't I would speak to [registered manager]."

People told us they were encouraged to be independent. One person said, "They [care workers] help me to do some things for myself. I can pretty much do everything; am fairly independent but need a little help with personal care." A care worker told us, "I love my job, getting to know people, seeing them smile every day, knowing I had a part in that helping them to achieve things for themselves."

People's right to privacy and dignity was respected and promoted. Care workers continued to speak about and to people in a compassionate manner. They understood why it was important to respect people's dignity, privacy and choices. One person shared with us an example of how the care workers respected their privacy saying, "They ensure my curtains and doors are closed when helping me [with personal care], never discuss my business [care arrangements] if [family members/visitors] are present. I am entitled to my privacy."

## Is the service responsive?

### Our findings

At our last inspection of 29 October 2015 the service was rated Good. At this inspection of 6 and 7 December 2017, we found care workers continued to be responsive to people's needs and concerns as they were during the previous inspection. The rating remains Good.

People, relatives and care workers told us and records seen reflected that people's care records were accurate and regularly updated. The records provided guidance to care workers on people's preferences regarding how their care was delivered. This included information about their preferred form of address and the people that were important to them. The records covered all aspects of an individual's health, personal care needs and risks to their health and safety. There were clear instructions of where the person needed assistance and when to encourage their independence. There were also prompts throughout for the care workers to promote and respect people's dignity.

Where people needed support with behaviours that may be challenging to others, their care records guided care in the triggers to these behaviours and to the support they required to minimise the risk of their distress to themselves and others. This included prompts for care workers to be patient, provide reassurance, give people time to process information and to use agreed strategies to help settle them.

People's views were actively encouraged through care reviews and annual questionnaires. One person said, "Had a form to fill asking what I thought of the service. Said I was very happy; no problems."

People told us that they knew how to make a complaint and that their concerns were listened to and addressed. They were provided with information about how they could raise complaints in information left in their homes. One person said, "I didn't make a complaint as such, just had a chat with [registered manager] about one of the carers I didn't click with. I couldn't understand them, they were not Emily Bray carers and I kept having to repeat myself." They described how their feedback had been acted on and they were satisfied with how the matter had been dealt with. They said, "The manager sorted it out immediately."

Comments and complaints received about the service in the last 12 months had been dealt with in line with the provider's complaints processes, with lessons learnt to avoid further reoccurrences and to develop the service. The registered manager demonstrated how they took immediate action if people indicated they were not happy with the care received. For example, changing a care worker or adjusting the visit time. Records reflected how the service valued people's feedback and acted on their comments to improve the quality of the service provided. This included additional communications, providing staff with additional training or taking disciplinary action where required.

People's wishes, such as if they wanted to be resuscitated, were included in their care records and these were kept under review. The registered manager advised us they were developing people's documentation in line with best practice around advanced care planning.

## Is the service well-led?

### Our findings

At our last inspection of 29 October 2015 the service was rated Good. At this inspection of 6 and 7 December 2017, feedback from people, relatives, care workers and professional stakeholders was positive about the management arrangements in the service. We found the registered manager was proactive and took action when improvements were identified. They were able to demonstrate how lessons were learnt and how they helped to ensure that the service continually improved. Therefore the rating continues to be Good.

People and relatives were complimentary about the approach of the registered manager. One person said, "[Registered manager] does their best to give you the carer you want but can't always get the person you would like. I understand that. I appreciate that they try. [Registered manager] works really hard and is pleasant to me. Makes time for me and deals with any of my problems; big or small very efficiently." Another person said, "The one in charge [registered manager] is very good. Starting to turn things around. Got the staff in we needed and it's settling down. Can see the positive influence they are making. It is very reassuring." A third person said, "With [registered manager] in charge it is one less thing for me to worry about. Am friendly with them and know they will take care of me when I need it."

The registered manager promoted an open culture where care workers told us they felt respected, listened to and encouraged to professionally develop. A care worker said, "We have had some issues with the new IT systems and [electronic care system] it has been really frustrating. The manager has listened and been very supportive. They arranged for provider and senior management to come and meet with us today to talk about it and try to resolve things. I was impressed." Another care worker said, "It has been a challenging year, lots of staff changes and a new IT system that has been frustrating at times but the manager has been very supportive, always available and willing to help out if needed. There is a good team now and I have total confidence in the manager."

Care workers were provided with the opportunity to comment on the service, including in meetings. The minutes of meetings showed that care workers suggestions, for example, how they supported people, were valued and listened to. The minutes showed that care workers were reminded of their roles and responsibilities and kept updated with any changes in the care industry. One care worker said, "There is good team spirit, we all work well together. It is safe to speak up and share your ideas."

Where comments from people were received the service took swift action to address them. This included requests to change their care worker, times of their care visits, amendments to planned healthcare appointments and suggestions for the daily activities. The registered manager advised us that as part of ongoing development of the service they planned to implement formal systems to effectively and consistently capture the way people's feedback including comments and concerns were acted on and used to improve the service.

Systems were in place which showed that the service continued to develop. The registered manager continued to carry out a regular programme of audits to assess the quality of the service and identify issues. These included audits on medicines records, incidents and accidents and care records. We saw that audits

and checks supported the management in identifying shortfalls which needed to be addressed. Where shortfalls were identified, records demonstrated that these were acted upon, and action plans were in place. The registered manager shared with us their development plan which reflected the priorities and continual progress of the service. This included active recruitment to reduce the number of agency staff being used, embedding the electronic care plan system, staff training, developing advance care planning documentation and improving existing feedback systems taking account of informal comments and concerns.

The registered manager worked with other organisations to ensure people received a consistent service. This included those who commissioned the service, safeguarding and other professionals involved in people's care. Feedback from professionals cited effective working relationships with the service. One professional told us, "I felt the manager went over and above [their] expected commitment and worked hard to not only make both [people] safe but to ensure their happiness and wellbeing also which was a tall order as it was a very difficult situation in many ways, none of which was the making of the service."