

Orwell Housing Association Limited

Pitches View

Inspection report

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Date of inspection visit:
01 August 2018

Date of publication:
20 September 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

Pitches View is a domiciliary care agency. It provides personal care to people living in their own flats in a sheltered housing complex. It provides a service to adults. At the time of this announced inspection of 1 August 2018 there were 31 people who used the personal care service. We gave the service 48 hours' notice of our inspection to make sure that someone was available.

At our last inspection of 21 January 2016, the service was rated Good overall. We found the evidence continued to support the rating of Good overall and improvements had been made in the key question for Safe. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service continued to provide people with safe care. There were systems in place which were intended to minimise the risks to people, including from abuse and in their daily lives. There were enough care workers to cover people's planned care visits. Recruitment of care workers was done safely. Where people required support with their medicines, these were administered as prescribed. There were infection control systems in place to reduce the risks of cross infection.

People continued to receive an effective service. People were supported by care workers who were trained to meet their needs. People were supported to have maximum choice and control of their lives and care workers cared for them in the least restrictive way possible; the policies and systems in the service supported this practice. Where people required support with their dietary needs, systems were in place to deliver this. People were supported to have access to health professionals where needed. The service worked with other organisations involved in people's care to provide a consistent service.

People continued to receive a caring service. People had positive relationships with the care workers, team leaders and manager. People's dignity, privacy and independence were respected and promoted. People's views were listened to and valued.

People continued to receive a responsive service. People received care and support which was assessed, planned and delivered to meet their individual needs. There were systems in place to support and care for people at the end of their lives, where required. A complaints procedure was in place and complaints were acted upon and used to improve the service.

People continued to receive a well-led service. There was a new manager in post and they were building links with the local community to improve people's lives. The service used comments from people and incidents in the service to learn from and to drive improvement. The service had a quality assurance system and shortfalls were identified and addressed. As a result, the quality of the service continued to improve.

Further information is in the detailed findings below.

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.

Pitches 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 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 by one inspector on 1 August 2018. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that someone would be available.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with five people who used the service. We spoke with the manager, three team leaders, and two care workers. We also spoke with two professionals who had contact with the service. We reviewed four people's care records, policies and procedures, records relating to the management of the service, training records and the recruitment records of three care workers.

Is the service safe?

Our findings

At our last inspection of 21 January 2016, the key question Safe was rated Good. At this inspection of 1 August 2018, we found the service had sustained the rating of Good.

People told us that they felt safe with their care workers. One person said, "I do feel safe. They are very gentle when they help me [with their mobility equipment]." The manager told us how there had been some burglaries in the local area and they had arranged for a member of the police force to visit to speak with people. They provided safety equipment and advised people on how they could minimise the risks to their safety.

The service continued to have systems in place designed to protect people from avoidable harm and abuse. Care workers and team leaders said that they knew what to do if they suspected a person was being abused or at risk of harm. People received support from care workers and team leaders who were trained in safeguarding. The manager took appropriate action when they had received concerns of abuse. This included reporting to the appropriate authorities. Actions were taken to learn from incidents and use them to drive improvement in the service to reduce the risks of future incidents. This included increased observations of people's wellbeing and developing risk assessments relating to the concerns.

Risks to people's safety continued to be managed well. People's care records included risk assessments which identified how risks were minimised, this included risks associated with mobility, and in their homes.

People told us that their care visits were always completed. One person said, "They never let me down, come when I expect them to." The staffing level continued to be appropriate to ensure that there were enough care workers to meet people's needs safely. The manager, team leaders and care workers spoken with told us that there were enough staff to cover people's care visits. The staff rota identified that each care worker had a 'run' to ensure that all planned visits were completed. The manager said that there was good retention of care workers and team leaders. The service continued to maintain recruitment procedures to check that prospective care workers were of good character and suitable to work in the service.

People told us that they were satisfied with how their care workers supported them with their medicines. One person said, "No problems at all in that area." Each person had a medicines risk management in place which identified the support they required with taking their medicines and measures in place to reduce any assessed risks. Care workers were trained in the safe management of medicines and their competency was checked by members of the senior team.

There were monitoring systems in place which assisted the manager to identify any shortfalls in medicines management. This included weekly and monthly audits and checks. Where shortfalls were identified actions were taken, for example providing further training for care workers. A team leader explained the system in place if care workers made errors in medicines administration. The manager and a team leader told us how recent changes to the system for how people's medicines were provided in a monitored dosage system had reduced errors. This demonstrated that the service had systems in place to identify when things had gone

wrong and take actions to drive improvement in the service and reduce the risks of recurrence.

Care workers and team leaders 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 workers with personal protection equipment (PPE), such as disposable gloves and aprons.

Is the service effective?

Our findings

At our last inspection of 21 January 2016, the key question Effective was rated Good. At this inspection, we found Effective remained Good.

People's care needs continued to be assessed holistically. This included their physical, mental and social needs. The manager, team leaders and care workers worked with other professionals involved in people's care to ensure that their needs were met in a consistent and effective way. The service had a good relationship with the GP surgery and community nurses. A community nurse held a surgery at the service each week, which enabled people to be seen in a timely way if there were any concerns about their health. In addition, the service could call them or the GP out when needed. A health professional told us that they worked well with the service and they would ask for advice where needed. They also provided training to team leaders and care workers if a person had specific needs or conditions. The professional told us that they met regularly with the service's staff to discuss any ways they could improve people's wellbeing.

People continued to be supported to maintain good health and had access to health professionals where required. People's records identified that where care workers were concerned about people's wellbeing, health professionals were contacted for guidance. The records included information about treatment received from health professionals and any recommendations made to improve their health were incorporated into care plans. A health professional told us how a local charity supported exercise sessions for people living in the housing complex, which supported good health.

The service continued to support people to maintain a healthy diet, where required. Records demonstrated that people were provided with the support they needed in this area. Where concerns about people's nutrition were noted, such as weight loss or the risk of choking, referrals were made to the appropriate professionals. There was information in people's records to provide to other services, for example if a person was admitted to hospital. A team leader had received nutrition training and had started new systems to improve people's fluid intake. This included providing a workshop for people about the importance of hydration. They had also done tasters for things people could have as well as water, such as fruit, smoothies and iced tea. This had been made fun and people had completed scores and feedback for the drinks they had.

People told us that they felt that the care workers and team leaders had the skills and knowledge to meet their needs. One person said, "Whatever I need help with, they do it well." A health professional told us that they felt that the manager, team leaders and care workers were skilled in their role and, with their positive attitudes, had supported people living with dementia.

The service continued to have systems in place to provide care workers with the training they needed to meet people's needs effectively and to achieve qualifications in care. Records showed that training provided included safeguarding, moving and handling, health and safety, and medicines. Care workers were also provided with training in people's diverse needs and conditions to meet the needs of the people they supported, such as dementia, and equality and diversity. As well as the courses available from the provider,

the manager told us that team leaders and care workers accessed distance learning courses in subject such as end of life and nutrition. Before they started working in the service care workers were provided with an induction which provided them with the training they needed to meet people's needs and shadowed more experienced care workers. New care workers who had not achieved a recognised qualification in care were assessed on the Care Certificate, which is a set of induction standards that care workers should be working to. Care workers and team leaders told us that they received the training they needed to meet people's needs. One team leader said that they were a trained moving and handling trainer, which they provided to the staff team.

Records and discussions with care workers showed that they continued to receive one to one supervision and appraisal meetings. These provided care workers with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had.

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 asked for their consent before providing any care. People had signed their care records to show that they consented to the care they were being provided with. The manager told us that the people who used the service had capacity to make their own decisions.

Is the service caring?

Our findings

At our last inspection of 21 January 2016, the key question Caring was rated Good. At this inspection, we found Caring remained Good.

People told us that the manager, team leaders and care workers continued to treat them with kindness and respect. One person said, "We have lovely staff, they are brilliant, can't find fault with any of them." Another person commented, "All of them [staff working in the service] are respectful." One professional we spoke with described the service as a, "Warm, loving environment." A health professional said that the manager, team leaders and care workers knew people well, tried hard to understand what made, "People tick," and advocated for them.

We saw that care workers, team leaders and the manager continued to interact with people in a caring manner. They clearly shared positive relationships. The manager, team leaders and care workers spoke about people in a compassionate manner. The manager and all of the staff we spoke with knew the people they cared for well. This showed that the people using the service were provided with a consistent service.

Care workers were provided with guidance on how people's rights to dignity and respect were promoted in people's care plans. People told us how their privacy was respected. One person said, "They never just walk into my flat, they know it is my home. They always knock and wait for me to let them in."

People's care plans identified the areas of their care that they could attend to independently and how this should be promoted and respected. One person explained how their care workers supported them using mobility equipment and encouraged their independence when doing so, "I still feel in control then, I don't really like it [equipment], but they make it a laugh."

People told us that the care workers listened to them and acted on what they said and they were consulted relating to their care provision. One person said, "I tell them how I want things done and they respect that." People's care records identified that they continued to be involved throughout their care planning. This included their choices about how they wanted to be cared for and supported, such as their usual routines and their likes and dislikes.

Is the service responsive?

Our findings

At our last inspection of 21 January 2016, Responsive was rated Good. At this inspection, we found Responsive remained Good.

People and relatives said that they were happy with the care and support provided. One person told us about how, since they had started using the service how their life had improved, "There must have been a rainbow that day." Another person said, "I am very happy, they [care workers] will do anything for you."

The service continued to ensure that people's care was personalised and care records identified how the service assessed, planned and delivered person centred care. The records demonstrated that people received care and support which was tailor made to their needs and preferences. Care reviews were undertaken regularly with people and relatives, where appropriate, to ensure that the service was meeting their needs and preferences. People's daily records included information about the care and support provided to people each day and their wellbeing.

People told us they knew how to make a complaint and it would be addressed. One person said, "I don't need to complain, but I do know if I did [manager] would do something about it." There was a complaints procedure in place, each person was provided a copy with their care plan documents. Records of complaints showed that they were listened to, addressed and used to improve the service. The only complaint received in 2018 was in February, which was resolved. The manager told us how they spoke with people regularly to ensure that any concerns could be quickly addressed.

Where people were at the end of their life the service provided the care and support that they wanted. People's wishes, such as if they wanted to be resuscitated, were included in their care records. The manager told us about how the service worked with other professionals, if people required end of life care. A health professional confirmed what we had been told and shared examples of how they and the service had worked together to support people who were nearing the end of their lives. Care workers had access to end of life training.

Is the service well-led?

Our findings

At our last inspection of 21 January 2016, Well-led was rated Good. At this inspection, we found Well-led remained Good.

There was not a registered manager in post. The previous registered manager had deregistered in May 2018. 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. There was a new manager in post and their registered manager application was being processed by the CQC at the time of our inspection. The new manager had been undertaking the management of the service since February 2018, and before this they had been a team leader.

The manager told us that they felt supported by the head of service, who was their line manager, and the director of the organisation. They told us, and records confirmed, that meetings were held with the provider's other managers and registered managers where they shared examples of good practice. The manager said that if areas for improvement were identified in services, they discussed this in these meetings and reflected on what could be done better, this learning was shared across the provider's services.

We saw that the manager was a visible presence in the service and they clearly shared positive relationships with people who used the service. People were complimentary about the new manager. One person said, "I can't believe the difference since [manager] took over, staff are happier, tenants are happier. [Manager] is all about us [people using the service]."

The manager and the head of service continued to carry out a programme of audits to assess the quality of the service and identify issues. These included audits on medicines management and the care provided to people. Where shortfalls were identified, timely action was taken to address them. Incidents and accidents, including falls, were analysed and actions taken to reduce future incidents. Care workers were observed in their usual work practice in 'spot checks'. These were to check that the care workers were working to the required standards. The service's Provider Information Return (PIR) identified that the service understood their roles and responsibilities and plans were in place to continually improve the service.

The manager continued to promote an open culture where people and care workers were asked for their views of the service provided. People completed satisfaction surveys to express their views of the service. Where comments from people were received the service continued to address them. The manager told us that there was a low return rate for the surveys and the provider was undertaking work to make them more user friendly, including easy read versions.

The team leaders and care workers we spoke with were committed to providing a good quality service to people and they were complimentary about the manager and how they led the service. The manager said that they were proud of the staff team, who were committed to their role. They shared an example of when there had been bad weather which reduced the risks of staff being able to get into work. Some team leaders

and care workers, and the manager, stayed overnight in the service and some worked on their days off to ensure people were supported.

There were systems in place which were not expected of a domiciliary care service. For example, there was an individual who provided cooked meals for people, if they wished to purchase them. In addition, to reduce the risks of isolation and loneliness, people who used the service led activities and social get togethers in the communal areas of the supported living complex. People spoken with told us that they valued this.

The 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. The service's staff attended forums including relating to infection control and dignity, which were run by the local authority and attended by other services in the local community. The service had hosted a recent dignity forum. A local charity rented a flat in the service, this was used as a respite service for people living in the community, supported by health professionals and, where required, care workers from the service. This initiative allowed people to decide if they wanted to use the service in the future and supported people during times where they needed short term or longer term care and support.

Children from a local nursery group had visited the people who used the service. They had read and done activities together. People told us how they had enjoyed this. A member of staff from the nursery attended during our inspection because they wanted to tell us about the positive effect this had on the people who used the service and the children. The manager had meetings with a county wide organisation, to support the development of a reminiscence room.

The manager was working to develop links with the community, this included a fete that was arranged for the week after our inspection. People were keen to show us what they had made to sell at the fete, there was a clear sense of pride in what they had done in preparation. People showed us hats which they had knitted for neo-natal babies. Weekly meetings were held where people who used the service attended and chose what activities they wanted. They also discussed any changes to the service and any concerns they wanted to raise.