

Orwell Housing Association Limited

Deben View

Inspection report

Deben View
The Avenue
Woodbridge
Suffolk
IP12 4BQ

Date of inspection visit:
13 April 2018

Date of publication:
22 May 2018

Tel: 01394384565

Website: www.orwell-housing.co.uk

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

This service 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 13 April 2018 there were 29 people who used the service. We gave the service 24 hours' notice of our inspection to make sure that someone was available.

At our last inspection of 28 October 2015, the service was rated Good. At this inspection we found the evidence continued to support the rating of Good and 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 provided a safe service to people. This included systems designed to minimise the risks to people, including from abuse. The service ensured there were sufficient care workers to cover people's planned care visits. Recruitment of care workers was done safely. People received their medicines as prescribed and were supported as required. There were infection control procedures in place to guide care workers in how to minimise the risks of cross infection.

People's needs were met by care workers who were trained and supported. The service understood the principles of the Mental Capacity Act 2015 and 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 support them. 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 had positive relationships with the care workers. People's dignity, privacy and independence were respected and promoted. People's views were listened to and valued.

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.

The service had an open and empowering culture. 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.

Deben 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 13 April 2018. We gave the service 24 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 six people who used the service and six relatives/friends of people using the service. We spoke with the registered manager, one team leader and five care workers. We reviewed three people's care records, policies and procedures, records relating to the management of the service, training records and the recruitment records of two care workers.

Is the service safe?

Our findings

At our last inspection of 28 October 2015, Safe was rated Good. At this inspection, we found Safe remained Good.

People told us that they felt safe with their care workers. One person said, "We have all got buttons [call bells] and they [care workers] come running. I have felt safe since I have been here." One person's relative said, "[Family member] is safe. [They] have a pendant, knows to wear it and if there are any problems the carers will come."

The service continued to have systems in place designed to protect people from avoidable harm and abuse. People received support from care workers who were trained in safeguarding. Care workers we spoke with understood the types of abuse that could happen and the actions they should take to report their concerns. In the staff room there was a notice, it asked care workers what safeguarding meant to them, which assisted their learning. The registered manager had completed a train the trainer course in safeguarding and a registered manager's safeguarding course. They said that this assisted them to guide care workers in their responsibilities. We received feedback from a community social care professional, "[Registered manager] has not been afraid to tackle the significant safeguarding matter [information about the incident]." The registered manager took appropriate action when they were concerned that a person was being abused or at risk of being abused. This included reporting their concerns to the organisations responsible for investigating. Actions were taken to learn from these and use them to drive improvement in the service to reduce the risks of future incidents. This included ensuring that people were assisted to maintain relationships with people who were important to them.

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 and on time. Care workers said that they felt that there were enough care workers to cover all the care visits. The staffing level continued to be appropriate to ensure that there were enough care workers to meet people's needs safely. The registered manager told us how, when they had started working in the service, they were using agency staff. This was now not the case, the service was fully staffed which provided people with care workers who were known to them and who knew about their needs. One person's relative said, "There are enough carers, [family member] always gets seen [care visits]. The good thing is they are all permanent so [family member] knows them all."

The service continued to maintain recruitment procedures to check that prospective care workers were of good character and suitable to work in the service. The registered manager told us that the service used a values based recruitment process. We saw records which identified that prospective care workers were asked for their views and opinions on scenarios which demonstrated if they had the values to work in this type of service.

People told us that they were satisfied with how their care workers supported them with their medicines.

One person commented, "I have help with my medication, always on time." One person's relative said, "When I have been here I watched the carers with [family member's] medication. They checked the records and made sure [family member] took them. I can see from the folder if there has been any problems."

Care workers were trained in the safe management of medicines and their competency was checked. Records included the support that people required with their medicines and that medicines were given to people when they needed them. Feedback received from a community professional stated that when they had checked the medicines management in the service. They said, "I found the senior person I met with on the day [name] to be knowledgeable and conscientious about medicine management in the service," and, "On the whole the medicines support given by the staff seemed to be very competent and safe and I certainly had no concerns or major issues with the management of medicines at the time of my visit." The service was piloting a system of medicines administration, which included a dedicated care worker being responsible for supporting people with their medicines. This was with a view to cut down on any discrepancies. Regular audits supported the registered manager to identify and address shortfalls promptly.

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 workers with personal protection equipment (PPE), such as disposable gloves and aprons. One care worker said, "We get PPE delivered every month, get all sizes of gloves, always have enough." Another care worker showed us their bag, which all care workers carried with them. This held a box of gloves, their rota and pens."

Is the service effective?

Our findings

At our last inspection of 28 October 2015, Effective was rated Good. At this inspection, we found Effective remained Good.

People's care needs were assessed, planned for and delivered holistically. This included their physical, mental and social needs. The management and the care workers worked with other professionals involved in people's care to ensure that their needs were met in a consistent and effective way, health professionals for example. The registered manager told us that they had developed relationships with other professionals. This was confirmed in feedback we received. One person's relative said, "They have very good relationships with others, like the GP and diabetic nurse. They arrange for [family member] to be seen here. It is reassuring and they [care workers] give me a call if there are any problems."

People continued to be supported to maintain good health and had access to health professionals where required. One person said, "If I am feeling under the weather, they [care workers] will talk to me about me seeing a doctor." People's records included information about treatment received from health professionals and any recommendations made to improve their health were incorporated into care plans.

There were systems in place to support people in transition to other care services. This included information that was in place in people's records to provide to other service, for example if a person was admitted to hospital.

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. One person said, "They are all well trained here."

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. This included training in dementia, nutrition and end of life care. One care worker said, "They will get specialist training in, a nurse came out about diabetes."

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 were also provided with a mentor, who supported them throughout their induction period. Care workers were assessed on the Care Certificate, which is a set of induction standards that care workers should be working to.

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. One care worker said, "They are hot on supervisions and checks on us. I feel very supported."

The service continued to support people to maintain a healthy diet, where required. The registered manager told us how they had set up a nutrition group to discuss and identify best practice in supporting people to maintain a healthy weight. Care workers supported people with their shopping and advice was provided about nutritional diets. Records demonstrated that people were provided with the support they needed in this area.

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. One person said, "They always ask for my permission before they do anything. I am definitely listened to." People had signed their care records to show that they consented to the care 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 28 October 2015, Caring was rated Good. At this inspection, we found Caring remained Good.

People told us that their care workers treated them with kindness and respect. One person said, "I cannot say a bad word for any of them [care workers]. They are all kind, they are professional and really care for all the [people who use the service]." Another person said, "I never go to bed unhappy. The [care workers] make you giggle. I have said Orwell's biggest asset is the carers." One person's relative commented, "All of the staff are smiley and helpful. They are very sweet with [family member], all patient."

We saw cards and letters received by the service thanking them for the care and support provided. One person had written, "Thank you for all your support over the last year and for believing in me when I didn't believe in myself."

The service had systems in place to show people that they mattered. For example, each month they celebrated people's birthdays which had fallen within that month. One person said, "They have birthdays month, bands come in and we have sandwiches and cake. [Registered manager] tells the carers they can have a coffee with us, we sit and chat about the old days."

The registered manager and care workers spoke about people in a compassionate manner and knew people well. This showed that the people using the service were provided with a consistent service from care workers who knew about how their needs were met.

Care workers and staff understood why it was important to respect people's dignity and privacy. They were provided with guidance on how people's rights were respected in their care plans. One person said, "They [care workers] help me with the shower, they are ever so gentle and make sure I am covered up. They never come [into their flat] without knocking first."

People's care plans showed the areas of their care that they could attend to independently and how this should be promoted and respected. One person said, "I still wash up, they [care workers] know that, I don't want to be lazy." Another person said, "I am keeping my independence, I do my own medication and they [care workers] just keep a check." Another person told us the areas of their personal care they did independently and where they needed the assistance of care workers, "When I have a shower we work as a team, they know not to take over." One person's relative said, "The good thing is [family member] has their independence."

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 am fussy, if they [care workers] are not doing something how I like it, I tell them and the next time they do it how I have shown them." People's care records identified that they had been involved throughout their care planning. This included their choices about how they wanted to be cared for and supported. People had completed life story books which reflected their interests

and who was important to them. In addition, they kept information about what they had done since they had used the service.

Is the service responsive?

Our findings

At our last inspection of 28 October 2015 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 said, "I think they respond to my needs, if anyone is disabled they don't have to worry, they will get good care. When I am ill, they [care workers] are there for me. If there is a problem someone is always there." Another person told us how they felt the care workers went over and above their duties. They gave an example of when they had fallen, "It was 10pm, they [care workers] called an ambulance, I told them to go because it was their finishing time, but they said no and they stayed with me, chatted and made me forget I was on the floor." Another person said, "I get a good standard of care here, nothing is too much trouble for the carers." One person's relative said, "They [service] are brilliant, [family member] is well looked after."

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. Where people had a short term illness, there were 'acute care plans' completed, which guided care workers how they were to support people. Care reviews were undertaken regularly with people 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 felt that they were addressed to their satisfaction. One person said, "If I had a complaint I would go to [registered manager] I know she listens and does something." 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. We received a concern about the service prior to our inspection. We discussed this with the registered manager who provided information that the concern had been addressed and actions taken, as appropriate.

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. This included if people wished to be cared for at home during their end of life. Care workers had received end of life training. One person told us, "I have got my end of life all in order. We talked about what I wanted and it is all written down." We saw letters and cards thanking the service for the care they provided. One relative had written, "I would like to say thank you for the way you looked after [family member] before [they] passed away. You made [family member] laugh and looked after [family member] so well."

Is the service well-led?

Our findings

At our last inspection of 28 October 2015 Well-led was rated Good. At this inspection, we found Well-led remained Good.

There was registered manager 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 registered manager was registered in April 2017.

People commented about how they felt the service was well led. One person told us, "[Registered manager] had really turned this place around. Has a vision for the future and care. [Registered manager] never leaves a stone unturned, what she can do she will do, will go the extra mile for us." Another person said, "[Registered manager] acted [on an incident which was reported to safeguarding]. I really respect her for that." One person's relative said, "The manager is warm and friendly. There is a positive team ethic, good team spirit here which is like a community."

The registered manager told us how they had made improvements in the service. When they started working in the service they completed an action plan on the improvements they wanted to make. They had recruited staff and there were no agency staff used in the service. All of the care plans had been rewritten and improved. Improvements had been made in the way that people received their care reviews, which were done fully every six months with the person using the service, in addition they were reviewed when the person's needs had changed.

There were systems in place which were not expected of a domiciliary care service. However, the registered manager told us about these and why they had been introduced. For example, a chef was employed in the service and meals were provided for people every day except for Saturday. They had also introduced a nutrition group to share best practice to support people with maintaining a healthy diet. One person's relative said, "The chef is incredible, [family member] was not eating, but eats well now. It is a big social event."

Activities were provided to reduce the risks of people becoming isolated. This included outings in the community and baking. One person said, "There is always something to do." Another person said, "I can get out to the shops if I want, someone will take me." One person's relative said, "They will take people out. Kiddies come to sing at Christmas."

People living with dementia, if they chose to, attended a weekly cognitive stimulation therapy group. A staff member had attended training in this subject to support them in this. Records showed that people participated in reminiscence activities and their mood and interest was noted. There was also a dignity group in place.

The registered manager continued to promote an open culture where people and care workers were asked for their views of the service provided. We received positive comments about the service, the registered manager and how they led the service. Where comments from people were received the service continued to address them. People completed satisfaction questionnaires to express their views of the service. In addition, as part of the registered manager's monthly audits, people and relatives were spoken with about their experiences and if they thought the service could improve.

Care workers told us that they felt supported by the service's management team. They were committed to the service's aims and objectives and providing people with good quality care at all times. One care worker said, "I fitted in well with the team when I started, I felt welcome. Nice manager, staff and tenants. [Registered manager] is good their door is always open, this is definitely well led. She is the best manager I have ever had." Another staff member said, "It is brilliant a nice place to be." Another care worker said, "[Registered manager] is hot on everything, motivation and plants that into you, she has helped me so much. It is well-led, we have a good leader who pushes you to develop and do better. If something is missing we get told and can improve, the whole team are brilliant." Another care worker said, "I am massively supported. If I have any troubles I go straight to [registered manager] and she is on it."

Staff working for the service were provided with the opportunity to comment on the service, including in meetings. These minutes demonstrated that suggestions and comments made by care workers and team leaders were listened to and valued. The minutes showed they were kept updated about any changes and the requirements of their role.

The 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, health and safety and the care provided to people. We saw that these audits and checks supported the registered manager in identifying shortfalls and take action to address them. This meant that the service continued to improve. 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. There was a system in place to monitor and address incidents of missed visits. These were analysed to check if there were any trends, for example the same care workers or reasons.

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 received from a community social care professional stated, "I continue to be impressed with how [registered manager] has, through her leadership, determination and above all passion for putting her tenants needs at the core of her work... She has managed to 'bring on board' the staff group to work alongside her in implementing the change in culture within the scheme." Feedback from another professional stated, "I feel the project is caring, cohesive and well led. The team are enabled and empowered in such a way that they are trusted and development is tailored to their needs. This then has a positive effect on the residents who can then rely on well informed staff to support and enable them."