

Orwell Housing Association Limited

Pitches View

Inspection report

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Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

Pitches View provides extra care housing in a village near Southwold in Suffolk. It provides personal care to people living in their own flats in a sheltered housing complex. At the time of this announced inspection there were 32 people who used the personal care service.

People's experience of using this service and what we found

There were enough staff to cover people's planned care visits. Recruitment checks were undertaken on staff prior to their appointment.

Risks were identified, and actions taken to mitigate harm, but the documentation would benefit from greater clarity. The provider had already identified that improvements could be made and was planning to implement a new recording system. Incidents and accidents were recorded and reviewed to identify learning. We have recommended that post falls monitoring is formalised.

Where people required support with their medicines, these were administered as prescribed. Checks were undertaken on medicine administration to reduce the risk of errors.

Infection control systems were in place to reduce the risks of cross infection and people told us that staff adhered to the guidelines.

Staff received training to develop their skills and knowledge. Competency assessments and observations of staff practice were completed regularly to monitor the quality of care provided to people.

People were supported to have maximum choice and control of their lives and staff 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 had access to health professionals where needed. The service worked with other organisations involved in people's care to promote people's wellbeing.

People received care from staff who were kind and caring. People's dignity, privacy and independence were respected and promoted.

There were systems in place to ascertain people's views and people felt listened to.

People received care and support from a consistent team of staff who knew them well. There were arrangements in place to support and care for people at the end of their lives, where required.

The service had a quality assurance system to monitor the quality and safety of the service. Where it was identified that improvements could be made a plan was put into place.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection.

The last rating for this service was good (published 20 September 2018.)

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding. We looked at infection prevention and control measures under the Safe key question. We look at this at all inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Pitches View

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post, but they were not working on the day of our inspection. The inspection was supported by the operational manager and a registered manager from a nearby supported living service.

Notice of inspection

This inspection was announced. This was because people are often out, and we wanted to be sure there would be people at home to speak with us. We gave the service 48 hours' notice of our inspection.

Inspection activity started on 28 March 2022 and ended on 4 April 2022. We visited the location's office on 28 March 2022.

What we did before the inspection

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 looked at information we held about the service including notifications they had made to us about important events.

We used all this information to plan our inspection.

During the inspection

We spoke with nine people who used the service, some on the day of our visit but others we subsequently telephoned. We spoke with the operational manager, three team leaders, and three staff. 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 staff.

After the inspection

We contacted visiting professionals about their view of the support provided and continued to seek clarification from the provider to validate the evidence found.

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

- Safeguarding processes were in place and staff were clear as to the action they needed to take to ensure people were adequately protected.
- Staff had received training on safeguarding and those we spoke with told us that they would report any concerns to the home's management.
- People spoke highly of the service and told us that staff were kind and caring and took their safety seriously. One person raised some concerns with us, but we received assurances from the provider that these had already been reported and formally investigated.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks were reviewed and managed to reduce the risks of harm.
- Moving and handling risk assessments were in place to guide staff where they were assisting people to mobilise.
- Staff were clear about the steps that they took to reduce the risk of harm to people from pressure ulcers or health conditions such as diabetes. However, we identified some gaps in the risk assessment documentation, but this was addressed during the inspection. The provider told us they were in the process of introducing a new electronic recording system which should strengthen the risk assessment processes.
- Incidents and accidents such as falls were logged, and people were supported to access specialist equipment to reduce the likelihood of further injury. While post falls monitoring was undertaken, it was not always formalised.

We recommend the provider takes advice from a reputable source and considers introducing a post fall protocol for people who have unobserved falls.

- It was evident from discussions with staff that incidents which took place were reviewed and lessons learnt to prevent a reoccurrence. Learning was shared with staff to improve the service.

Staffing and recruitment

- People told us that they received support from regular care staff who knew them well. They arrived when they were supposed to and stayed for the agreed time. If there was a delay it was usually due to an emergency and care staff let them know.
- The staffing levels were appropriate to ensure there were enough staff to meet people's needs safely. Staff told us they had sufficient time to meet people's needs in line with their support package but if people's needs changed a review was undertaken and additional hours provided. One member of staff told us, "Its good here and nice to have time to sit and chat with people."

- Staff retention was high, and the majority of staff had worked at the service for some time. There was some agency use but where possible they tried to use consistent agency staff.
- Staff were recruited safely. The required pre-employment checks were completed to help ensure staff employed were suitable. These included conducting interviews, completing a criminal record check and obtaining references.

Using medicines safely

- Medicines were satisfactorily managed. There were systems in place for the ordering, administration and monitoring of people's medicines.
- Staff received training in medicine administration and their competency and understanding of their training was regularly assessed.
- People told us that they received their medicines as prescribed and at the time they expected.
- Staff completed regular stock checks to check that people were receiving their medicines as prescribed. Where errors were identified there were systems in place to respond to these and reduce the risk of reoccurrence.

Preventing and controlling infection

- The provider was preventing visitors from catching and spreading infections.
- The provider had policies and procedures regarding the prevention and control of infection. Staff were aware of their responsibilities regarding infection control and prevention and told us that they were provided with personal protective equipment (PPE) such as gloves and aprons to protect the spread of infection.
- People told us that staff wore appropriate PPE when they visited them to provide care and support.
- Records confirmed that staff had received training in infection control and undertook COVID-19 testing on a regular basis.

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. At this inspection 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 care and support was regularly reviewed to ensure the service was providing the right care and support in line with best practice and guidance. People were supported to access technology to support their care and independence.
- Staff understood how to support people and care records demonstrated people were treated as individuals and their choices assessed and respected.

Staff support: induction, training, skills and experience

- People told us that staff were knowledgeable and able to meet their needs.
- Staff participated in an induction training programme when they joined the service which included face to face training and shadowing experienced colleagues. Records showed that training provided included safeguarding, moving and handling, health and safety, and medicines.
- Staff completed refresher training when needed and observational checks were conducted by the management team to assess staff performance and ensure staff were competent
- Staff confirmed that they received supervisions to identify any further training or developmental needs. Staff reported that they were well supported by the management of the service.

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

- Care plans identified people's nutritional needs and the levels of support required, such as cutting up people's food to help them eat independently.
- Staff outlined the actions they had taken when concerns about people's intake or nutrition were noted, such as making referrals to the appropriate professionals and following their advice such as providing a soft diet.

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

- Regular surgeries were held at the service and people told us that they had good access to health care support. Staff spoke highly of the support they received from the GP and community matron and gave us examples where they had been proactive in supporting people to access equipment. Records demonstrated that staff worked closely with other agencies such as occupational therapists and social workers.
- Staff told us they would report any concerns in relation to the person's health to the management team and gave examples of how they had sought emergency services when people's health deteriorated.

- A visiting professional spoke positively about support offered at the service and told us, "They are very quick to ask for help or advice and will always ask for a visit by a medical professional if they are at all concerned."

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.

- Staff told us that they had undertaken training in the MCA and the people who used the service had capacity to make their own decisions.
- People told us staff asked for their consent before providing support. We saw that people had signed their care records to show they consented to the care being provided.

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 were very positive about the service and told us that they would not hesitate to recommend the service to others. One person told us, "I love it, it's like a hotel and we have the best of both worlds." Another said, "I never knew places like this existed, it's given me a new life."
- People were supported by a consistent team of staff who knew them well. People told us support was flexible and responsive to their needs. Staff were described as helpful and kind and always asked if there was anything else the person needed help with at the end of the visit.
- A visiting professional told us, "Pitches View are a very caring team, who definitely put their residents needs first."

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

- People told us they were able to express their views as to the care they received and told us they were listened to and involved in their plan of care. Regular reviews were undertaken.
- Care plans were written in a person-centred way and reflected people's individuality and preferences. One care plan for example stated, 'Greet me gently and ask if it is ok to come into the flat and tell me what you are here to do.'
- Regular tenant meetings took place where people were updated on changes and encouraged to make their views known.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy was respected, and staff were very discreet in how they provided care. They had confidence that staff respected their information and never spoke about the other people they supported.
- Care plans provided reminders to staff about promoting people's dignity and set out what the person could do for themselves and how their independence should be promoted. Each person had individual goals and care plans which set out how best to support people to achieve 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. At this inspection the rating 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 received care and support which was tailored to their needs and preferences.
- Care plans were written in a person-centred way and reflected people's wishes. One plan for example stated, 'I like to have several pillows around me at night, I will tell you how I would like them.'
- Staff maintained daily records which outlined the support that they provided to enable ongoing monitoring of people's needs. Reviews were undertaken on a regular basis and where there were significant changes other professionals were involved to agree a way forward.

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.

- Care plans provided staff with guidance in supporting people with understanding and how best to communicate. One person's care plan stated, 'Give me time to process and understand what is being said, if you ask me a question don't keep repeating it, allow me time to process the information.'
- The minutes of a recent tenant meeting documented that additional staff had been available to assist people on a one to one basis to ensure that they were fully involved in the discussions. The provider told us that they were exploring the use of specialist equipment such as talking mats to assist people with 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 documented what people enjoyed and people were supported to take part in activities of their choosing both within the supported living service and in the local community.
- Staff supported people to keep in touch with their loved ones in a range of ways including through the use of technology such as tablets and face to face.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint and expressed confidence that any concerns would be addressed.
- During the course of the inspection one person raised some concerns with us and they agreed to raise

these directly with the service to enable the issues to be investigated.

- One complaint had been received in the last year and we received assurances from the provider this had been investigated and responded to.

End of life care and support

- When people were at the end of their life the service provided the care and support they wanted and worked with other agencies to meet people's needs
- The provider told us that they had plans to develop the training they currently provide by working with the hospice on an accredited programme.

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. At this inspection the rating 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

- There was a positive culture at the service and people told us the service had a positive impact on their wellbeing. A number of people told us that Pitches View was a, "Five-star service" and described the staff as "obliging and helpful."
- Staff were knowledgeable and had a good understanding of people's care and support needs. Staff were clear about their role in supporting people to be as independent as possible. Most had worked at the service for some time and knew the people they supported well.

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

- There was a registered manager in post, but they were not available on the day of our inspection. People using the service, and staff were complimentary about how the service was managed and told us the registered manager was visible and approachable.
- The service had appropriate quality assurance and auditing systems in place to drive improvements in performance and to maintain effective oversight. Audits were undertaken on areas such as medicines, care plans and training compliance. People's views were sought as part of the process and observation of staff practice was completed regularly to monitor the quality of care provided to people.
- Where areas of development were identified an improvement plan was in place with timescales for action and follow up.
- The provider was aware of their legal responsibilities and knew when notifications were required to be sent to the Care Quality Commission.
- The manager had considered the impact of the pandemic on the service and had updated their policies to ensure compliance with government guidance.

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

- The service worked in partnership with others. The provider worked with the local authority and other health and social care services to benefit the lives of people living at the service.
- Staff told us they were happy working at the service. Records confirmed that staff had regular team meetings which gave them the opportunity to input suggestions regarding the service.
- People were invited to share their feedback as to the quality of care they received at regular intervals. The

results were collated and used to drive improvement.