

Orwell Housing Association Limited







William Wood House

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	

Overall summary

William Wood House is very sheltered accommodation providing personal care to people living in their own flats. When we inspected on 25 and 26 June 2015 there were 26 people using the service. This was an announced inspection. The provider was given 24 hours' notice because the location provides a domiciliary care service.

There was no 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. A new manager had been appointed, and had started on the 1 June 2015. At the time our inspection they were in the process of applying to be registered.

There were systems in place which provided guidance for care workers on how to safeguard the people who used the service from the potential risk of abuse. Care workers understood the various types of abuse and knew who to report any concerns to.

Summary of findings

There were procedures and processes in place to ensure the safety of the people who used the service. These included risk assessments which identified how the risks to people were minimised.

Where people required assistance to take their medicines there were arrangements in place to provide this support safely.

There were sufficient numbers of care workers who were trained and supported to meet the needs of the people who used the service. Care workers had good relationships with people who used the service.

Where people required assistance with their dietary needs there were systems in place to provide this support safely. Where care workers had identified concerns in people's wellbeing there were systems in place to contact health and social care professionals to make sure they received appropriate care and treatment.

People or their representatives, where appropriate, were involved in making decisions about their care and support. People's care plans had been tailored to the individual and contained information about how they communicated and their ability to make decisions.

A complaints procedure was in place to ensure people's concerns and complaints were listened to, and addressed in a timely manner and used to improve the service.

Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service. The service had a quality assurance system and shortfalls were being addressed. As a result, it would lead to continued improvements in the quality of the service being provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Care workers understood how to recognise abuse or potential abuse and how to respond and report these concerns.

There were enough care workers to meet people's needs.

Where people needed support to take their medicines they were provided with this support in a safe manner.

Good



Is the service effective?

The service was effective.

Care workers were trained and supported to meet the needs of the people who used the service.

People were supported to maintain good health and had access to appropriate services which ensured they received on-going healthcare support.

Where required, people were supported to maintain a healthy and balanced diet.

Good



Is the service caring?

The service was caring.

People's privacy, independence and dignity was promoted and respected.

People and their relatives were involved in making decisions about their care and these were respected.

Good



Is the service responsive?

The service was responsive.

People's care was assessed, planned, delivered and reviewed. Changes to their needs and preferences were identified and acted upon.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Good



Is the service well-led?

The service was well-led.

The service quality assurance systems were being embedded to ensure identified shortfalls were identified and addressed promptly. As a result the quality of the service was continually improving. This helped to ensure that people received a good quality service.

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

Good



William Wood 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 was planned to check 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 inspection took place on the 25 and 26 June 2015 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service. The inspection was undertaken by one inspector.

We reviewed information sent to us from other stakeholders for example the local authority.

We met 13 people who used the service during a fish and chip lunch in the flats communal lounge, and visited three people in the privacy of their flats. We looked at records in relation to three people's care. We also observed the interaction between people and care workers.

We spoke with two people's relatives and a health care professional, the manager and four care workers, including team leaders. We looked at records relating to the management of the service, care worker recruitment and training, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

People were protected from avoidable harm and abuse and were encouraged to raise any concerns about their safety and wellbeing with staff so it could be addressed. One person told us of a recent incident where an intruder had been found in the complex and how this information had been shared to ensure people knew about the security arrangements in place for staff accessing their flat to provide care. They told us, “Never used to lock my door, do now,…” and explained that they felt safe because staff had a master key to gain access if needed.

Staff used the information gained from incidents and accidents like this to reflect on what had happened and learn from it, to see if the situation could have been prevented. For example, risk assessments were also in place for the premises and included putting extra security measures in place, including the use of key safes and security cameras.

All people we spoke with us said if they had any concerns or worries about their safety or wellbeing that they would tell the manager or care workers. One person told us that as soon as the manager spotted them, “Lurking near the office,” they would invite them in. Where people had raised issues they told us they had been listened to and acted upon.

Care workers told us that they had been provided with training in safeguarding people from abuse, which was confirmed in records. They understood their roles and responsibilities regarding safeguarding, and were aware of the types of abuse that could happen to people living in the community, including financial abuse. They also told us how they reported concerns and ensured they were followed up.

People’s care records included risk assessments and guidance for care workers on the actions that they should take to minimise the risks. These included risk assessments associated with moving and handling and drink preparation where a person was at risk of choking and had been prescribed thickening agents to help them swallow. People were involved in the planning of their own risk assessments and reviews of care with people and their representatives, where appropriate, were undertaken to ensure that these risk assessments were up to date and reflected people’s needs.

There were sufficient numbers of care workers to meet the needs of people. A relative told us the service provided people with the right amount of staff to support people’s assessed needs, enabling them to, “Live in the community,” independently. People told us that the care workers visited them at the planned times and that they stayed for the agreed amount of time. Records we saw confirmed this. The service based its staffing levels on the assessed needs of people and the length of time they needed during a visit to meet them.

The 15 people, who had completed the provider’s quality assurance survey, also confirmed that carer workers spent the allotted time with them. We saw staff were attentive to people’s needs. Where people were receiving continuing care they received regular welfare checks, to ensure their comfort and safety.

The manager and care workers told us that they felt that there were sufficient numbers of care workers to meet people’s needs. One care worker told us they, “Will go over time,” to ensure people’s needs are met. Records showed that 10 minutes had been allocated at the end of the morning visits. The manager told us that this allowed for a small over run where care workers had got delayed. They told us where people regularly required longer than their allocated time; it would trigger a care review with the person’s social worker. They provided us with examples where the care review had led to increased visit times to support people’s changing needs.

People were protected by the service’s recruitment procedures which checked that care workers were of good character and were able to care for the people who used the service. Recruitment records showed that the appropriate checks were made before care workers were allowed to work in the service.

People who needed support with their medicines told us that they were happy with the arrangements. One person told us that their care workers, “Make sure you get them every day.” Another person described care workers as being, “Very fussy,” about ensuring the person took their medicines as, “They like to see me take that,” and this was written in the person’s risk assessment.

Care workers told us that they had been provided with training in medicines management and felt that people were provided with their medicines when they needed them and safely. People’s records provided guidance to

Is the service safe?

care workers on the support people required with their medicines. Records showed that, where people required support, they were provided with their medicines when they needed them. Where people managed their own medicines there were systems in place to check that this

was done safely and to monitor if people's needs had changed and if they needed further support. This showed that the service's medicines procedures and processes were safe and effective.

Is the service effective?

Our findings

People told us that the care workers had the skills and knowledge that they needed to meet their needs. The provider's own quality survey feedback showed that people had confidence in the skills of their care workers. One person commented, "Can't fault the care we get here." A person's relative told us that, "The quality of care is good." Another person's relative commented that since being supported by the service they had noticed how, "Content and happy," their relative was, which they contributed to them being, "So well looked after."

The provider had systems in place to ensure that staff received training, achieved qualifications in care and were supported to improve their practice. Care workers told us that they were provided with the training that they needed to meet people's needs. One care worker told us that their training was, "All up to date," and had included end of life care which they had found, "Really good," as they had learnt a lot.. Other knowledge they had picked up included gaining an insight of how sensory loss could impact on a person's life, and what they could do to support them.

Care workers told us that they felt supported in their role and worked, and communicated well as a team. One care worker said this was because the, "Left arm knows what the right is doing." They told us that they were provided with one to one supervision meetings and records showed they were provided with the opportunity to discuss the way that they were working and to receive feedback on their work practice. These systems helped the service to ensure care workers had the support and guidance that they needed to meet people's needs effectively.

We saw people's consent was sought before any care and treatment was provided and the care workers acted on their wishes. People told us that the care workers asked for their consent before they provided any care. One person said if they did not want something doing, that staff acknowledged this and acted on the information they gave them, "I am very impressed, they do listen. Care records identified people's capacity to make decisions and they were signed by the individual to show that they had consented to their planned care.

The manager told us that all care workers had attended or were booked to attend training in the Mental Capacity Act (MCA) 2005. They showed us the guidance they had just

received from the provider which provided care workers with a practical guide on the types of potential liberty restricting measures which may apply in an extra housing scheme. The manager and care workers spoken with understood their responsibilities under MCA and what this meant in the ways that they cared for people.

Where people required assistance they were supported to eat and drink enough and maintain a balanced diet. One person told us care workers, "Will bring a cup of tea at night." We saw care workers making and supporting people to keep their fluid intake up during the hot weather. Another person said their care worker would, "Come in and make sandwiches," as part of their support plan.

We joined people in the flats communal dining room who were enjoying a fish and chip lunch from the local take away. One person told us that it was a regular weekly occurrence. They said they enjoyed the social aspect as it enabled them to meet up with others, rather than eat on their own, "Nice, makes a change." People also told us they ordered hot meals which were cooked and delivered by a local charity. A person's relative told us that people were offered a, "Really good personal service." This was because care workers worked with the catering company to ensure people get their hot meals, "Which look good."

Where concerns were identified with people's diet, referrals had been made to the person's doctor and/or dietician. Outcomes and guidance were recorded in people's records which showed that they were supported in a consistent way which met their needs. Where issues had been identified, such as weight loss, guidance and support had been sought and acted upon from health professionals, including dieticians and speech therapists.

People were supported to maintain good health and have access to healthcare services. People told us that the care workers supported them to call out health professionals, such as their doctor, if needed. One person told us that their care worker would, "Call [community nurse] straight away," if they had any concerns. A relative told us that, "If there are any concerns [care workers] call the doctor in," and kept them updated on the outcome.

Care workers understood what actions they were required to take when they were concerned about people's wellbeing. Records showed that where concerns in people's wellbeing were identified, health professionals were contacted with the consent of people. When

Is the service effective?

treatment or feedback had been received this was reflected in people's care records to ensure that other professional's guidance and advice was followed to meet their needs in a consistent manner. This was demonstrated during our inspection when a person received support from an

emergency healthcare professional after care workers had noticed a change in their health. Carer workers, whilst reassuring the person, liaised with the healthcare professional and acted on the information given.

Is the service caring?

Our findings

People had positive and caring relationships with the care workers who supported them. One person remarked, “I wouldn’t hesitate to recommend any one coming here.” People told us that the care workers always treated them with respect and kindness. One person said they, “Cherished their understanding.” A relative remarked that the manager and care workers, “Genuinely care for,” people.

One person described their care worker as, “A very gentle person.” Comments written by people in the provider’s quality feedback surveys included, “Staff are all kind and caring.” A healthcare worker told us they were, “Impressed,” by the positive, caring attitude they had come across during their visit.

The manager and care workers conversations and interactions were positive. Care workers understood why it was important to interact with people in a caring compassionate way. This included engaging in meaningful conversations to promote people’s wellbeing. Their knowledge of people’s life history, family and community links, interests, preferences, likes and diverse needs including communication needs, enabled them to personalise their conversations.

Care records identified people’s specific needs and how they were to be met in a personalised way, including individual preferences. The manager and care workers told us how they worked with people to ensure their views were heard, and where acted on. People were supported to express their views and were involved in the care and

support they were provided with. People told us that they felt that the care workers listened to what they said and acted upon their comments. One person remarked that they, “Wouldn’t stand,” for it being any other way and would inform the manager. A care worker told us that the best part of their job was the, “Rapport,” they had with people. A relative told us they felt the relationship between people and their care workers was reflected in the, “Good atmosphere.”

People’s independence was promoted and they were supported to do as much as they could for themselves to retain their independence and feel part of the community. This was reflected in the way people’s care records were written as they provided guidance for care workers on what the person could do for themselves, what they found difficult and what assistance they wanted.

People’s privacy and dignity were respected and promoted. One person said their carer worker, “Always,” rang their doorbell, and they would either open the door themselves, or shout for the care worker to enter. This was confirmed in our observations. Another provided us with examples where care workers had treated them in a, “Very respectful,” way. This included how the person was supported with their personal care in a way that ensured their dignity and privacy.

Care workers told us how they respected people’s dignity and privacy, including when supporting people with their personal care needs, and understood why this was important. They provided us with examples of how they ensured this, which reflected what people had already told us.

Is the service responsive?

Our findings

People received personalised care which was responsive to their needs. They were involved in decision making about their care and support. One person commented, “Nothing is too much trouble,” and if they required any changes to their support plan, they only had to let their care worker know. People’s records and discussions with care workers confirmed that people were involved in decision making about their care.

One person showed us their file, which held their care records including their ‘individual support and wellbeing plan,’ which guided care workers on what, ‘you need to know to help me.’ They told us they felt they never needed to look at the file because care workers knew their preferences well and provided them with the level of support they wanted.

Care workers demonstrated a good insight into the diverse needs of the people they supported. These included knowledge about people’s lives, family connections and how a person’s physical, mental and health needs impacted on their life and daily routines.

People’s care records provided information on what a person was able to do independently, and where staff might need to offer / provide support. Care workers told us about the importance of supporting people to maintain their independence to prevent them losing life skills. For example when assisting a person to dress, their care records provided information on the tasks they could do themselves, and what tasks they found difficult and required assistance. This told us that the service was responsive to people’s needs without taking people’s independence away.

Care review meetings were held which included people and their relatives, where appropriate. These provided

people with a forum to share their views about their care and raise concerns or changes. The outcomes were incorporated into their care plans where preferences and needs had changed. The manager told us that care plans were also reviewed and updated as soon as they were aware that people’s needs or preferences had changed. For example if a person was recovering from an illness and required extra support during their recovery.

People told us that there were a range of social meetings and activities provided in the service which reduced the risks of them becoming lonely or isolated. People told us about the entertainment / activities they enjoyed which included, ‘Elvis’, bingo, quizzes, and visits from the local school. One person’s relative told when visiting the local community, a student had addressed the person by name and said hello. They felt it was a good example of how people are supported to integrate with the local community.

Where people required social interaction or encouragement to mix with others in the service to reduce their feelings of isolation, this was included in their care plans. For example, support to go shopping or to the communal areas where they could meet other people using the service and build friendships.

People told us if they had a complaint they would tell the manager or their care worker, who would listen and act on their concerns. One person told us if they ever wanted to discuss any issues, they would go and speak to the manager, as their office was located in the same building.

The provider had a system in place to record and act on any concerns or complaints. Records showed that no complaints had been received. The manager told us if they were to receive a complaint that they would take action to acknowledge, investigate and respond straight away.

Is the service well-led?

Our findings

The service provided an open and empowering culture. People told us that they felt that the service was well-led and that they knew who to contact if they needed to. One person had written in their survey feedback, "I really enjoy living at William Wood House. I would have no problem in recommending the service to others." A relative spoke about the, "Very relaxed atmosphere, as a visitor I feel part of the community."

People were asked for their views about the service and these were valued, listened to and used to drive improvements in the service. Records showed that quality surveys were undertaken in 2014 enabled people to share their views about the service they were provided with. The feedback from the 15 out of the 22 people who had completed them showed that they were all satisfied with the service being provided. Positive comments included, "A big thank you to all the staff at William Wood House, for all your hard work and care." The surveys were conducted annually and supported the provider in identifying which areas they were continuing to improve and where further work could be required to drive improvement.

Regular meetings were held where people could share their views about the service they were provided with and were kept updated with any changes in the service. This showed that care workers were being proactive in asking people their views to influence on-going improvements.

There was good leadership demonstrated in the service. People who used, worked for, or had contact with the service told us the change of manager had not impacted on the quality of the service. One person, described the new manager as, "Marvellous, very good, very conscientious." A relative told us that the new manager, "Seems to be picking up where the other left off."

The manager understood their role and responsibilities in providing a good quality service to people. They told us that they felt supported in their role and understood the provider's values and aims to provide a good quality service to the people who used the service.

Care workers told us that they were supported in their role, the service was well-led and there was an open culture

where they could raise concerns. They were committed to providing a good quality service and were aware of the aims of the service. They told us that they could speak with the manager or senior staff when they needed to and felt that their comments were listened to and acted on. One care worker told us that the manager had a, "Nice open door policy...gets things done."

Care workers understood the whistleblowing procedure and said that they would have no hesitation in reporting concerns. The manager understood their role and responsibilities regarding whistleblowing and how whistleblowers should be protected in line with guidance. This was further demonstrated when they provided us with examples, whilst in their previous care role, of the actions that they had taken as a result of received concerns.

The manager was working to ensure that quality assurance systems were fully embedded, to consistently monitor the quality of the service and drive improvement. This was needed to ensure the manager could identify why they were occurring, so they could take appropriate action. For example, where medicines errors had occurred, the audit and checks in place had not picked this up.

The manager recognised the need to ensure the availability of information relating to the way the service was being provided. For example ensuring that important records relating to people they cared for and recruitment records for staff were available in the service's office.

Discussions with the manager showed that their priority since they started on the 1 June 2015 was to ensure that the change in management did not impact on the standard of care people were receiving. Comments we received from people showed that this had been achieved. One person told us that the registered, "Manager who had retired was a hard act to follow, but this one seems to be okay." During the inspection they demonstrated their commitment by being proactive in addressing shortfalls and taking action to reduce the risk of it happening again. As one care worker told us, "Things get done." The manager confirmed that the inspection had identified further work to be done to improve their paperwork systems and would be consulting with care workers to help drive the improvement.