

Orwell Housing Association Limited

Margery Girling House

Inspection report

Gosford Way
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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

Margery Girling House provides personal care and support to people living in their own flats in a sheltered housing complex. On the day of our inspection on 21 July 2017 there were 37 people using the personal care service.

There was a 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.

There were systems in place designed to reduce the risks of people being abused, this included providing care workers with training and guidance. Care workers understood their roles and responsibilities in keeping people safe. There were procedures and processes in place to keep people safe. 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.

Care workers were available when people needed assistance. People were supported by care workers who were trained and supported to meet their needs. The service was working within the principles of the Mental Capacity Act 2005. Where people required assistance with their dietary needs, there were systems in place to provide this support. People were supported to access health care professionals to maintain good health.

Care workers had good relationships with people who used the service. People were treated with respect and their privacy, dignity and independence was promoted and respected. People were involved in making decisions about their care and support.

People received care and support which was planned and delivered to meet their specific needs. Where people were at risk of being lonely or isolated there were opportunities to access social activities. A complaints procedure was in place and people's concerns and complaints were listened to and addressed.

There was an open and empowering culture in the service. Care workers 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 addressed. As a result the quality of the service continued to improve.

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.

Systems were in place to minimise the risks to people and to keep them safe.

Care workers were available to meet people's needs and attend to planned care visits. Robust recruitment systems were in place.

Where people needed support to take their medicines they were provided with this support safely.

Is the service effective?

Good ●

The service was effective.

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

The service understood and worked within the principles of the Mental Capacity Act 2015.

People were supported with their dietary needs, where required. People were supported to maintain good health and had access to health professionals.

Is the service caring?

Good ●

The service was caring.

People had good relationships with care workers and people were treated with respect and kindness.

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

Is the service responsive?

Good ●

The service was responsive.

People's care was assessed, planned and delivered to meet their needs and preferences.

There was a complaints procedure in place and people's comments and concerns were addressed.

Is the service well-led?

Good ●

The service was well-led.

The service provided an open culture. People were asked for their views about the service.

The service had a quality assurance system and identified shortfalls were addressed. As a result the quality of the service was continually improving.

Margery Girling 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 unannounced inspection took place on 21 July 2017 and was undertaken by one inspector.

Before our inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service: what the service does well and improvements they plan to make. We reviewed information we held about the service, such as notifications and 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 and three relatives. We spoke with the provider's care manager and six staff members including team leaders, care workers and the administrator. We looked at records in relation to five people's care. We also looked at records relating to the management of the service, six staff recruitment records, training and systems for monitoring the quality of the service.

Is the service safe?

Our findings

People spoken with told us that they felt safe using the service. One person showed us their pendant alarm which they wore around their neck and their call bell in their flat. They said, "I know I am safe because I have these, if I ring they [care workers] come, I don't ring often but I know it [assistance] is there." One person's relative commented, "I know [person] is safe here, it's a comfort knowing that [person] can call them [care workers] at any time if something happens." Another relative told us, "[Person] could not be in a better place, I can go away knowing [person] is safe and well looked after."

There were systems in place designed to minimise the risks to people in relation to harm and abuse. Care workers were provided with training in safeguarding people from abuse and they understood their roles and responsibilities regarding safeguarding, including how to report concerns. Where concerns had been identified, for example when people may be at risk of financial abuse by others who were not employed by the service, this had been identified and reported appropriately. This showed that the safeguarding systems in place were effective and the management and care workers had identified warning signs and taken action to minimise the risks to people.

People's care records included risk assessments and guidance for care workers on how the risks were minimised. These included risk assessments associated with moving and handling and risks that may arise in people's own flats. Where people were at risk of developing pressure ulcers we saw that the service had contacted health professionals for support and care workers contributed to minimising these risks, for example by applying barrier creams, where required. 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.

People told us that the care workers visited them at the planned times and that they stayed for the agreed amount of time. Records and discussions with care workers showed that systems were in place to ensure that care workers were available to provide care and support to people when needed and planned. Care workers and team leaders told us that there were enough staff to meet people's needs. When issues arose such as leave and short notice leave, existing staff were offered the opportunity to cover shifts, and if this was not possible they could use agency staff. They told us that the staffing levels were kept under review and if people's needs increased, so were the staffing levels.

Records showed that the service's recruitment procedures were robust and systems were in place to check that care workers were of good character and were suitable to care for the people who used the service. Care workers confirmed that the checks were made before they were allowed to work in the service.

Where people required assistance with their medicines they told us that they were satisfied with the arrangements. One person allowed us to observe the support they required with their medicines in their flat. They showed us their medicines administration records and where their medicines were stored. They told us that they felt that this arrangement was, "Good." A care worker told us that the medicines procedure had been recently reviewed and updated and the service was in the process of transferring where the medicines

were stored to ensure they were kept at a safe temperature at all times. The person told us that they knew about this and they were happy with what was happening. Another person said that they had just been to their flat for a care worker to support them with their medicines. They commented that the care workers, "Are very careful with them [medicines], it is all safe here."

Systems were in place to provide people with their medicines safely, where required. Care workers were provided with training and had medicines competency observations. People's records provided guidance to care workers on the level of support each person required with their medicines. Medicines administration records (MAR) were appropriately completed which identified that people were supported with their medicines as prescribed. Regular medicines audits were completed which showed that there were systems in place to identify any discrepancies quickly and take appropriate action to reduce any risks to people.

Is the service effective?

Our findings

People told us that they felt the care workers had the skills and knowledge to meet their needs. One person described the care workers as, "Very good, they all know what I need."

There were systems in place to ensure that staff were trained and supported to meet the needs of people using the service. In addition care workers and team leaders were provided with the opportunity to achieve qualifications relevant to their role. All of the care workers and team leaders told us that they felt that they were provided with good quality training to meet people's needs. One team leader told us about the training they had completed in the service, for example they had received dementia training where equipment was used to allow staff to understand the experiences of people living with dementia. They said, "It is the best [training] I have ever had," and explained how they incorporated their learning into their daily work.

Training included an induction before team leaders and care workers started working in the service and training such as moving and handling and safeguarding. This training was updated as required and the training plan showed where training had been booked for care workers to ensure that their knowledge was kept up to date. A notice board in the office included information about training that had been booked for care workers. This included first aid in August 2017, lone working and professional boundaries training in September 2017.

Records showed that new care workers completed shadow shifts where they shadowed more experienced colleagues. These included assessments and observations to ensure that they were competent and confident enough to work alone.

Care workers told us that they felt supported in their role and were provided with one to one supervision and appraisal meetings. This was confirmed in records which showed that care workers were provided with the opportunity to discuss the way that they were working and to receive feedback on their work practice. This showed that the systems in place provided care workers with the support and guidance that they needed to meet people's needs effectively and to identify any further training needs.

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.

Care workers were provided with training in MCA and understood the principles of the MCA and how this affected people in their daily living. Care workers understood how each person made their own decisions regarding their care. One team leader told us that a group of staff from the service had attended a MCA seminar which further increased their knowledge about how the service worked within the principles of the MCA.

People's consent was sought before any care and treatment was provided and the care workers acted on their wishes. One person said, "They [care workers] always ask me if it is okay," [to assist them with their needs." Care records included information about if people required assistance to make decisions about their care. Care records were signed by people to show that they had consented to their planned care and terms and conditions of using the service.

Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. Care records showed that, where required, people were supported to reduce the risks of them not eating or drinking enough. Where concerns were identified, for example, with people maintaining a safe and healthy weight with people's permission health professionals were contacted for treatment and guidance. One person's relative told us that the person had been losing weight, "I think [person] was not bothering to eat, they [care workers] acted quickly, they do a weight check and make up [food replacement]. [Person] has stabilised now."

People were supported to maintain good health and have access to healthcare services. Care workers understood what actions they were required to take when they were concerned about people's wellbeing. One person's relative told us about how the person had problems with their health and that the care workers were quick to respond by letting them know and calling in health professionals.

Records showed that where concerns in people's wellbeing were identified, health professionals were contacted with the consent of people. When 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 people's needs in a consistent manner. A team leader told us that the service shared positive relationships with the health professionals who visited the service, including community nurses. This enabled them to raise concerns about people's health to ensure that appropriate support was provided.

Is the service caring?

Our findings

People had positive and caring relationships with the care workers who supported them. People told us that the care workers always treated them with respect and kindness. One person said, "They [care workers] are all good to me, that is the main thing." Another person commented, "[Care workers] are all very polite. I treat them as friends they are all working [people] and I was a working [person], they are all very good."

Care workers were polite and caring in their interactions with people. We saw care workers speaking with people in a respectful manner. They clearly shared good relationships. Care workers spoke about people in a compassionate manner and the care workers knew about people's needs.

People told us that they felt that their privacy was respected. This was evident in care workers knocking on people's flat doors before they entered and the secure storage of people's personal records. If people required support but were in the communal areas, such as with their medicines, staff spoke with them discretely to respect their privacy and dignity.

People told us that they felt that their views and comments were listened to and acted on. People's care records identified people's preferences, including what was important to them, how they wanted to be addressed and cared for. Records showed that people had been involved in their care planning. Reviews were undertaken regularly and where people's needs or preferences had changed these were reflected in their records. This told us that people's comments were listened to and respected. One person's relative told us that they felt that the service consulted them about changes in the person's wellbeing and the care they were provided with and said, "All of the staff are very good."

People's independence was promoted and respected. One person allowed us to observe their lunchtime support, which included preparing their meal. They chose what they wanted to eat and the care worker took the person's lead in the areas of support that they needed assistance with. The interaction was caring and supportive from the care worker. The person said, "I like to do things myself, staff ask 'can I do anything?' They let me try before they help." One person's relative said, "They make sure that [person] keeps independent, [they] might need some help some days and not others depending on how [they] are feeling. The staff always tell [person] just call and we will be there." People's records provided guidance to care workers on the areas of care that they could attend to independently and how this should be promoted and respected. Records guided staff to make sure that they always respected people's privacy and dignity.

Is the service responsive?

Our findings

People received personalised care which was responsive to their needs. People told us that they were involved in decision making about their care and support and that their needs were met. One person said, "I have only got to ask them [care workers] to do something and they would do it." One person's relative told us that they felt that the service was very, "Flexible," and when changes had arisen in the person's wellbeing and condition, "They [care workers] say let's try this and that until they find something we are all happy about." They added, "Nothing is too much trouble."

People's care records included care plans which guided care workers in the care that people required and preferred to meet their needs. These included people's diverse needs, such as how they communicated and mobilised and their specific conditions. The care plans were being reviewed and updated by the staff working in the service onto the new provider's care planning documentation.

Records showed that regular care reviews were undertaken to ensure that people's changing needs and preferences were identified and addressed. This showed that there was a system in place to respond to people's changing needs.

We observed the handover meeting between care workers and team leaders who were leaving and starting their shift. Each person's wellbeing was discussed and any areas that colleagues should be aware of. This meant that people were provided with a consistent service between shifts and any concerns about people's wellbeing were appropriately monitored. The incoming care workers also read communication records when they arrived at work. One told us, "We have to check if anything is happening or needs doing."

Where people required assistance to reduce the risks of them becoming lonely or isolated, this was reflected in their care records. For example, if they required companionship or support to use services in the community. People told us that there were opportunities to join social activities in the communal areas of the service if they wished. One person said, "I do all the things here, I go out as well."

People knew how to make a complaint and felt that they were listened to. One person told us that they had no need to complain about the service and felt that the service they were provided with was good.

We saw that care workers and team leaders responded in a timely manner following concerns raised by people and relatives. For example a team leader immediately sought information from health professionals when a relative raised a query about a recent change in the person's medicines.

There was a complaints procedure in place which advised people and others what they could expect to happen when they had raised a complaint about the service provided. There had been no complaints received since this service had been registered.

Is the service well-led?

Our findings

This service had been registered with Care Quality Commission under this provider in August 2016. Previous to this the service was registered under a different provider. The staff we spoke with told us that the changes made improved the service. For example one team leader said that the care plans that had been reviewed included more information about people and how their needs were to be met. Another staff member told us that each person who needed support with their medicines was provided with a new medicines folder. The service's statement of purpose had been reviewed and clearly identified the support and care that people could expect. The registered manager was on leave during our inspection and the provider's care manager assisted at the service to assist with any information that we may need.

The service provided an open and empowering culture. People told us that they felt that the service provided good care, was well-led and that they knew who to contact if they needed to. One person's relative said, "It is a marvellous place. If there are any worries, I just have to speak to the staff and it is looked into."

People were asked for their views of the service. This included in satisfaction questionnaires. We saw the results of recent questionnaires completed by people and relatives. All of these rated the service as very satisfied and fairly satisfied. Comments made included, "[Person] says [they] used to be scared of saying stuff whilst at home, since being here [at the service] [person] says [they are] the first to say something if needed e.g. tenants meetings and feels safe and confident to do so." The care manager told us that these questionnaires were recently completed and there were intentions to analyse them further and check if any actions were required to improve people's experiences. There were also feedback cards in the service's entrance hall where people and visitors could include their comments about the service at any time.

The management of the service worked well to deliver high quality care to people. There were quality assurance systems in place which enabled the registered manager to identify and address shortfalls. These included audits and checks on medicines management, care records and health and safety. Where shortfalls were identified or areas for improvement these fed into an improvement plan with actions identified to be completed within set timescales. Where incidents had occurred, for example falls, the care manager told us that these were analysed to check for any trends, they showed us records which confirmed what they had told us. Where incidents had happened, such as a medicines error, records showed that the service had systems in place to work in accordance with the duty of candour. This included a written letter of apology and details of the incident and investigations.

The administrator showed us the computerised system in place to enable the service and provider to monitor that training and supervisions were provided for care workers and team leaders. Records showed that care workers were observed in their usual work practice to check that they were working to the required standard and providing people with a good quality 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. A notice board in the service's office included a notice about the provider's employee forum representative who was available to discuss any concerns or suggestions with

any staff working in the service and they would feed these back into the employee forum meeting. In addition a team leader told us how they felt involved in the running of the service. They had attended the provider's team leader away day where they had met other team leaders and had the opportunity to share their views and suggestions about the service provided, they said, "It is nice to be involved and asked for my contributions."

The care manager told us about the provider's leadership conferences which were attended by managers where they could share ideas and best practice. They showed us the provider's customer promise and documents relating to values demonstrated in the service which recognise and appreciate diversity and the talented staff that work in the service, this included encouraging ideas, a blame free culture and involving staff in decisions about the service provision.

There was information in the service which informed people about services that they could access in the local community, including the bus timetable, taxis, milk delivery, hairdressers and other services they could access including eye testing and safeguarding. In addition there was also information about the rating of the service, their most recent CQC inspection report and the service's statement of purpose.

A care worker told us about how they were the dementia lead in the service. As part of their role they had started a dementia group in the community where people using the service, relatives and people from the community could attend. They said that this had been well received and in these groups they shared information about dementia and resources that people could access. This showed that the service worked to develop relationships in the community.