

Orwell Housing Association Limited

Savile Court

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

Savile Court is a domiciliary care service providing personal care to people with learning disabilities living in their own apartments. When we inspected on 30 October 2015, there were six people using the service at three of the provider's housing schemes. This was an announced inspection. The provider was given 48 hours' notice because the service is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that someone would be available.

A registered manager was 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.

People we spoke with including their relatives were complimentary about the care provided. They told us they received safe and effective care by support workers who were attentive and kind.

Systems were in place which safeguarded the people who used the service from the potential risk of abuse. Support workers understood the various types of abuse

Summary of findings

and knew who to report any concerns to. They understood their roles and responsibilities in keeping people safe and actions were taken when they were concerned about people's safety.

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 support workers who had been recruited safely and who had the skills and knowledge to provide care and support to people in the way they preferred. People were treated with kindness by the support workers. We observed support workers respect people's privacy and dignity and interacted with them in a caring and compassionate manner.

People or their representatives, where appropriate, 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 required assistance with their dietary needs there were systems in place to provide this support safely. Where support 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 received care that was personalised to them and met their needs and wishes. Support workers listened to people and acted on what they said.

There was an open and transparent culture in the service. All the staff we spoke with were passionate about their work and understood their roles and responsibilities in providing safe and good quality care to the people who used the service. The manager demonstrated good leadership skills and support workers said they felt valued and supported.

There was a complaints procedure in place and people knew how to voice their concerns if they were unhappy with the care they received. People's feedback was valued and acted on. The service had a quality assurance system with identified shortfalls addressed promptly; this helped the service to continually improve.

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.

Support workers were knowledgeable about how to recognise abuse or potential abuse and how to respond and report these concerns appropriately.

There were enough skilled and competent support workers to meet people's needs.

People were provided with their medicines when they needed them and in a safe manner.

Good



Is the service effective?

The service was effective.

Support workers had the knowledge and skills they needed to effectively carry out their roles and responsibilities to meet people's needs.

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

People were asked for their consent before any care, treatment and/or support was provided.

Good



Is the service caring?

The service was caring.

People who used the service had developed positive, caring relationships with the support workers. Support workers were kind, respectful and considerate in their interactions with people.

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

People's independence, privacy and dignity was promoted and 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 knew how to complain and share their experiences. There was a complaints system in place to show that 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.

There was an open and transparent culture at the service. All the staff were encouraged and supported by the management team and were clear on their roles and responsibilities.

People's feedback was valued and acted on. The service had a quality assurance system with identified shortfalls addressed promptly; this helped the service to continually improve.

Good



Savile Court

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 30 October 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection 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 had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

We observed the interaction between people who used the service and the staff. We spoke with two people who used the service and two people's relatives. We received feedback about the service from three health and social care professionals.

We spoke with the registered manager, the provider and three support workers. We looked at records in relation to five people's care. We also looked at records relating to the management of the service, recruitment, training, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

People who used the service were relaxed and at ease with the manager and support workers. They told us they felt safe and comfortable with their support workers. One person said, "I feel very safe here. People can't hit me. Staff are nice to me and look after me and care about me."

Another person said, "I feel very safe here; I don't have to worry about the stairs and falling over. I feel very protected; safe and sound with all the staff." A relative told us, "The staff here are fantastic we sleep at night as we know [person] is safe and well looked after. We don't have sleepless nights."

Systems were in place to reduce the risk of harm and potential abuse. Support workers had received up to date safeguarding training. They were aware of the provider's safeguarding adults and whistleblowing procedures and their responsibilities to ensure that people were protected from abuse. Support workers knew how to recognise and report any suspicions of abuse. They described how they would report their concerns to the appropriate professionals who were responsible for investigating concerns of abuse. Records showed that concerns were reported appropriately and steps taken to prevent similar issues happening. This included providing extra support such as additional training to support workers when learning needs had been identified or following the provider's disciplinary procedures.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Support workers were aware of people's needs and how to meet them. People's care records included risk assessments which identified how the risks in their care and support were minimised. This included risk assessments associated with moving and handling, medicines and risks that may arise in the environment of people's own homes. Where risks were highlighted the assessments provided guidance for support workers to follow to minimise the risks. For example, one person's care plan provided information for support workers to follow if the person became anxious or upset during their visit. This included prompts to reassure the person and techniques to use to calm the person and maintain a safe environment.

Regular reviews of care were carried out and involved people who used the service and their representatives, where appropriate. This ensured that people's risk

assessments were current, reflected their individual needs and they received safe care. A relative told us, "[Person] has come on ever so much since they came here. Their falls been managed ever so well. The staff put things into place like a bath seat so that it was safer and less dangerous as they know [person] loves to have a bath."

There were sufficient numbers of care workers to meet the needs of people. People and relatives told us that their support workers visited at the planned times and that they stayed for the agreed amount of time. People said that there had been no instances of any visits being missed. One person told us, "There is always someone here even if [support worker] goes sick they get someone else in or the manager comes to help me. Not a problem." Another person said, "I know all my support workers and who is working and if it changes I am told." One person's relative said, "Communication is very good here. [Person] knows who will be supporting them every day. The manager tries to not change it too much and has a steady team of people who know how to support [person] and can cover one another in sickness or holidays. This has helped [person] to settle here and establish trust with the staff."

Staffing levels were based on the assessed needs of people and the length of time needed to meet them. The rota was completed to ensure that all scheduled visits to people were covered. Where people had said that they did not want specific support workers to visit them this was included in the planning. The service had an established staffing team in place to maintain a consistent service.

Discussions with the support workers and the manager told us that agency staff were rarely used to provide cover, as existing staff including the management team covered shifts to ensure consistency and good practice. This meant that people were supported by support workers they knew and who understood their needs. Our conversations with people, support workers and records seen confirmed there were enough support workers to meet people's needs.

People were protected by the provider's recruitment procedures which checked that support workers were of good character and were able to care for the people who used the service. Support workers told us and records seen confirmed that appropriate checks had been made before they were allowed to work in the service.

Suitable arrangements were in place for the management of medicines. People told us that their medicines were

Is the service safe?

given to them on time and that they were satisfied with the way that their medicines were provided. One person said, “[Support workers] help me with my tablets, that’s important makes me better helps me calm down. They get me a cup of water and sit with me when I take them.”

Another person told us, “They [support workers] help me with my medicines. They get my tablets all ready and re-order it for me; never run out and always get them on time.” We saw that medicines were managed safely and were provided to people in a polite and safe manner by staff.

Support workers were provided with medicines training. People’s records provided guidance on the level of support each person required with their medicines and the

prescribed medicines that each person took. Records showed that, where people required support, they were provided with their medicines as and 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. Regular medicines audits and competency checks on support workers were carried out. These measures helped to ensure any potential discrepancies were identified quickly and could be acted on. This included additional training and support where required. This showed that the service’s medicines procedures and processes were safe and effective.

Is the service effective?

Our findings

People told us that they felt that the support workers had the skills and knowledge that they needed to meet their needs. One person commented, “All the staff here are well trained and know exactly what to do.” Another person said, “They know all about my foot care and what needs doing and how I like things done, same with [personal care]. I don’t worry; am in good hands.”

Discussions and records seen showed that support workers were provided with the mandatory training that they needed to meet people’s requirements and preferences effectively. This included medicines, moving and handling and safeguarding. In addition they received specific training to meet people’s care needs. Such as supporting people with learning disabilities and managing behaviours. This provided them with the knowledge and skills to understand and meet the needs of the people they supported and cared for.

The provider had systems in place to ensure that support workers received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. Support workers told us they had regular one to one supervision and team meetings, where they could talk through any issues, seek advice and receive feedback about their work practice. The manager described how support workers were encouraged to professionally develop and were supported with their career progression. This included being put forward to obtain recognised industry qualifications or their care certificate. This is a nationally recognised induction programme for new staff in the health and social care industry. These measures showed that training systems reflected best practice and supported employees with their continued learning and development.

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 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. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People were asked for their consent before support workers assisted them with their care needs, for example to mobilise or helping them with their medicines. One person said, “The staff always ask me first if I want to do things or if can they help me and they always listen to me.” Support workers and the manager had a good understanding of Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA) and what this meant in the ways they cared for people. Records confirmed that support workers had received this training. Guidance on DoLS and best interest decisions in line with MCA was available to support workers in the office.

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 and terms and conditions of using the service. Where people had refused care or support, this was recorded in their daily care records, including information about what action was taken as a result. For example, a support worker told us how one person had repeatedly refused personal care and this had been respected. The support worker was concerned and reported this to their line manager to make them aware of the potential risks. This triggered a care review with the person and their family to explore how support workers could assist the person to ensure their safety and wellbeing.

Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. One person said, “They [support workers] help me to prepare my meals and to eat well.” Care records showed that, where required, people were supported to reduce the risks of them not eating or drinking enough. Where concerns were identified action had been taken, for example informing relatives or referrals to health professionals.

People had access to health care services and received ongoing health care support where required. One person’s relative said, “The staff are very alert to the slightest change and will not hesitate to contact the doctor or call the ambulance if they are concerned.” Another relative commented, “The staff take [person] to all their GP and hospital appointments. They keep on top of everything nothing is missed.” Care records reflected where the

Is the service effective?

support workers had noted concerns about people's health, such as weight loss, or general deterioration in their

health, actions were taken in accordance with people's consent. This included prompt referrals and requests for advice and guidance sought and acted on to maintain people's health and wellbeing.

Is the service caring?

Our findings

People had developed positive and caring relationships with their support workers. People were very complimentary about the approach of their support workers and told us they were treated with respect and kindness. One person said, “The support workers are brilliant. I can have a laugh and a joke with them. They make me laugh all the time.” Another person said, “We talk about everything. It is nice. We talk about what I need. If I need help with anything. We talk about what we saw on TV and all sorts of stuff. They are nice to me.” One person’s relative said, “The staff treat people how they should and get on with everybody.” Another relative told us, “The support workers are brilliant they know how to handle [person] and understand [them] so well. They support [person] to be independent and to enjoy a quality life.”

We saw that support workers were caring and respectful in their interactions with people, for example they made eye contact, gave people time to respond and explored what people had communicated to ensure they had understood them. Support workers talked about people in an affectionate and compassionate manner. They showed genuine interest in people’s lives and knew them well; demonstrating an understanding of people’s preferred routines, likes and dislikes and what mattered to them.

People were supported to express their views and were involved in the care and support they were provided with. One person said, “I have meetings with my key worker [designated support worker] or the manager and we discuss things. I have lots of appointments so we

sometimes have to change things.” Records showed that people and, where appropriate, their relatives had been involved in their care planning. One person’s relative said, “The manager is very good at accommodating and respecting people’s wishes. I spoke to them about a personality clash with a member of staff and [person]. Nothing bad they just didn’t connect and [person] didn’t respond well to them. The manager fixed it so it wasn’t a problem to switch support workers.” Planned reviews were undertaken 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.

People told us and the care records seen identified their preferences, including how they wanted to be addressed and cared for. Support workers told us that people’s care plans provided enough information to enable them to know what people’s needs were and how they were to be met. One support worker said, “The care records are detailed and accurate. They reflect people’s current situation and remind us when to prompt and encourage and when we need to step in.”

People’s independence and privacy was promoted and respected. People shared examples with us about how they felt that their privacy was respected, which included closing curtains and shutting doors before supporting people with personal care. People’s records provided guidance to support workers on the areas of care that they could attend to independently and how this should be promoted and respected. The manager told us, “It is a privilege to work with people and support them to be independent and be a part of them achieving their goals.”

Is the service responsive?

Our findings

People's care and support was planned with their involvement. People were encouraged to maintain their independence and support workers were patient and respectful of people's need to take their time to achieve things for themselves. One support worker said, "I always try to encourage people to do things on their own and only step in when needed."

People and their relatives told us the support workers understood their needs, knew how to meet them and they were encouraged to participate in the range of social meetings and activities provided. Two people we spoke with told us they were looking forward to the planned trip to visit the Coronation Street film set. One person said, "I can't wait. Am so excited. Doesn't matter that we have to get up really early tomorrow to travel it will be worth it."

All the people and relatives we spoke with said that a care plan was kept in their flat, which identified the care that they had agreed to and expected. One person we visited in their own apartment showed us their care plans and told us the information about their individual support arrangements was accurate and reflected their preferences. They said, "Everything in there is correct and up to date. It is all about me and what I need."

People's care records included care plans which guided support 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. People's specific routines and preferences were identified in their records so support workers were aware of how to assist them. For example, a support worker explained how one person liked their medicines to be administered and where they kept it. This was reflected in the person's care records.

Regular review meetings with people and their relatives, where appropriate, were held to discuss people's existing care arrangements, see if changes were required and check if people were satisfied with the care provided. One person said, "The manager always checks in with me to see if everything is how it should be and if I need to change

anything. My key worker also asks me." People's records reflected where changes had been made to accommodate a change in need or preferences. For example additional support following a hospital stay or change in support worker.

Relatives told us they were kept informed of changes to people's needs and said they found the support workers and manager to be, "Excellent at keeping you informed," and, "Quick to take action if they spot a change in circumstance." People and their relatives said that they were comfortable discussing their experience of care and were actively encouraged to do this on a regular basis, through regular reviews and satisfaction surveys. One relative commented, "I meet regularly with the manager and the staff involved in [person's] care and feel I am included in important decisions when I need to be. Any suggestions I make are considered and acted on."

People knew how to make a complaint and felt that they were listened to. One person commented, "If I have any problems I go to the manager and they will fix it for me." Another person said, "[manager] and [key worker] are always about if I need them or am worried about something and they help me sort it out." Relatives told us they would go to the office and speak to the manager if they were not satisfied as the office was located in the same building.

The provider's complaints policy and procedure was made freely available in the service and explained how people could raise a complaint. There had been no formal complaints received about the service in the last 12 months. The manager told us how they took immediate action if people indicated when they were not happy with the care received which prevented the need for formal complaints. Records seen identified how the service acted on people's feedback including their comments. These comments were used to prevent similar issues happening, for example changing support workers visiting people, additional training and disciplinary action where required. They advised us they were developing their systems for capturing this information so they could reflect the actions taken to further improve the service.

Is the service well-led?

Our findings

Feedback from people and the relatives we spoke with was complimentary about the approach of the manager and their support workers. One person said, “Everything works really well here. The manager is good and so are all the staff.” 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 said, “[Support worker] and [the manager] are here if you need them. I don’t worry about things as they will help me.” One person’s relative said, “This place is well organised and efficient. The manager and staff are on top of things and don’t let things slide. All the staff work well together to get things sorted.”

People were asked for their views about the service and these were valued, listened to and used to drive improvements in the service. These included regular care review meetings and quality satisfaction questionnaires where people could share their views about the service they were provided with, anonymously if they chose to. We reviewed the quality assurance questionnaires completed by people in 2014 and saw that feedback was positive. For example, one person said, “I am very happy here at Savile Court.”

Support workers said they felt that people were involved in the service and that their opinion counted. They said the service was well-led and that the manager was approachable and listened to them. One support worker said, “I love my job and working here. I feel valued and a part of what goes on here. This is a great team that support one another.”

Support workers were clear on their roles and responsibilities and how they contributed towards the provider’s vision and values. We saw that care and support was delivered in a safe and personalised way with dignity and respect. Equality and independence was promoted at all times.

People received care and support from a competent and committed team because the manager encouraged them to learn and develop new skills and ideas. For example support workers told us how they had been supported to undertake professional qualifications and if they were interested in further training this was arranged.

Meeting minutes showed that support worker’s feedback was encouraged, acted on and used to improve the service. For example, support workers contributed their views about issues affecting people’s daily lives. This included how to support people with personal care and to be independent. Support workers told us they felt comfortable voicing their opinions with one another to ensure best practice was followed.

Actions were taken to learn from incidents, for example, when accidents had occurred risk assessments were reviewed to reduce the risks from happening again. Incidents including significant changes to people’s behaviours were monitored and analysed to check if there were any potential patterns or other considerations (for example medicines or known triggers) which might be a factor. Lessons learnt including how things could be done differently and improved, including what the impact would be to people was being developed to feed into an improvement plan for the service to ensure people were provided with safe and quality care.

A range of audits to assess the safety of the service were regularly carried out. These included medicines audits, health and safety checks and competency assessments on support workers. Regular care plan audits were undertaken and included feedback from family members, support workers and the person who used the service. This showed that people’s ongoing care arrangements were developed with input from all relevant stakeholders.

The provider’s quality assurance systems were currently being developed to identify and address shortfalls and to ensure the service continued to improve. This included managers being trained to identify the areas that needed prioritising, take appropriate action and to report on the progress made or to escalate if further support was required. An improvement plan for Savile Court had highlighted areas they were prioritising to ensure people received a safe quality service. This included improvements to people’s documentation to ensure consistency, providing specialist training and reviewing the medication policy and procedures.