

# Orwell Housing Association Limited

## Steeple View

### Inspection report

Reeds Way  
Stowupland  
Stowmarket  
Suffolk  
IP14 4BW

Tel: 01449678514

Website: [www.orwell-housing.co.uk](http://www.orwell-housing.co.uk)

Date of inspection visit:  
25 January 2017  
26 January 2017

Date of publication:  
08 March 2017

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Good** 

# Summary of findings

## Overall summary

This inspection took place on the 25 & 26 January 2017 and was unannounced.

Steeple View is a housing with care complex and is registered to provide personal care to people living within their own flats. The scheme has 36 flats. On the day of our inspection the manager told us there were 39 people receiving care.

There was a registered manager. 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.

At our last inspection in July 2016 this service had an overall rating of requires improvement. We had moderate concerns about the safe handling of people's medicines and the lack of robust and effective audits. We asked the provider to send us an action plan describing how they would make improvements.

At this inspection we found improvements in the management of people's medicines. The provider had taken steps to update their medicines management policy and procedural guidance for staff to reflect current national good practice guidelines. There were improved arrangements in place for the safe handling and administration of medicines, including controlled drugs. Effective systems were in place for the safe booking in, storage, administration, stock control and disposal of medicines.

People were well cared for, relaxed and comfortable with staff. Everyone who used the service was complimentary about the staff team and the quality of care they received. People were cared for by a motivated, caring, well trained staff team. Staff understood how to identify people at risk of abuse and aware of protocols for reporting any concerns they might have.

Staff had been provided with sufficient guidance and information within care records. Care and plans were personalised, regularly reviewed and accurately reflected people's care and support needs including their likes and dislikes.

People's likelihood of harm was reduced because risks to people's health, welfare and safety had been assessed and risk assessments produced to guide staff in how to mitigate these risks and keep people safe from harm. However, we found that systems for the recruitment and selection of staff were not robust. We were not assured that the provider had taken appropriate steps to evidence that safety checks had been carried out on all staff employed prior to their starting employment at the service.

The culture of the service was open, inclusive, empowering and enabled people to live as full a life as possible according to their choices, wishes and preferences. The management team provided effective leadership to the service and enabled people to air their views through regular care reviews, meetings and

surveys. Staff understood their roles and responsibilities and were well supported by the management team.

The provider carried out regular quality and safety monitoring of the service. Where shortfalls had been identified action plans had been produced which evidenced planning towards continuous improvement of the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe as the provider's recruitment procedures were ineffective as they did not always identify gaps in employment and ensure references from the most recent employer had been provided.

Staff were provided with training and understood how to identify people at risk of abuse. The provider had a whistleblowing policy and procedures to guide staff in how to report and report concerns appropriately.

People's likelihood of harm was reduced because risks to people's health, welfare and safety had been assessed and risk assessments produced to guide staff in how to mitigate these risks and keep people safe from harm.

### Is the service effective?

**Good** ●

The service was effective.

Staff were highly motivated, well trained and effectively supported.

Staff had been trained to understand their roles and responsibilities with regards to the Mental Capacity Act 2005.

People's dietary needs were met and they were supported with access to any healthcare support they required, according to their needs.

### Is the service caring?

**Good** ●

The service was caring.

People were treated with kindness, compassion and their rights to respect and dignity promoted.

People were encouraged to express their views and were consulted with all aspects of their care and welfare. People's opinions were listened to and acted upon.

### Is the service responsive?

Good ●

The service was responsive.

The service was responsive because people were involved in the planning and review of care and support needs.

The service was proactive in asking people and their relatives for their feedback. People were encouraged to express their views and any concerns were responded to promptly to improve their quality of life.

### Is the service well-led?

Good ●

The service was well-led.

The culture of the service was open, inclusive and centred on promoting the quality of life for people. People were actively involved in developing the service.

Staff understood their roles and responsibilities and were well supported by the management team.

The provider carried out regular quality and safety monitoring of the service.

Where shortfalls were identified action plans had been produced which evidenced planning towards continuous improvement of the service.

# Steeple View

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 January 2017 and was unannounced.

This inspection was carried out by one inspector and an expert by experience who is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience had experience of providing care and support for an older person.

We reviewed the previous inspection report to help us plan what areas we were going to focus on during our inspection. We looked at other information we held about the service including statutory notifications. This is information providers are required to send us by law to inform us of significant events.

We spoke with 10 people who were able to verbally express their views about the quality of the service they received and four people's relatives. We observed the care and support provided to people and the interactions between staff and people throughout our inspection.

We looked at records in relation to four people's care. We spoke with the registered manager, the regional manager and six members of staff. We looked at records relating to the management of medicines, staff recruitment, staff training and systems for monitoring the quality and safety of the service.

# Is the service safe?

## Our findings

At our last inspection in July 2016 we continued to have moderate concerns about the safe handling of people's medicines and the lack of robust and effective audits which would identify and respond to medication errors. We also found the provider's medicines management policy was not fit for the purpose.

At this inspection we found that the provider had taken steps to update their medicines management policy and procedural guidance for staff to reflect current national good practice guidelines. There were improved arrangements in place for the safe handling and administration of medicines, including controlled drugs. Effective systems were in place for the safe booking in, storage, administration, stock control and disposal of medicines.

We carried out a check of stock against medicines administration records (MAR) where we found they tallied with no errors identified. There were clear records with regular audit of stocks. Staff carried out a regular stock check of medicines and recorded this on the MAR record. Where previous errors had been identified there was a clear system for logging, reporting and actions described in responding to errors in a timely manner.

We found detailed medication profiles in place which described the medicines prescribed, the reasons for this and a description of how people chose to receive their medicines including information as to any allergies people might have.

Where people were prescribed medicines on a 'when required' basis, for example pain relief, we found protocols in place which provided staff with the guidance they required to ensure people received their medicines as prescribed.

Where people were prescribed transdermal patches applied to the body on a weekly basis for pain relief, there was a clear system in place to evidence where on the body these had been applied and to evidence alternative sites used at each administration.

Personalised risk assessments were carried out as part of the assessment process to meet people's care and treatment needs. In relation to the management of people's medicines we found improvement in the quality of information provided to guide staff to enable them to mitigate the risks to people's health, welfare and safety.

The provider's recruitment procedures were not always effective as they did not always identify gaps in previous employment and ensure references from the most recent employer had been obtained. A review of three of the most recently employed staff recruitment files showed us that application forms completed and the provider's interview process did not always identify any gaps in the applicants previous work history. The provider had not always obtained references from the most recent employer. This meant that the manager had not always followed safe recruitment practices, with steps taken to assess that staff employed were of good character, competent and had the necessary skills for the work they were employed to perform.

Checks were in place from the Disclosure and Barring Service (DBS) to establish if staff had any criminal record which would exclude them from working in this setting.

This demonstrated a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Everyone we spoke with told us they did not have any concerns about their safety as there were sufficient numbers of staff available to meet their needs. One person told us, "They are wonderful, so kind and helpful and always there when you need them. I have no need to worry, if I need help I just press the alarm [pointing to pendant alarm] and they come to you quickly."

People had access to call bells within easy reach, including pendant and wrist alarms. This meant they could call for staff support whenever this was needed if they had the capacity to do so. When we asked people if there was enough staff to meet their needs. Only one person told us they had to wait for up to 30 minutes when they had recently needed urgent staff support. We discussed this with the manager who told us they monitored the response times of all calls and could find no evidence to support this claim. All of the other people and their relatives we spoke with told us there were times when staff were busy but that staff responded in a timely manner when this was requested. Comments included, "The staff always come when you call them for help. There are times of day when they are busy but we know that is to be expected", "Staff often pop in to check you are OK" and "Nothing is too much trouble. They do not make you feel like you are a trouble to them." A relative told us, "They are absolutely wonderful and we are delighted with the care and attention paid to our [relative]. The staff are there when you need them." Another relative told us, "The staff just know what is needed. Our [relative] did not want to go to bed at a set time and so they organised a welfare visit at 11pm. If they are in bed, fine but if not and [relative] is asleep in the chair they gently wake [relative] to help them into bed."

Staff told us there was an on call out of hours duty system which enabled staff to access senior staff advice and support evenings and weekends. Care plan documents contained up to date emergency contact information, including contact details for relatives and doctors.



# Is the service effective?

## Our findings

We spent time talking with a group of people as part of a coffee morning. We asked if people had experience of staff responding to emergencies and if staff had the skills to support them effectively. People were in the main positive in their responses and said staff supported them well in meeting their needs and responding to emergency situations. Only one person said they had not received support when this was needed in a timely manner."

People told us that the staff who supported them had the right skills and knowledge needed to meet their needs. People told us they had a keyworker allocated to them. These were members of staff assigned to each person, who coordinated their care, liaised with family members and updated care and support plans to ensure they reflected the current care needs of people.

People received their care from staff who had been appropriately supported. Training records showed and staff told us that they had received training which helped them understand people's needs and enabled them to effectively carry out their roles. Records confirmed that staff had completed training including safeguarding, manual handling, fire safety and infection control. More experienced staff shared their knowledge and supported colleagues across the service.

Newly appointed staff told us they had been provided with induction training and opportunities to shadow other staff. This they told us supported them to grow in confidence and become familiar with people's care and support needs before they worked alone. Staff were provided with training appropriate for the roles they were employed to perform. Staff were supported with refresher training as part of the provider's ongoing development of staff.

Staff received support through one to one supervision support, regular staff meetings and annual appraisals. These provided opportunities to monitor staff performance and support planning for staff development and identify training needs. One member of staff told us, "We are well supported here with training and supervision. We have opportunities to sit down with our manager and look at what our needs are such as training. We are well trained. There is always lots of training on offer. We tell the manager what we need and she finds out where we can get the training. For instance, we are having some training in caring for people with motor neurone disorder and end of life care. If there is someone with a particular condition we have training so that we know how to care for them well and support them as they need us to."

There were systems in place to ensure important information about people's health, welfare and safety needs were shared with the staff team. This included daily handover and regular staff meetings. We saw from a review of handover records that staff had been supported with guidance to enable them to meet people's needs and evidence when tasks had been completed which also provided an audit trail for management reference.

We checked staff understanding of the Mental Capacity Act 2005 (MCA). The MCA sets out what action providers must take to protect people's human rights where they may lack capacity to make decision about

their everyday lives. Staff confirmed that they had received training in understanding their roles and responsibilities with regards to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Care records showed us that people's capacity to make decisions regarding their health, welfare and finances had been assessed. Where people had made arrangements to appoint a lasting power of attorney this was documented within their care and support plans.

People were supported with their healthcare needs. Care plans included details of planning to support people to maintain their health and wellbeing. For example, support for people with complex health conditions such as; Parkinson's', motor neurone disease and multiple sclerosis. Care plans provided detailed information to guide staff in how to respond and monitor people to keep them safe. There was evidence of when people had been supported to access advice and support with regular health reviews with healthcare specialists and when they had attended appointments. For example, with their GP, dentist, and dieticians. Daily notes and handover records recorded the outcome of any recommended treatment or when follow up was required.

People were supported to eat and drink according to their dietary needs, choices, wishes and preferences. On-site catering facilities were provided for people to access a variety of hot meals. This service was provided by external caterers. Staff supported people with limited mobility to and from the dining room as part of their package of care. People were provided with a choice of what they ate and some chose to receive support from care staff with the heating up of pre-packed meals within their flat. We observed staff offering people a choice of food and they checked throughout the day to ensure people had access to drinks. People told us they were satisfied with the support they received from staff and were provided with enough to eat and drink.

## Is the service caring?

### Our findings

We received only positive feedback about the service. People told us they were happy with the care and support staff provided to them on a daily basis. They told us they were treated with dignity and respect and that staff were always kind and caring. One person told us, "They are all kind and helpful. We choose what we want and when we want to do things. They respect my choices about how I want to live my life even though I am limited in what I can do these days but still they encourage you. I enjoy as much freedom as I can have."

We spent time observing interactions between staff and people who used the service within the communal areas. We saw that staff were respectful and spoke to people in a kind manner. For example, we saw that when staff supported people to and from the dining room in wheelchairs, they did so in an un-hurried manner and chatted to people. During the meal time we saw staff offering choice and respecting people's wishes. We observed people to be at ease and comfortable when staff were present and people were treated with warmth and kindness.

Care plans contained specific guidance for staff in how best to deliver care in a respectful and dignified manner. People told us they were treated with dignity and that their privacy was respected by staff. Comments included, "The staff are all lovely, I cannot fault any of them, every single one of them is nice. They always ask if you would prefer a bath or shower, they look after me very well with respect." And "When I have help with a bath the girls are so lovely to me and make me feel comfortable."

Care plans were personalised and contained information for staff about people's life history, likes and dislikes and their future decisions and preferred plans of care. We saw that care plans also contained information which outlined how people liked to spend their day. People were supported and encouraged to maintain links with their family, friends and the local community projects such as social clubs.

## Is the service responsive?

### Our findings

People who used the service and, where appropriate, their relatives had been involved in the development and review of their care plans. Care plans were person centred, detailed and informative. These provided staff with the guidance they needed setting out people's choices and preferences, providing a clear picture of how each person wished to receive their care and support. One relative told us, "We are absolutely delighted with the care and attention paid to [relative]. This place suits them well. Staff work hard to help [relative] to maintain their independence. Where previously staff helped [relative] with their breakfast they have now grown in confidence to do this for themselves but the staff keep an eye out to make sure they are OK."

One person told us, "I like to do things for myself and can do quite a bit but I know staff will do anything for me but they also encourage me to keep going and maintain my independence as much as possible." Care plans had been developed from the information people provided during their initial assessment process and had been updated according to people's changing needs. This meant that information was accurate, relevant and up to date.

Care plans were informative and documented the support people required and how they wished it to be provided, including how they wished to be supported with their personal care and how people liked to take their medicines. Care plans included information to enable staff to provide care effectively and encourage people to be as independent as possible. This meant that staff were provided with the guidance they needed to support people in accordance with their needs, wishes and preferences.

None of the people we spoke with had any complaints about the service they were provided with. People were aware of how to make complaints should they wish to do so. We saw the provider had a complaints policy and detailed the procedure for logging a complaint and was available for people to view. People told us they were able to speak to staff or the management team openly and confidently with any concerns they might have. One person told us, "I have no complaints. If I did at any time I would speak to any of the staff here and the manager. They are all lovely, kind and helpful and would sort things out for you."

Group meetings took place regularly for people living at the service. We saw from a review of meeting minutes that people were provided with opportunities to air their views with regards to dignity and respect for each other and how staff supported them. Also discussed was the planning of activities, views ascertained with regards to the provision of meals and the quality of the care received. One person told us, "We have regular meetings where you are asked what improvements are needed and they listen and they respond to what you say, that does a lot for my self-esteem you know."

## Is the service well-led?

### Our findings

Since our last inspection the registered manager had left and a new registered manager appointed in September 2016. People and staff were positive about the management of the service. One person told us, "The staff and the manager are all very good. The atmosphere here is very good. We are relaxed and happy and I am confident with the management here; they listen to us and sort out anything we are concerned about." People had been involved in making decisions about how the service was run. For example, in the planning of how they lived their daily lives. One relative told us, "The new manager has added something to this place that has made all the difference. They are looking out for what might make people's lives better. For example, they have sorted out catering for the weekends where this was not always available previously. It has made such a difference to the place."

People consistently told us how happy they were with the service they were provided with. One person told us, "I would give the manager 10 out of 10. This is a very nice place. The manager is lovely and so friendly she is doing very well." Another told us, "The manager is doing alright and will always have a chat with you and is very approachable. The place has got a different atmosphere now and is much more relaxed." One relative said, "The manager is a pleasant person and is always willing to help. All the staff are like friends, not one has been unpleasant. I would recommend this place to anyone."

The culture of the service was open, inclusive and centred on promoting the quality of life for people. People were actively involved in developing the service. Staff understood their roles and responsibilities and were well supported by the management team. When staff were asked to describe how they perceived the culture of the service they told us, "It is much nicer here now. There is a good atmosphere where it is much more relaxed and morale is good." Another told us, "The manager is lovely and her door always open even if it is shut, you know what I mean don't you."

Observations of how staff interacted with each other and the management of the service showed us that there was a positive, enabling culture. Staff were clear about their roles and responsibilities as well as the organisational structure and who they would go to for support if needed. Staff told us the new manager was supportive and approachable should they have any concerns. There were clear communication systems in place such as handover meetings and communication books. The provider had systems in place to support staff and monitor performance such as, supervision, appraisal and staff meetings. Staff told us they were actively encouraged to question practice and make suggestions for improvements and their ideas were listened to.

The provider had a formal complaints policy in place with recorded evidence as to their response to concerns and complaints and follow up action take within appropriate time scales. People told us that they had been able to raise concerns and had confidence in the management to address issues in a timely manner.

Records were well organised and staff were able to easily access information when this was requested. Risk assessments had been produced and regular health and safety audits were carried out to ensure people

lived in a safe and secure environment free from hazards. There was an emphasis on striving towards continuous improvement of the service. The team leader and manager told us that there were regular quality and safety audits carried out. For example, spot checks on staff performance and visits to people who used the service to assess their views regarding the quality of the service they received.

There were effective quality assurance systems in place to ensure that any areas for improvement were identified and addressed. We saw copies of the monthly audits and reviews that were completed by the manager. These included monthly medication audits, care plan audits and quality outcome reviews. We noted that where audits had identified shortfalls and where improvements could be made, improvement action plans had been produced which clearly detailed the actions that would be taken and timescales for these actions to be completed. For example, where a need for more care plans to be updated, action to provide people with access to social stimulation and care reviews to provide additional support with increased time allocated to people's care package. However, management audits did not always identify where environmental issues required attention with action such as damaged walls with exposed wires and action taken into ongoing concerns with regards to a lack of hot water. Where we identified people at risk we spoke with the manager and regional manager who told us they would take immediate action in response.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation  |
|--------------------|---|
| Personal care      | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed<br><br>The provider did not establish and operate safe and effective recruitment procedures. |