

Orwell Housing Association Limited

Margery Girling House

Inspection report

Gosford Way
Felixstowe
Suffolk
IP11 9PE

Tel: 01394285871

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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

About the service

Margery Girling House is a domiciliary care service providing personal care in a sheltered housing complex. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection there were 34 people living in the complex and 31 of these people received personal care support. Some of these people were living with dementia.

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

People received a service which had systems to reduce the risks of avoidable harm and abuse. There were enough staff to provide people with the care they required. Recruitment of staff was done safely. People received their medicines safely and in lines with their needs and the service's procedures. People were safeguarded by the service's infection control procedures.

Staff received the training they needed to meet people's needs effectively. Where people required support with their health and dietary needs, this was assessed and provided. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by staff who were caring and respectful. People's rights to independence, dignity and privacy were promoted and respected.

People's needs were assessed, planned for and met. People's decisions about their care were valued and respected, this included their end of life decisions, where appropriate. There was a complaints procedure and people's concerns and complaints were responded to and addressed.

There were systems to assess and monitor the service provided. Any shortfalls were identified and addressed to provide people with good quality care at all times.

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

Rating at last inspection

The last rating for this service was good (published 15 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Margery Girling House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and one person's relative about their experience of the care provided, we also spoke with two visitors. We spoke with six members of staff including the registered manager, senior care workers, care workers and a staff member who coordinates social activities for people.

We reviewed a range of records. This included four people's care records and their medicines records. We looked at one staff record relating to recruitment. A variety of records relating to the management of the service, including training and audits were reviewed.

After the inspection

We received electronic feedback from a professional who regularly worked with the service. We also spoke with one person's relative and a health care professional on the telephone.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained in safeguarding and understood their roles and responsibilities in keeping people safe.
- There were systems designed to safeguard people from abuse. The registered manager told us of example where they had raised a safeguarding referral to the appropriate professionals when they were concerned a person was at risk of abuse.
- We saw the registered manager respond immediately when they were concerned about a person's safety in the community. They called a service in the community to check the person's whereabouts and ensured the person knew the address to return to the service. The person returned safely.

Assessing risk, safety monitoring and management

- People's care records demonstrated the risks to people in their daily living were assessed and guidance provided to staff in how these risks were mitigated. This included risks associated with falls and mobility. One person's relative said, "[Family member] will do unsafe things, this is risk assessed, a fine line trying to keep [family member] as safe as possible."
- The registered manager told us how the landlords of the property were addressing recommendations following a fire safety inspection to ensure people were safe. They told us they were working with the landlords to extend the area where bins were to improve safety.
- We saw equipment such as portable electrical appliances were checked to ensure they were safe to use.

Staffing and recruitment

- People told us the staff always arrived for their planned visits, were on time and stayed the agreed length of time.
- There were enough staff to ensure people's care visits were undertaken. This was confirmed in the staff rota which enabled planned visits to people to be completed. The registered manager told us the service was fully staffed.
- Recruitment continued to be done safely to reduce the risks of staff being employed who were not of good character and unsuitable to work in this type of service.

Using medicines safely

- People told us they were satisfied with the support they received with their medicines. One person commented, "I do my own meds, always have, my relative gets them for me. The carers do help me with eye drops, they are very good." One person's relative said, "[Family member] had [their] own system, they [support family member] to keep managing [their] medication, but they do background checks."
- People's records demonstrated their needs for support with their medicines were assessed. Records

demonstrated people received their medicines as prescribed, and in line with their support needs.

- There was a robust auditing system in place which supported the senior team to quickly identify any shortfalls and address them.

Preventing and controlling infection

- Staff had received training in food hygiene and infection control.
- Staff were provided with personal protective equipment (PPE), including gloves and aprons to use where appropriate to reduce the risk of cross infection.

Learning lessons when things go wrong

- The service had systems to learn from incidents and accidents and actions were taken to reduce them happening again.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before people started using the service, their needs were assessed to ensure the service could meet these needs. These assessments were used to inform people's care plans.
- The assessment process included consultation with the person, their relatives and any other professionals involved in their care. One person told us, "We sat down and talked about what I needed and luckily there was a spot for me."

Staff support: induction, training, skills and experience

- Systems were in place to ensure staff received the training they needed to meet people's needs effectively and complete qualifications relevant to their role. One person's relative said, "There is good communication between staff, they are skilled." One professional told us, "All staff that I have come into contact with have been well trained and competent."
- Before staff started working in the service, they received an induction which included training, shadowing more experienced colleagues and working on the Care Certificate. The Care Certificate is a set of standards care staff should work to.
- Staff received regular one to one supervision meetings. These provided staff with the opportunity to discuss their work, receive feedback on their practice and identify any training needs.

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

- Where people required support with their dietary needs, including assistance with eating, or preparing food and drinks, this was clearly documented in their care records.
- Where staff had concerns about people's nutrition, for example if they were not maintaining a healthy weight, or had problems swallowing, appropriate referrals were made to health care professionals. A staff member and the registered manager told us how they had been successful in negotiating with a person to eat, when they were losing weight.

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

- People's healthcare needs and how they were met were documented where support was required in this area, including their medical history.
- Where staff had concerns about people's health and wellbeing, records demonstrated the staff contacted health care professionals, on people's behalf and with their permission. We observed staff calling health care professionals to arrange a visit when a person had become ill.
- The registered manager told us they had good relationships with health care professionals in the

community. One health care professional said, "They appropriately call for resources... If I suggest something, they get it and make it happen. They are extremely good."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

- People told us the staff asked for their consent before providing any care. People's care records guided staff to ensure they sought people's consent before supporting them.
- People's care records included their capacity to make their own decisions and any support they needed in these areas. Where people had an appointed person to make decisions with their finance and/or health and social care, this was clearly documented.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us the staff were caring and respectful. One person told us, "Carers are very nice, all polite." Another person commented, "Carers are brilliant." One person's relative said, "Very good framework, incredibly supportive to me and my [family member]."
- The staff we spoke with talked about people in a caring way. They clearly knew people well and how their needs were met. To support staff to know about people and their lives, they had been involved in working people on their documented life stories and care plans, the registered manager said staff and people were, "Invested in it."
- We observed staff interacted with people in a caring way, for example, one person came into the office to speak with the registered manager about something which was concerning them. The registered manager was supporting and caring and assisted the person with their problem, including telephoning a service in the community on the person's request to help them sort of their problem.

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

- People's care records demonstrated they had been involved in making decisions about their care, this included their preferences about how they wanted to be cared for. One person's relative said, "It is difficult balancing autonomy and providing what someone needs. They negotiate with [family member] in good grace."
- Records of care reviews showed people using the service and their relatives, where appropriate, were consulted about the care they received, and any changes identified were included into the care plans.

Respecting and promoting people's privacy, dignity and independence

- People told us they felt their dignity, privacy and independence were respected. One person told us the staff, "Respects dignity, I feel included. They all knock my door, they never just come in." One family member said, "[Family member] has dementia, but [they] believe [they are] fully independent and fully in control. They [staff] create a world where [family] can operate to the best of [their] ability."
- People's care records guided staff in how to ensure people's dignity, privacy and independence were respected. The records detailed the areas of their care people could attend to independently and where staff needed to provide support.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans detailed how their individual needs were assessed, planned for and met.
- We asked on person's relative if they felt their family member's needs were met, they responded, "It is so much more than that...they have that extra ingredient; intelligent empathy and how to implement it. The scheme has that magic ingredient sense." Another told us how their family member's, "Quality of life has improved, we are so happy with the care they get, we are getting updated and consulted."
- One health care professional said, "Their standards are incredible...staff are empathetic meet people's physical, emotional and social care very well. They are very able at assessing residents holistically not basic care, ability to anticipate needs."
- During our inspection a person became ill, the staff were very responsive, they supported the person, rearranged staff's visits to people to ensure staff could sit with the person until a health care professional visited.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were detailed in their care records, this included guidance for staff in how to communicate effectively with people.
- Documentation was provided in accessible format, where required. The registered manager told us, because there were more people living with dementia in the service, they were working with the landlords to colour code corridors and add signage to support people to navigate independently.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Although it was not required under the services registration, people were provided with the opportunity to participate in social activities to reduce the risks of isolation. We saw photographs of people, for example, paddling in the sea and also observed some people doing arm chair exercises on the day of our inspection visit.
- Discussions with the registered manager, which was also confirmed in records, demonstrated the service had gone over and above their role to support people to access the community to continue with the interests they had prior to using the service. We were told by staff and the registered manager of an example of how this had improved the wellbeing for one person and their outlook on their life.

- The registered manager told us about the work being done to support a person to participate in a local carnival, this was what they had told staff they wanted to do.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place which explained how to raise a concern and what would happen with any concerns or complaints received.
- Records showed concerns were addressed quickly, which reduced the risk of formal complaints.

End of life care and support

- There were no people currently using the service who were receiving end of life care. However, the registered manager and a staff member told us how they had previously provided this service. Staff told us they were provided with end of life training.
- Where people had chosen to discuss this, their end of life decisions, including if they wanted to be resuscitated were included in their care records.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were complimentary about the service. One person told us, "When people ask me where I live I say here, and they say they want to come, there is no fault." This was confirmed with the large waiting list of people wanting to use the service. One person's relative said, "I am so impressed with them... Astonished how good they are."
- The registered manager led by example and the service had a positive culture where people were respected, and their care needs were central to the service. We observed a handover meeting between staff, any concerns about people were discussed and planned the next shift. Staff were encouraged to participate and offer suggestions.
- All staff were complimentary about the service and how it was run. One staff member told us, "I love it here we have got a good team... people who come in say everyone is happy. We work well together." One professional who worked with the service told us staff, "Speak very highly of the way the home is run. Most of the staff are long term employees so staff turnover is quite low."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was knowledgeable about their responsibilities relating to the duty of candour.

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

- The registered manager was knowledgeable about their role and responsibilities associated with managing the service. One health care professional said, "The present manager is professional, clever, motivational, excellent. In terms of how the organisation is run they need to be commended... They have a flexible mindset, very open to suggestion."
- There was a programme of audits and checks in place which assisted the registered manager identify any shortfalls and address them. Staff were observed in their work practice to ensure they were working to the appropriate standards.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People who used the service were asked for their views and comments about the service they received in meetings and satisfaction surveys. We saw the 18 responses received in March 2019, all of which had marked

they were very or fairly satisfied with the service they received.

- People spoken with told us the registered manager and staff welcomed suggestion to continuously improve the service. One person's relative said if they had ideas, "They embrace it, their attitude is they want to do their best; they say tell us how we can improve we will pursue it. [Registered manager] has the confidence to respond in that open way."
- Staff attended meetings where they received updates on the people they cared for and any changes in need and their roles. The provider had an employee voice forum where they had the opportunity to raise concerns or discuss the service they worked for.
- People from the community were welcomed into the service, for example two people who lived locally attended the exercise session, one said, "This is a happy place." They were enjoying their time with one person who used the service who told us they had previously been a visitor like their friends.

Continuous learning and improving care

- The registered manager told us they had recently purchased a projector to do more in house training tailored to the people they cared for. They had also started a 'knowledge board' which encouraged people and staff to consider and add to what dignity meant to them and how it was promoted in the service.
- The registered manager told us how they kept updated with the care industry, including receiving information from a local authority funded organisation, which could advise services of training available in the community.
- The registered manager told us how the service had been fundraising for equipment, they had spoken with the providers who had supplied the service with equipment which was used to assist people to get up if they had fallen and were not injured, which reduced the need for calling emergency services.

Working in partnership with others

- The registered manager told us they had good relationships with other professionals involved in people's care, including commissioners and health care professionals.
- The service welcomed children into the service from a local school. We saw photographs of people who used the service playing games with them, all were smiling.
- The service had signed up to a national initiative, 'postcards of kindness.' This included the exchange of postcards, the registered manager and a staff member told us how they were using these for reminiscing, for example if people had previously lived in other parts of the country and postcards were received from these areas.