

Orwell Housing Association Limited

Orwell Central Supported Living Domiciliary Care Service

Inspection report

Crane Hill Lodge
325 London Road
Ipswich
Suffolk
IP2 0BE

Tel: 07969222603

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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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Orwell Central Supported Living Domiciliary Care Service is registered to provide personal care to people with a learning disability and/or autistic people living in their own homes. A supported living service can be shared accommodation or single household properties and where people receive personal care and support to enable them to live as independently as possible.

At the time of this inspection they were 10 people who received personal care. They were being supported to live independently within the local community, in three shared accommodation properties and one single household flat.

CQC only inspects where people receive a regulated activity of personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked only at people's personal care and support.

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

The service demonstrated how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support

We observed people were comfortable in the company of the staff who supported them; interactions were engaging and meaningful. Staff understood how best to communicate with people, using body language, sounds and pictures to aid understanding where required. People were assisted by staff to manage their own health care needs. Staff worked with other health and social care professionals to support people to achieve good outcomes and enjoy a person-centred quality of life.

People were encouraged and supported to be independent and to engage in activities and interests that were important to them. Staff demonstrated how they ensured people received care that met their diverse needs, including protected characteristics. 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.

Right Care

People received person-centred care that met their individual needs. Staff observed people's privacy, dignity and confidentiality and treated them with respect. There were enough suitably trained, recruited and supervised staff to meet people's needs. Risks to people were regularly monitored and assessed and adapted where needed. People's nutrition and hydration needs were met and trained staff safely administered medicines to people.

Right Culture:

A person-centred culture was evident in the service. Feedback from people, relatives and staff was sought and acted on. Staff worked well with each other and morale was good. Complaints, concerns, accidents, incidents and safeguarding issues were appropriately reported, recorded and investigated. This included lessons learnt to mitigate risk and prevent reoccurrence. Governance frameworks were in place to underpin the development of the service and ensure people received good quality of care.

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

Rating at last inspection:

This service was registered with us on 31 August 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Orwell Central Supported Living Domiciliary Care Service

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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

Service and service type

This service is a supported living service providing care and support to people living in four 'supported living settings', so that they live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection as people are often out and we wanted to be sure there would be people at home to speak with us and that they consented to this.

Inspection activity started on 23 November 2022 when we visited the office location. We visited three of the four supported living properties on 30 November 2022. The Expert by Experience made telephone calls on 7 December 2022. The inspection ended on 16 December 2022 when we gave feedback.

What we did before the inspection

We reviewed information we had received about the service and sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with eight people who used the service; visiting them in their own homes about their experience of using the service. We spoke with four relatives and got electronic feedback from four relatives.

We spoke with the registered manager, the provider's regional manager, five members of staff. We received electronic feedback from three members of staff.

We reviewed a range of care records for three people. Where applicable this included care and support plans, risk assessments, healthcare information, medication records and positive behavior support plans. We reviewed the recruitment records for two staff members. We also viewed some of the provider's policies and procedures, training data, quality assurance records, management monitoring and oversight records.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe in the company of the staff that cared and supported them. We saw that people were comfortable and at ease with staff.
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. There were policies covering adult safeguarding, which were accessible and understood by staff.
- Staff had received up-to-date safeguarding training appropriate to their roles. They understood the procedures they needed to follow to make sure people were safe and told us they would report any concerns to management or external agencies if needed. A member of staff said, "I would report suspected abuse or harm to my manager, their manager or [Local Authority safeguarding team], whichever was most appropriate."
- People's relatives told us they felt their family members were safe. One relative said, "The staff know how to protect [person] and keep them safe."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's needs, and any associated risks were assessed, monitored, and regularly reviewed. Staff had a proactive approach in ensuring people maintained their independence where possible and managed their own risks.
- Care and risk management plans provided staff with the information they needed to support people safely.
- People's care records provided information about their health needs and how these should be managed and met. This helped staff to understand the impact of people's conditions and to make timely referrals when needed.
- Where accidents and incidents had occurred, these were regularly reviewed to identify any trends and actions to mitigate risk.
- Where required, care records were updated following an incident to help reduce the risk of reoccurrence. Changes to people's care and risk management plans were communicated to staff in a timely manner.

Staffing and recruitment

- There were sufficient staff deployed to keep people safe and for the level of support people required. This included one-to-one support for people to take part in activities and visits when they wanted.
- People had a consistent team of staff to support them which enabled continuity of care.
- Safe recruitment and induction training processes were in place. Appropriate recruitment checks had been carried out so suitable staff were employed.

- This included Disclosure and Barring Service (DBS) checks, which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. References were also sought from previous employers.

Using medicines safely

- Staff made sure people received information about their medicines in a way they could understand.
- People were supported by staff who followed systems and processes to administer, record and store medicines safely.
- People's medicines were administered safely by staff who were trained to carry out the task and had their competency checked.
- People had individual medication administration records to ensure they received their medication as prescribed. These were regularly audited.
- There were PRN protocols (as required) medicine guidelines in place, with personalised details of the signs the person may show, indicating when they needed those medicines.

Preventing and controlling infection

- People were supported to live in a clean and hygienic environment. Food preparation areas were clean and there was sufficient soap and hand wash available to aid good hand hygiene.
- Staff had completed training in infection control prevention and had sufficient personal protective equipment (PPE).
- At the time of our inspection the provider was in the process of strengthening their infection prevention and control policies and procedures in line with recommended best practice. This included the use of PPE and reviewing individual risk assessments for people and staff.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- People's needs were assessed, before support plans and risk assessments were determined. People's agreed goals for care were delivered in line with recommended best practice guidance and current legislation.
- Care records were personalised and reflected how people wanted to be supported. They reflected people's diverse needs. For example, around people's heritage, beliefs, cultural requirements and lifestyle choices.
- People's care and support plans reflected current needs, promoted strategies to enhance independence, and demonstrated evidence of planning and consideration of the longer-term aspirations for each person.

Staff support: induction, training, skills and experience

- People and relatives told us staff were competent, knowledgeable and familiar with using specialist equipment where required which gave them reassurance.
- Staff received their required training, and had the necessary skills, to carry out their roles.
- New staff received an induction which included training, assessed shadowing with more experienced colleagues and working on completing the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that form part of a robust induction programme.
- Staff were encouraged and supported to professionally develop through ongoing training, continual supervision, appraisal and recognition of good practice. Opportunities to achieve further qualifications in care were made available.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received appropriate support with eating and drinking in line with their cultural preferences and beliefs.
- Staff encouraged people to eat a healthy and varied diet and promoted independent planning and cooking.
- The service worked in partnership with other professionals to ensure people's healthcare needs were understood and appropriate support was provided. A relative said, "We are kept informed in all decisions of the care and service provided for our [family member], access to healthcare professionals is provided."
- People were supported to attend annual health checks, screening and primary care service appointments.

Multi-disciplinary professionals were involved in or were made aware of support plans to improve people's care and treatment experience.

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff supported people to make their own decisions about their care and support. One person told us, "I choose what I want to do and they [staff] help me
- Staff understood their responsibilities regarding the MCA and Deprivation of Liberty Safeguards.
- Where people were assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions. Staff consulted with health and social care professionals and people's representatives, such as in the use of a sensor mat to support monitoring of a person at risk of falls.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 friendly, supportive and caring towards them and we observed this during the inspection. One person said about the staff, "I love them, they are my friends. They are kind and nice to me."
- Staff engaged well with people, their interactions were supportive and enabling. People were calm and at ease in the company of the staff. It was evident from people's body language and reactions such as smiling and laughing they enjoyed being with the staff and were relaxed.
- Staff received equality and diversity training supporting them to treat people equally and fairly whilst recognising and respecting their individuality. Staff treated people as adults and did not demean them, they treated people appropriately.
- People's protected characteristics in relation to their equality and diversity needs such as age, disability and religion were considered as part of the ongoing assessment and care planning process and reflected in their care records.

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

- People shared examples with us of the positive and enabling approach of the staff towards them. They told us how the staff encouraged and supported them to make decisions about their health, care and support arrangements. One person said, "I am very happy, I go out all the time. [Staff] will take me where I want to go if I need help. I do what I want to do."
- People were respected and equal partners in their care arrangements. They were involved as much as they wanted to be in shaping their goals and outcomes.
- Relatives and representatives acting on behalf of people where appropriate to do so confirmed they had been involved in ongoing care arrangements. One relative shared that their family member was, "Well cared for, staff provide a very good service and keep us informed. There are no issues."

Respecting and promoting people's privacy, dignity and independence

- We saw that staff treated people with dignity, talking to them in a polite and respectful manner and their privacy was respected. People were given time to listen, process information and respond.
- People were enabled to make choices for themselves and staff ensured they had the information they needed. Staff supported people to maintain and increase their independence wherever possible.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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; 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

- Assessments had been completed prior to people receiving care and support to ensure the service could meet people's needs. People's choices, preferences and what was important to them were reflected in their care records.
- People's care records contained information that identified people's abilities and the support required to maintain their independence.
- Staff maintained daily records which reflected the support provided and enabled them to monitor people's care. The records reflected people's wellbeing and mood as well as activities completed. A member of staff told us, "The paperwork is up to date, you come on shift and it's clear if there has been any changes that need following up."
- Staff knew people well, which helped them recognise and adapt the support to changes in routine, needs and mood. For example, staff had arranged specialist equipment and involvement of relevant healthcare professionals to support one person who was at increased risk of falls.
- Where required, people had a specific behaviour support plan in place. This was an agreed protocol that provided key information to staff regarding a person's initial signs of distress, frustration and the actions to take to safely support them, mitigate risk and enable them to lead a more independent life.
- People's individual achievements were celebrated; they were supported to participate in their chosen social and leisure interests on a regular basis. There were photographs of people involved in various activities in their home and in the community.
- People were supported to maintain relationships and friendships that were important to them which reduced the risk of social isolation and becoming withdrawn.
- At the time of our inspection, no one using the service was receiving end-of-life care. The provider had identified that documentation in people's records regarding advanced care planning was limited and was taking action to address this as part of ongoing developments to their care records. This included working with external professionals who specialise in this area.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Each person's preferred method of communication was highlighted in their support plans, which enabled staff to communicate with people in the way people preferred and understood.
- People had communication passports. This enabled people to communicate their needs and access equality in mainstream health care services.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure were in place. Records showed where concerns and formal complaints had been received, they had been responded to in a timely manner with lessons learnt to prevent reoccurrence, in line with the provider's complaint procedures.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were considered equal partners in their care and a person-centred culture was visible in the service.
- Staff treated people as individuals, upholding their rights and encouraging and supporting them to live their life on their terms.
- People were supported by staff to have access to the appropriate care that they needed, taking into account their personal choices and preferences. People's decisions were respected and acted on.
- Feedback about the service was encouraged by management and where people, relatives and staff had shared their views, their comments were followed up, acted on accordingly and used to develop the service.
- Relatives confirmed they were asked for their views on the quality of the service being delivered and their feedback was acted on. One relative shared, "I am involved. When I pick [family member] up, I see the staff then. They talk to me when we meet, and we sort anything or plan anything that's important."
- Regular staff meetings took place. We looked at a sample of staff minutes and saw that they covered numerous topics relevant to the service for discussions and staff were free to express opinions.

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

- Overall people, relatives and staff were complimentary about the leadership and direction of the service.
- However, there were some inconsistencies regarding communication which we shared with the provider. This included not being able to get through to the service and messages not being responded to in a timely manner. The provider advised they were implementing changes to their telecommunications systems which would address the issues.
- Staff understood their roles, responsibilities and duties. Staff performance was monitored through one to one supervision and competency checks. This underpinned professional development, best practice and well-being.
- Quality assurance processes were in place. The management team monitored the safety and quality of the service. This included regular checks and audits for example, medicine administration, care records and accidents and complaints.
- The service had notified CQC of significant events and incidents, in line with their legal requirements and

responsibilities as a regulated service provider.

- The provider and management team were aware of the duty of candour and their responsibilities to be open and honest with people and their relatives in the event of something going wrong or a near miss.

Continuous learning and improving care; Working in partnership with others

- Regular management meetings, actions plans and audits of the service provided oversight which ensured any trends and patterns were identified and addressed.
- Staff and the management team worked in partnership with health and social care professionals to ensure people had the care and support they needed to maintain their health and wellbeing.