# Orbit Group Limited

# Heathcote House

## Inspection report

Warren Close
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Brandon
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Website: www.orbit.co.uk

Date of inspection visit:
18 November 2016

Date of publication:
19 January 2017

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| 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

The inspection took place on 18 November 2016. The inspection visit was unannounced.

The service provides extra care housing for people living in each of the 24 flats within the same secure building. At the time of our inspection 25 people were resident. Staff are onsite 24 hours a day and people who use the service are able to summon help outside of their normal contracted care visits by using a call bell system. Although aspects of the service operate in a very similar way to a registered care home, the Care Quality Commission only regulate the provision of personal care in services such as this.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff had received training in safeguarding people from abuse. Staff understood their responsibilities in this area and safeguarding concerns had been appropriately referred to the local authority for investigation and CQC notified.

Risks people faced were assessed and there was sufficient guidance for staff to follow to reduce the likelihood of people coming to harm. People were supported to remain as independent as possible through risk assessment.

Safe staffing levels had been assessed but the service sometimes operated with fewer than the assessed safe levels of staff. Staffing had been recognised as a concern and action had been taken to try to ensure consistent staffing as much as possible.

Medicines were not consistently well managed. The provider's audit system had identified a significant number of medication errors and had taken action to address them. However this had not been effective in significantly reducing them and this was now a priority for the manager. Records related to medicines were clear but could have benefitted from a little more information to guide staff. We have made a recommendation with regard to how the service manages medicines.

Training and support was provided for staff to help them carry out their roles and increase their knowledge. There was an induction process in place and staff received regular appraisal

People gave their consent before care and treatment was provided. Staff had received training in the Mental Capacity Act (MCA) 2005 and demonstrated a good understanding of it. The MCA ensures that, where people lack capacity to make decisions for themselves, decisions are made in their best interests according to a structured process.

People were supported with their eating and drinking and staff helped to ensure that people had access to the food and drink they might need after staff had left for their next call. Staff also supported people well with their day to day health needs and worked in partnership with other healthcare professionals.

Staff were caring and people were treated respectfully and their dignity was maintained. Relationships between the staff and those they were caring for and supporting were very good. Agency staff were used as consistently as possible to try to minimise concerns people had regarding staff not being familiar with their needs. The communal areas of the service provided opportunities for social interaction which was noted as having a positive effect on people's quality of life.

People were involved in planning and reviewing their own care and were encouraged to provide feedback about the service. There was a commitment to preserving people's own skills and maintaining their independence.

A formal complaints procedure was in place but none had been received. Informal complaints were dealt with appropriately.

Staff understood their roles and were supported by the management team. There was an open culture which staff and people using the service valued.

Comprehensive quality assurance systems were in place to monitor the quality and safety 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 always safe.

Staff were trained in safeguarding people from abuse and understood their responsibilities.

Risks were assessed and action taken which was designed to reduce the risk.

The service did not always operate in accordance with its assessed safe staffing levels.

Peoples medicines were not consistently well managed.

### Is the service effective?

**Good**

The service was effective.

Staff were provided with appropriate training.

People gave their consent before care was provided and staff had a good understanding of the MCA.

The service supported people to maintain a good diet and to look after their health.

### Is the service caring?

**Good**

The service was caring.

Staff knew the people they were caring for well.

People who used the service, and their relatives, were very positive about the way the staff provided care.

Staff were kind and treated people with respect, maintained their dignity and promoted their independence.

### Is the service responsive?

**Good**

The service was responsive.

People were involved in assessing and planning their care.

Care plans provided information for staff and documented preferences and specific requirements.

The service actively sought out people's views.

## Is the service well-led?

Good

The service was well led.

Required notifications had been sent to CQC and the manager understood their responsibilities

People who used the service and staff were involved in developing the service.

Staff understood their roles and were appropriately supported.

Quality assurance systems were in place to monitor the safety and quality of the service.

# Heathcote House

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 18 November 2016 and was unannounced.

The inspection team consisted of one inspector and one 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. Our expert had experience of services for older people.

Before we carried out our inspection we reviewed the information we held about the service. This included any statutory notifications that had been sent to us. A notification is information about important events which the service is required to send us by law. We also reviewed the 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 spoke with eleven people who used the service, three relatives of people who used the service, two care staff, two agency care staff, the senior team leader and the registered manager. We also gathered feedback from one adult social care professional from the local authority older people's team.

We reviewed four people's care plans, five medication records, four staff files, staffing rotas and records related to the monitoring of the quality and safety of the service.

Requires Improvement

# Is the service safe?

## Our findings

People told us they felt safe using the service. One person said, "We are alarmed everywhere, absolutely safe". Another person said, "I feel very safe, we have 24 hour care". A relative commented, "I feel [my relative] is safe here. I can sleep at night. It has never crossed my mind that that is an issue".

We found that systems were in place to reduce the risk of abuse and to ensure that staff knew how to spot the signs of abuse and take appropriate action. Staff had received training in safeguarding people from abuse and were able to tell us what they would do if they suspected or witnessed any of the different forms of abuse. Staff knew how to report concerns within the company and information about how to make a safeguarding referral to the local authority was available. The manager was aware of their responsibility to refer safeguarding concerns to the local authority although some significant medication errors had not been considered appropriate to report.

Medicines were mostly managed well and systems were in place which were designed to protect people. One person told us, "They won't leave until I've taken my meds. I get confused". Information about what people's medicines were for and how they liked to take them could have been clearer. We observed one regular member of agency staff administering medicines. The person taking the medicines asked what one was for. The staff member did not know and information was not readily available to help them find out. They did endeavour to find out the information and took great care to ensure the person was happy to take the medicines.

We saw that risks associated with people taking their own medicines had been assessed and the service worked with people and their families to support those who wanted to remain independent in this area of their life. Where people were supported to manage their medicines we noted that prescribed medicines were made available within an appropriate timeframe.

People were supported with the ordering, storage, administration and disposal of their medicines. Staff received training before they supported people to take their medicines and their competency to do this was checked. The person administering medicines on the day of our inspection had had their competency checked three times during 2016.

Stocktaking measures were accurate and staff recorded a reducing balance on tablets as they administered them, which made it easy to check for any errors. We checked the stocks of five medicines, including one for which the dose regularly changed, and found these tallied with the recorded amounts. Controlled drugs were managed well and appropriately recorded. One time-sensitive medicine was not being administered according to the manufacturer's instructions. We brought this to the attention of the manager.

We found that there had been a high number of errors related to medicines. Many of these were recording errors where staff had failed to sign for a medicine they had administered. However some were more significant and included missed medicines, including one controlled drug. All three staff files we viewed contained reports of staff having made medication errors, one person had made nine errors in the last year.

Whilst a clear process was in operation to retrain staff who made errors we found that the strategy was not proving effective in reducing the number of errors. This placed people at risk. We discussed this with the manager who assured us they would give the matter their urgent attention.

We recommend that the service consider current guidance and review the management of medication errors at the service.

A possible factor in the number medication errors may have been the staffing levels in recent months. The manager was honest about the difficulties the service had had with regard to recruitment of staff and staff sickness over the course of the year. Some of these issues had greatly improved by the time of our inspection but had impacted on people earlier in the year and some people we spoke with commented negatively about staffing. One person said, "A lot of the residents are worried about [staff shortages]. It's going to be looked at in January". Another person told us, "Staff are pretty good but there are not enough of them. This business of a lack of staff, you feel let down". A relative commented, "I don't feel there's enough staff. Sometimes only two". A healthcare professional, who regularly visits the service, also commented that there had been a lack of consistent staffing in recent months and sometimes it was difficult to locate staff.

However, commented positively about the availability of staff and all, except one, told us that call bells were responded to promptly and care visits carried out in a timely manner. One person said, "They come on time generally. I pulled the emergency cord yesterday and they came very quickly. It's very reassuring". Another person said, "I have always been told 'don't hold back from pulling the call bell'". A third person said, "I have only asked for assistance once and they came straight away". Most people told us that, despite the lack of staff at times, they did not feel unsafe. One person said, "I admit they need more staff but it doesn't impact on me too much".

Given that this is not a registered care home and people are in receipt of packages of care which equate to specific care hours, most thought the availability of staff was acceptable. Where people were commenting negatively the manager told us that negotiations were taking place to increase some care packages for people with complex needs.

Most people told us that their visits were the contracted length and that there was enough time for staff not to be too rushed. Some visits were very short but these were monitoring visits where staff did things like opening the curtains and making a cup of tea. Some people felt that visits were sometimes cut short and put this down to staffing levels. Nobody felt that this had happened to such an extent that they wished to raise it as a complaint. One person said, "Sometimes they are not here long. The do what they have to do and then they have other people to sort out".

We reviewed rotas for the last two months and found that there had been occasions when the service had operated with fewer than the assessed safe staffing levels. However records did not always clearly indicate when a senior from another service was on duty to provide support and we found that often there was one more staff on duty than the rotas suggested. On the day of our inspection for example, the rota stated that there were three staff when in fact there were four plus the registered manager. Staff told us that staffing levels had increased and staffing had been more stable in recent times. One staff member said, "The staffing has been difficult but the agency are regular [staff]. It's a bit more organised and we use the same agency staff and they really know what they are doing. They know the building like the back of their hand…things have been so much better lately".

Agency staff were regularly used but again, by the time of our inspection, this had settled into a more routine pattern and regular agency staff were often used to help ensure consistent care. We observed that the

agency staff on during the day of our inspection had beento the service regularly over the last few months.

At the time of our inspection the service was fully staffed, although some were on extended sick leave. Recruitment records showed that staff had followed an application process, been interviewed, had their identity checked and had their suitability to work with this client group checked with the Disclosure and Barring Service. Robust checks of people's references had been carried out by the provider's HR department and any concerns or queries shared with the registered manager.

We found that risks to people's health and welfare had been assessed. We viewed risk assessments related to people's moving and handling needs, smoking, diabetes, falls, the provision of bedrails and taking medicines. Assessments described the risk and gave sufficient guidance to staff to help them reduce the risks for people. Assessments were appropriately reviewed and staff were knowledgeable about the kinds of risks people faced and how to try to minimise them.

Although CQC only regulate the delivery of personal care at a service of this type we saw that the risk of fire had been assessed and each person had a personal emergency evacuation plan. We found these could have contained more detail in order to guide staff.

Good

# Is the service effective?

## Our findings

The majority of the people we spoke with were very positive about the care provided and about the skills and competence of the staff, although some voiced concerns about the staffing levels. A relative of a person who used the service said, "They seem pretty on the ball, efficient. They keep us up to date doctor wise if [my relative] has anything done". Another relative commented, "[My relative] had a thorough assessment, all about her medical needs, to make sure she was suitable to come here".

Staff knew the people they were supporting and caring for very well and we observed throughout our inspection that all staff had an overall understanding of people's needs. The same few agency staff were used regularly as much as possible and people who used the service clearly knew them well. They in turn demonstrated to us that they understood people's needs. We observed agency staff carrying out their morning care visits and found them to be skilled and experienced and to have a good relationship with the people they were supporting and caring for. One person who used the service said, "It takes a while for them to get to know you and the system". Another person commented, "We seem to have a lot of different ones but they have a list and always seem to know what they are doing". A member of staff had prepared an agency crib sheet which outlined the important pieces of information about each person's care and agency staff were asked to refer to it.

Permanent staff received an induction when they started to work at the service and undertook the training they needed to carry out their roles. Training was appropriately refreshed to ensure their knowledge was up to date. Training, such as basic life support, lone working, data protection, equality and diversity, dignity, dementia, fire safety, medication, food hygiene, infection control and moving and handling was provided and we found staff to be appropriately skilled. New staff were being supported to complete the Care Certificate. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It relates to minimum standards that should be covered as part of induction training of new care workers.

Staff were well supported by the management and received regular supervision sessions and twice yearly appraisals. Staff were very positive about the part time secondment of a senior staff member from another service to provide stability during a time when some senior staff were off sick.

The management and care staff demonstrated a good understanding of the Mental Capacity Act (MCA) 2005, and staff had received training in this. The MCA ensures that if people do not have the capacity to consent for themselves the appropriate professionals and relatives or legal representatives should be involved to ensure that decisions are taken in people's best interests. People told us they had been involved in decisions about their care and indicated their consent by signing their care plans, or if they did not have capacity to do this we saw that relatives had signed.

Staff were clear about the need to establish people's consent before care and treatment was provided and were able to describe what action they would take if a person refused care. Staff showed an understanding of people's rights. We spoke with one staff member who explained in detail about one person who had been

assessed as having capacity to make their own decisions but had made some decisions which care staff felt did not benefit them. The staff member, and others, were clear that the person had the right to make their own decisions, even if these were viewed as unwise.

We observed that staff encouraged and supported people to prepare and eat their meals and ensured they had access to food and drink once the care staff had left. Staff supported people to eat at an appropriate pace without rushing them. Care plans identified if people were at risk of not eating or drinking enough and staff had referred people to dieticians and speech and language therapists for additional support related to eating and drinking. Staff worked with health professionals to ensure that those people trying to maintain or gain weight were supported to have a healthy diet with a high calorie content.

People told us that staff supported them very well with their healthcare needs and worked in conjunction with other healthcare professionals such as GPs and district nurses. We saw from records that people were referred very promptly to the appropriate healthcare professionals if they became unwell and staff communicated effectively with each other to monitor the health of any person they were concerned about. One person said, "I had a dizzy spell… called a paramedic straight away". Another person commented, "The medical side of it is top standard".

During our inspection we observed staff liaising with the local GP about one person's medicines as they had been discharged from hospital and information about new medicine dosages was not clear. All was quickly clarified. Other people were supported to make GP appointments and information regarding their health was recorded appropriately so all staff would be aware of any changes.

Good

# Is the service caring?

## Our findings

People who used the service, and their relatives, were very happy with the way care and support was provided and all those we spoke with praised the caring attitudes of the staff. One person who used the service said, "Very good staff, always happy, never any difference in their attitude. They are kind, big smiles, ask how you are ,very bubbly". Another person explained, "They are very respectful, they always knock. You can tell by their attitude". A third person echoed these comments saying, "They are kind and ask if you are alright. They talk you through their processes, what they are going to do". "

Relatives were equally satisfied with the caring way staff provided support. One said, "They are friendly, very nice. [They] get involved". Another relative commented, "Beautiful. I can't fault it, no way. They keep us informed…They are very nice".

We found staff were patient, kind and caring in their interactions with people and showed an interest in the people they were caring for. Although very busy there was time for staff to chat to people and have a laugh and a joke. One person commented, "It's very nice living here. We get a carer come in every morning to check we are alright. Staff will do anything you want. It feels like a happy family". Another person explained how staff helped them when they were feeling in a low mood. They said, "We all have keyworkers. Mine is on shift today. They said if I was still [feeling depressed] they will find time for me".

We found that permanent and agency staff knew the people they were supporting and caring for very well and were able to tell us about people's histories, preferences and their care and support needs. Care plans identified ways for staff to support people in a way that maintained their dignity and boosted their self-esteem. One person's care plan encouraged staff to be particularly patient with regard to a particular health condition. The emphasis was on the person remaining as independent as they could in spite of their physical limitations. This was recognised as being very important for them. Another person, who had complex needs said, "They have to do everything for me. Staff are very good, competent and kind. I don't feel rushed in any way".

People told us that the service kept them informed about matters that concerned them through monthly tenant meetings and newsletters. People were involved in decisions about their care and their opinions were sought. People were aware that they had a care plan and felt they had a say in the way their care was provided. One person explained, "You have to keep your independence for as long as possible. They let me do as much as I can. I have half hour in the mornings, it's for washing and dressing. They let me wash [myself]. They are very good".

Advocates were not promoted as all the people we spoke with told us they had family to help advocate for them if they needed this and other people were competent self-advocates.

Good

# Is the service responsive?

## Our findings

Staff knew the people they were supporting and caring for well and people told us they had confidence that their needs would be met. One person explained, "When I go through a bad period [the manager] does another assessment plan around that need. She comes to your flat along with a keyworker and forms get signed like a contract". Another person said, "They pick clothing out for you and ask if it's what you want to wear today. They are ok if you say no , they give you the choice".

The service had previously supported a number of people with complex needs, including advanced dementia. This had placed a stress on the service in terms of being able to keep people safe. The service had recognised the limitations of the staffing and the building and the manager explained that the assessment process was comprehensive. Initial assessments seek to establish, as far as is possible, people's current and future needs so that everyone can be confident that these would be met. Some people who used the service had high care needs but the manager kept the mix of needs under review and the service was able to provide effective care to people whose needs differed greatly.

The initial assessments formed the basis of the care plan and contained information to guide staff. Daily notes were an effective way of recording current concerns and issues and staff were signposted to any new information in the notes when they attended handover meetings.

The care and support people received was subject to monthly review. All of the care plans we viewed had been appropriately updated. Care plans for new tenants were carefully documented and the review periods were frequent as staff established the person's history, preferences, likes and dislikes. Plans showed a commitment to maintaining people's independent living skills and we saw staff putting this in action and encouraging people to do tasks for themselves as much as they were able.

Although we only regulate the delivery of personal care at a service such as this we were impressed by the provision of activities and meaningful occupation for people. All the people we spoke with commended this provision and praised the activities co-ordinator. The co-ordinator had recently left and it was clear how people missed this positive addition to the quality of their lives. A new activities co-ordinator was being recruited. The communal areas of the service provided opportunities for social interaction which was noted as having a positive effect on people's quality of life and people clearly valued this.

The provider sent out questionnaires and held regular meetings with people who used the service in order to get feedback and invite them to share their ideas for any improvements the service could make. Minutes of meetings were handed out to all tenants, including those who did not attend the meeting and all the people we spoke with found them valuable and positive. One person commented, "I raised [an issue] at the tenants' meeting 2 days ago and when I came back yesterday it had [been resolved]"

We saw that the service had a complaints policy and people told us they knew how to make a complaint if they needed to. One person who used the service said, "For a complaint you can ring Orbit or fill out a form. If [senior staff] can't deal with it, it's passed on further. [The manager] would sort stuff out on the carer

front". One relative told us, "My [relative] and I would do a lot of complaining if it was needed. They do give us surveys fairly regularly". Another relative said, "[My relative] is quite able to look after [themselves] and complain. [They] wouldn't be frightened to tell them and [they] would tell us".

The provider told us they had received no formal complaints in the last year. We saw that one compliment had been logged. Minor issues resulting for the regular meetings or surveys were dealt with and reported back in that meeting or directly to the person concerned.

Good

# Is the service well-led?

## Our findings

Most people who used the service were clear about who was managing the service and told us they felt involved in the way the service was run. One person said, "We have a meeting once a month and discuss repairs and maintenance. I suggested they move the instructions for the washing machine and they are going to do it". A relative said, "Things do change after meetings".

The registered manager was at the service regularly and when they were not there, senior staff had the delegated responsibility to manage the service. The manager demonstrated an understanding of her role and responsibilities and understood the requirement to submit notifications to CQC

Staff told us they felt well supported and that they could approach the management of the service if they needed to. Staff meetings were held and gave staff the chance to raise issues. Staff surveys were sent out to take the views of staff. Surveys were also sent to relatives and to relevant professionals. The results of the relatives' surveys showed that some people wished to be more involved in their relative's care and the manager was considering how to take this forward. An annual housing survey was carried out which also covered aspects of care delivery such as the friendliness of staff. The results of this survey were analysed by the provider and an action plan produced to address any issues.

The manager received support from their line manager and was able to update their knowledge and skills as part of Orbit's regional management team. The manager's line manager was considered by all to be a supportive and approachable person who visited the service on a regular basis. In recent times they had been on leave and a more senior line manager had taken on this role.

The manager was clear about the challenges that faced the service and knew the areas which were a cause for concern. They told us they had worked hard with the staff team to bring about stability and to address the staffing levels. This had been partly successful as the service was now fully staffed and had staff on the waiting list for future posts, even though long term sickness had put additional stress on staffing.

We found that record keeping across the service was good. Care plans were clearly written, well organised and appropriately updated. Records we requested were produced quickly and staff knew where to find important information. Rotas made available to us did not always reflect an accurate staffing picture.

There was an effective system of audits in place. Issues identified at one audit were followed up at the next and improvements in the delivery of care and support were clear. Audits reviewed a number of subjects including the frequency of falls, care plans, complaints, staff support, staff meetings, training and health safety. We saw that one person's care package had been increased by two hours as a result of an analysis of their care plan in conjunction with other audits.

A monthly medication audit took place. Although all aspects of medicines administration were kept under review, measures to reduce errors had not been as effective as they needed to be, as outlined previously in this report. The manager assured us they would address this issue as a matter of urgency.