

# Orwell Housing Association Limited

# Pitches View

## Inspection report

Pitches View  
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## Ratings

### Overall rating for this service

**Good**



Is the service safe?

**Good**



Is the service effective?

**Good**



Is the service caring?

**Good**



Is the service responsive?

**Good**



Is the service well-led?

**Good**



## Overall summary

Pitches View is extra care sheltered accommodation providing personal care to people living in their own flats. When we inspected on 21 January 2016 there were 24 people using the service.

This was an announced inspection. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to know that someone would be available.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality

Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

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

# Summary of findings

Systems were in place which safeguarded the people who used the service from the potential risk of abuse. Care workers knew how to recognise and report any suspicions of abuse. They understood their roles and responsibilities in keeping people safe and actions were taken when they were concerned about people's safety.

There were procedures and processes in place to ensure the safety of the people who used the service. These included risk assessments which identified how the risks to people were minimised.

Where people required assistance to take their medicines there were arrangements in place to provide this support safely.

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

People received care and support which was planned and delivered to meet their specific needs. People and/or their representatives, where appropriate, were involved in making decisions about their care and support arrangements.

Where required people were safely supported with their dietary needs. Where care workers had identified concerns in people's wellbeing there were systems in place to contact health and social care professionals to make sure they received appropriate care and treatment.

There was an open and transparent culture in the service. The management team demonstrated good leadership skills and care workers said they felt valued and supported. Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service.

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

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

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

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

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

Good



### Is the service effective?

The service was effective.

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

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

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

Good



### Is the service caring?

The service was caring.

People had developed positive, caring relationships with their care workers. Their independence, privacy and dignity was promoted and respected.

Care workers interacted with people in a compassionate, respectful and considerate manner.

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

Good



### Is the service responsive?

The service was responsive.

People's care was assessed, planned, delivered and reviewed. Changes to their needs and preferences were identified and acted upon.

People knew how to complain and share their experiences. There was a complaints system in place to show that concerns and complaints were investigated, responded to and used to improve the quality of the service.

Good



### Is the service well-led?

The service was well-led.

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

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

Good



# Pitches 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 21 January 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection was undertaken by two inspectors.

Before our inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

We observed the interaction between people who used the service and the staff. We spoke with nine people who used the service, three of their relatives and two visiting health care professionals. We also received feedback about the service from eight health and social care professionals.

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

# Is the service safe?

## Our findings

People told us and we observed that they felt safe and comfortable with the care they were being provided with. One person said, “Everyone is incredibly kind to me. They make sure I am safe and want for nothing.” Another person told us how they had come to the service for respite following a hospital stay and decided to stay as they, “Liked it so much.” They added they, “Feel much safer here, knowing there is always somebody about. I can rest easy as they [care workers] come at the touch of a button [call bell/ alarm pendant]. Very reassuring. I sleep much better since I moved in.”

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

Care and treatment was planned and delivered in a way that was intended to ensure people’s safety and welfare. Care workers were aware of people’s needs and how to meet them. People’s care records included risk assessments which identified how the risks in their care and support were minimised. This included risk assessments associated with moving and handling, medicines and risks that may arise in the environment of people’s flats. People who were vulnerable as a result of specific medical conditions, such as diabetes and dementia, had clear plans in place guiding care workers as to the appropriate actions to take to safeguard the person concerned. This helped to ensure that people were enabled to live their lives whilst being supported safely and consistently. Care workers told us and records seen confirmed that the risk assessments were accurate and reflected people’s needs.

Regular reviews of care were carried out and involved people who used the service and their representatives, where appropriate. This ensured that people’s risk assessments were current, reflected their individual needs and they received safe care. A relative told us, “From the start the manager and staff talked to me about the care that’s needed and have included me in meetings to see how things are working. I am kept well informed and alerted to any major changes in [person’s] health. I feel a part of what is going on. If I make any suggestions these are immediately acted on. We had a meeting recently as [person’s] mobility was getting worse and they had fallen. [Registered manager] had a physiotherapist come and assess [person] and arrangements have been made for [specialist] equipment to help keep [person] active but safe.”

Staff and their mix of skills were used effectively to develop positive and meaningful relationships with people which helped to meet their needs and keep them safe. There were sufficient numbers of care workers to meet the needs of people. People and relatives told us that care workers usually visited at the planned times and that they stayed for the agreed amount of time. People said that there had been no instances of any visits being missed. One person told us, “Carers are normally on time. Can’t recall anyone being really late. It happens sometimes if there is an emergency. But they [staff] are good at letting you know if they will be slightly late.” Another person said, “I know everyone who comes to see me. Never had a stranger. Everyone is on time give or take five minutes or so. They don’t rush me and stay the correct time. I have no problems.”

Staffing levels were based on the assessed needs of people and the length of time needed to meet them. The rota was completed to ensure that all scheduled visits to people were covered. Our conversations with people, staff and records seen confirmed there were enough care workers to meet people’s needs.

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

People told us that their medicines were given to them on time and that they were satisfied with the way that their

## Is the service safe?

medicines were provided. One person said, “They [care workers] help me manage. So many pills. I couldn’t cope without them. They come in, fix me a drink to take with my pills. They check if I need any pain relief. Absolute angels the lot of them.” A relative told us, “They [care workers] keep on top of all the medication [person] takes. For each visit they get it all ready and re-order it all so it doesn’t ever run out. They always ask [person] if they are in any pain or discomfort and will get them something if they are.”

Care workers were provided with medicines training. Regular medicines audits and competency checks on care workers were carried out. These measures helped to ensure any potential discrepancies were identified quickly and could be acted on. This included additional training and support where required.

Where people managed their own medicines there were systems in place to check that this was done safely and to monitor if people’s needs had changed and if they needed further support.

However systems in place to record people’s medicines were not robust. The medicines administration record (MAR) only stated ‘contents of dossett box given’. There was no reference to or record of what medicines were in the ‘dossett box’. Information that provided guidance to care workers on the level of support each person required with their medicines and the prescribed medicines that each person took was attached separately to the dossett box and not the MAR. We discussed this with the registered manager. In response to this shortfall the registered manager took immediate action to ensure that a corresponding record to show what medicines had been prescribed and were being administered to people at any one time was in place for each individual. Following our inspection we received confirmation that the registered manager was actively working with the local pharmacy to improve the systems for recording medicines. The manager’s swift response provided assurances that the service’s medicines procedures and processes were safe.

# Is the service effective?

## Our findings

People and their relatives told us that they felt that care workers had the skills and knowledge that they needed to meet their needs. One person said, “They are all well trained and more than capable.” A relative commented, “All of the staff are well trained, extremely competent, knowledgeable and easy to approach.”

Discussions and records seen showed that care workers were provided with the mandatory training that they needed to meet people’s requirements and preferences effectively. This included medicines, moving and handling and safeguarding. The provider’s regional manager advised us that the training plan had been developed and was being rolled out to all staff and this included mandatory refresher updates, dementia training linked to the Mental Capacity Act 2005 and access to supporting resources. One member of staff explained that training was a mix of e-learning and in house face to face training, for example with moving and handling. They said, “There is a training matrix and it is your responsibility to book yourself onto training but they [management] make sure you are up to date with everything.”

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

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

make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People were asked for their consent before support workers assisted them with their care needs, for example to mobilise or assistance with personal care. One person said, “They [care workers] ask and check first what I want and listen to me.” Care workers and the registered manager were knowledgeable about the MCA and what this meant in the ways they cared for people. Records confirmed that care workers had received this training. Guidance on best interest decisions in line with MCA was available to care workers in the office.

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

The support people received with their meals varied depending on their individual circumstances. Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. One person said, “They [care workers] get my meals ready and help me to eat healthy.” Care records showed that, where required, people were supported to reduce the risks of them not eating or drinking enough. Where concerns were identified action had been taken, for example informing relatives or referrals to health professionals.

People had access to health care services and received ongoing health care support where required. One person

## Is the service effective?

told us how the staff had helped to arrange for them to see their GP when their leg was painful. Another person said, “The nurse pops by to check in on me and make sure I am well.” A relative commented, “[Person] sees their GP regularly and the chiropodist.”

Care workers understood what actions they were required to take when they were concerned about people’s health and wellbeing. Records showed that where concerns had been identified, such as weight loss, or general deterioration in a person’s health, the relevant health professionals had been contacted and actions were taken with the consent of the person. This included prompt referrals and requests for advice made and acted on to

maintain people’s health and wellbeing. Treatment and or feedback received were reflected in people’s care records. This ensured that everyone involved in the person’s care were aware of the professional guidance and advice given, so it could be followed to meet people’s needs in a consistent manner.

Feedback from health and social care professionals involved with the service was positive. One health professional told us, “The staff are reliable and try very hard to find solutions to complex problems and seek medical or social care advice if needed. Families have often fed back to me, what a wonderful place Pitches View is and how caring and willing the staff are to support them.”



# Is the service caring?

## Our findings

People had developed positive and caring relationships with their care workers. During the inspection we saw that people were really pleased to see a member of staff on maternity leave visit with their new baby and young daughter.

People were complimentary about the approach of their care workers and told us they were treated with respect and kindness. One person said, “All the carers are so lovely, kind and friendly. They always have time to chat.” Another person said, “On the whole the carers are very good with all residents and they generally have a good approach.” A relative commented, “The carers work really hard and know people very well. They get the best out of them. They are all good, caring, well trained and friendly.”

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

People were supported to express their views and were involved in the care and support they were provided with. One person said, “I can talk to any of the carers. They all listen and ask me if everything is ok, and if there is anything

else I need.” Records showed that people and, where appropriate, their relatives had been involved in their care planning. One person told us how they had been involved in their care plan and that it, “Continues to be updated.” A relative said, “I have discussed with the manager the care arrangements and yes I feel I am listened to and involved in decisions about what goes on. I have no complaints.” Planned reviews were undertaken and where people’s needs or preferences had changed these were reflected in their records. This told us that people’s comments were listened to and respected.

People told us care workers knew their likes and dislikes. One person said, “My carers ask me what I prefer and how I would like things done.” Care records identified people’s choices, including how they wanted to be addressed and cared for. Care workers told us that people’s care plans provided enough information to enable them to know what people’s needs were and how they were to be met. One care worker said, “The care records are accurate and detailed and tell me what I need to know.”

People’s independence and privacy was promoted and respected. People shared examples with us about how they felt that their privacy was respected, which included care workers closing curtains and shutting doors before supporting them with personal care. One person said the care workers, “Absolutely treat everyone with dignity and respect.” People’s records provided guidance to care workers on the areas of care that they could attend to independently and how this should be promoted and respected.

# Is the service responsive?

## Our findings

People received personalised care which was responsive to their needs. Four people described instances to us when they had used their call bell to alert care workers they needed assistance. This had been due to needing personal care outside of their visit times or experiencing a fall. People said the care workers had been quick to respond and support them. One person said, “They were so quick, checked me over, made sure I was alright and helped me back up. They called the doctor as I didn’t want the ambulance to come as I was fine.”

A health care professional told us about their frequent experiences of working with the service, “I find the team flexible and responsive to the individual’s care needs. They work closely with me, the community matron, GP surgery, my social work colleagues and the local community to ensure living at Pitches View remains a safe and pleasurable experience for their tenants [people who used the service].”

People received personalised care that took account of their choices and preferences and responded to their changing needs. People’s care and support was planned with their involvement and they were encouraged to maintain their independence. Care workers were patient and respectful of people’s need to take their time to achieve things for themselves. A relative said, “When [person] came here they needed help with everything, couldn’t do anything them self. Through the support and care provided they grew in confidence and now only need assistance with their medication. They have come on leaps and bounds and do most things on their own.”

People and relatives said that a care plan was kept in their flat, which identified the care that they had agreed to and expected. People we visited in their own flats showed us their care plans and told us the information about their individual support arrangements was accurate and reflected their preferences. One person said, “All the information is correct and up to date. No complaints whatsoever.”

People’s care records included care plans which guided care workers in the care that people required and preferred to meet their needs. These included people’s diverse needs, such as how they communicated and mobilised. People’s specific routines and preferences were identified

in the records so care workers were aware of how to support them. For example, one person’s care records explained the support they needed with personal care and in what order they wanted things done.

Care reviews included consultation with people and their relatives, where appropriate. These provided people with a forum to share their views about their care and raise concerns or changes. Comments received from people in their care reviews were incorporated into their care plans where their preferences and needs had changed. For example, one person advised that they had an ongoing appointment one day a week and would like an earlier visit on this day. This also showed that the service provided was flexible and took action to meet people’s needs and preferences.

There was a happy vibrant atmosphere in the communal lounge. We saw positive staff interaction with people laughing and talking as some people had gathered to play scrabble or meet up before attending the weekly lunch club and going out for a meal.

People and their relatives told us the care workers understood their needs, knew how to meet them and they were encouraged to participate in the range of social meetings and activities provided. One person said, “I particularly enjoy ‘senior stomp’ [music therapy and exercise] that gets a good turn out and gets us all going.” Another person said, “There is plenty to do here to keep us amused and out of mischief. We have a lunch club and a gardening club and some of us enjoy playing bingo and scrabble.”

People knew how to make a complaint and felt that they were listened to. One person commented, “I have never had a problem and I have been here years. If I did have any concerns I would speak to my carers or the manager and am sure they would do something about it.” Another person said, “I love it here. Never had any issues but if I did I would speak with my carers.” A third person said, “The manager is so hands on and gets things done. Feedback is acted on. We had a tenants meeting recently and an idea was put forward for a film show. [Manager] responded straight away and organised this.”

The provider’s complaints policy and procedure was made freely available in the service and a copy kept in people’s flats. It explained clearly how people could make a complaint or raise a concern about the service they

## Is the service responsive?

received. Records showed that complaints received were acted on and used to prevent similar issues happening, for example changing care workers visiting people, additional training and disciplinary action where required. The

registered manager advised us they were developing their systems for capturing feedback including comments so they could reflect the actions taken to further improve the service.

# Is the service well-led?

## Our findings

It was clear from our observations and discussions that there was an open and supportive culture in the service. Feedback from people and relatives about the care workers and management team were positive. People told us that they felt that the service was well-led and that they knew who to contact if they needed to. Therefore they felt assured and would not hesitate to seek advice or further support when needed. One person said, “The manager is really nice and easy to talk to and so are all the carers.” A relative commented, “The manager leads by example and is approachable and available when you need them. The carers are kind and have nothing but praise for them.”

People were asked for their views about the service and these were valued, listened to and used to drive improvements in the service. These included regular care review meetings and quality satisfaction questionnaires where people could share their views about the service they were provided with, anonymously if they chose to. We reviewed the quality assurance questionnaires completed by people in 2014/15 and saw that feedback was positive. Comments included, ‘With all the carers, I have great trust in,’ and “I enjoy living here, the staff are all pleasant and I love my flat and view out onto the field.”

The care workers we spoke with felt that people were involved in the service and that their opinion counted. They said the service was well-led and that the management team were approachable and listened to them. One care worker said, “We are all one big team. [Registered manager] is a visible presence and supports the carers. I enjoy my job.”

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

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

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

The registered manager was developing an improvement plan for Pitches View and had highlighted areas they were prioritising to ensure people received a safe quality service. This included improvements to people’s documentation to ensure consistency, reviewing the medicine recording processes and developing the complaints process to record the informal concerns and the actions taken to show that people’s feedback was valued and acted on.