

Orwell Housing Association Limited

Deben View

Inspection report

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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

Deben View is very sheltered accommodation providing personal care to people living in their own flats. When we inspected on 28 October 2015 there were 30 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 and a visitor to the service were complimentary about the care provided. They told us they received safe and effective care by care workers who were attentive and kind. One person said, "Nothing is too much trouble for the staff here. They look after me well and can do no wrong in my eyes. They genuinely care how you are and always check what they can do to make things better or help you."

Summary of findings

Systems were in place which safeguarded the people who used the service from the potential risk of abuse. Care workers understood the various types of abuse and knew who to report any concerns to. 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. We observed care workers respect people's privacy and dignity and interacted with them in a caring and compassionate manner.

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

Where people required assistance with their dietary needs there were systems in place to provide this support safely. 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.

The atmosphere in the service was friendly and welcoming. People received care that was personalised to them and met their needs and wishes. Care workers listened to people and acted on what they said.

There was an open and transparent culture in the service. All the staff we spoke with were passionate about their work and understood their roles and responsibilities in providing safe and good quality care to the people who used the service. The management team demonstrated good leadership skills and care workers said they felt valued and supported.

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 who used the service had developed positive, caring relationships with all the staff. Care workers were compassionate, respectful and considerate in their interactions with people.

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

People's independence, privacy and dignity was promoted and 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. All the staff 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



Deben 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 28 October 2015 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 one inspector.

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, two of their relatives and one person's visitor. We received feedback about the service from five health and social care professionals.

The registered manager was not present during the inspection. In their absence we spoke with the provider, the regional head of service's manager 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 who used the service were relaxed and at ease with all the staff. They told us they felt safe and comfortable with their care workers. One person said, “The staff here are jolly nice and I highly recommend them. They make me feel safe and secure. I rely on them and they never let me down. I am not frightened living here. Have the best of both worlds; my independence living in my flat, but with the added security of regular visits and that someone [care worker] will come at the touch of a button [call bell] if needed.” Another person said, “I came here as it was too much for me at home on my own. Here I have my own space with regular people [care workers] who help me to enjoy a safe quality life.”

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.

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 own homes. Where risks were highlighted the assessments provided guidance for care workers to follow to minimise the risks. For example, one person’s care plan provided information for care workers to follow if the person became anxious or upset during their visit. This included prompts to reassure the person and techniques to use to calm the person and maintain a safe environment.

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, “The care staff are ever so good if they spot a change in [person’s] health or wellbeing. They are very decisive and quick to act. They [care workers] noticed when [person’s] mobility had deteriorated and they were concerned about them falling. They arranged for the doctor and then specialised equipment to come so [person] can still be active but can get around safely. This reassures me that they [person] is in safe hands by being here.”

There were sufficient numbers of care workers to meet the needs of people. People and relatives told us that their 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, “It doesn’t happen often if they [care worker] are late coming to me. Emergencies happen and rightly take precedence. They [care workers] need to tend to that first and make sure everything is alright. Even when it does happen. I always get a call to say although they have been delayed they are coming so I don’t worry and think I have been forgotten. Never not turned up.” Another person said, “I know all the staff who visit me. I have never had a stranger turn up. Always on time, do everything they should and stay as long as it takes, they don’t rush off.” One person’s relative said, “It is exemplary the service that is provided here. They [care workers] are punctual, reliable and bring a smile to [person’s] face. Never not turned up and on occasion when they are delayed there is a perfectly reasonable explanation so you know someone is coming.”

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. Where people had said that they did not want specific care workers to visit them this was included in the planning. The service had an established staffing team in place to maintain a consistent service.

Discussions with the care workers and management team told us that agency staff were rarely used to provide cover, as existing staff including the management team covered shifts to ensure consistency and good practice. This meant that people were supported by people they knew and who understood their needs. Our conversations with people, staff and records seen confirmed there were enough care workers to meet people’s needs.

Is the service safe?

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 care workers were allowed to work in the service.

Suitable arrangements were in place for the management of medicines. People told us that their medicines were given to them on time and that they were satisfied with the way that their medicines were provided. One person said, "[Care worker] comes at the allocated time and reminds me of the pills I need to take. They give me a drink and write it all down over there in my folder [care plan]." We saw that medicines were managed safely and were provided to people in a polite and safe manner by staff.

Care workers were provided with medicines training. People's records provided guidance to care workers on the level of support each person required with their medicines and the prescribed medicines that each person took. Records showed that, where people required support, they were provided with their medicines as and when they needed them. 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. 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. This showed that the service's medicines procedures and processes were safe and effective.

Is the service effective?

Our findings

People told us that they felt that the care workers had the skills and knowledge that they needed to meet their needs. One person commented, “Yes the carers are very capable and know what they need to do when they visit me. Some are better than others at putting you at ease and having a laugh and joke with you but that’s about personality not ability. Stands to reason you would get on with some people more than others but all in all I think everyone is well trained.” A relative told us of their experience, “The ideal of good training is that you don’t notice it, as the carers simply get on with it and at the same time treat people like human beings; putting people at ease through a sing song or sharing a laugh especially during situations that can be embarrassing or undignified.”

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. As part of the provider’s pledge to be a dementia friendly organisation, dementia training awareness was provided for care workers and linked to the Mental Capacity Act 2005 training. Plans were underway to deliver this training to all staff including directors and employees not directly involved in the housing schemes to raise dementia awareness and understanding.

The provider had systems in place to ensure that care workers received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. This provided care workers with the knowledge and skills to understand and meet the needs of the people they supported and cared for.

Care workers told us that they felt supported in their role and 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 management team described how care workers were encouraged to professionally develop and were supported with their career progression. This included being put forward to obtain their care certificate. This is a nationally recognised induction programme for new staff in the health and social care industry. These measures showed that training systems reflected best practice and supported care workers with their continued learning and development.

One care worker told us that part of their induction was to shadow more experienced care workers. They explained how this had helped them to get to know the people they would be caring for, learn how they liked things done and understand the culture of the organisation. They told us, “Although I have a care background every place is different and has their own way of doing things. The induction here was good. Not rushed which allowed me to get to know my colleagues, take everything in, ask questions so I could learn how best to care for people.”

People were asked for their consent before care workers supported them with their care needs for example to mobilise or assisting them with their medicines. One person said, “Before they [care workers] do anything they always check with me first if I am happy for them to proceed. If I say no they respect this.” Care workers and the management team had a good understanding of Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA) and what this meant in the ways they cared for people. Records confirmed that care workers had received this training. Guidance on DoLS and 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 to explore how care workers could support the person to ensure their safety and wellbeing.

Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. One person said, “They [care workers] prepare my meals and make me a drink. They check I have taken my tablets and that I have eaten and if I need another drink and then they write it all down.” 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.

Is the service effective?

People had access to health care services and received ongoing health care support where required. One person's relative said, "The staff will ring the doctor or call the ambulance if they are really worried about someone." Care records reflected where the care workers had noted

concerns about people's health, such as weight loss, or general deterioration in their health, actions were taken in accordance with people's consent. This included prompt referrals and requests for advice and guidance sought and acted on to maintain people's health and wellbeing.

Is the service caring?

Our findings

People had developed positive and caring relationships with the care workers who supported them. People were complimentary about the approach of their care workers and told us they were treated with respect and kindness. One person said, “The carers are absolutely smashing. Wouldn’t still be here without them and what they do for me. I look forward to them coming. When you don’t feel you’re best like first thing in the morning, they talk about nice things that cheer you up and make you feel better.” Another person commented about the care workers, “Absolutely full of loving kindness. They are all so lovely and do helpful things like help me to get washed and dressed. Even the simple way some of them say hello all friendly and smiley cheers me up.” One person’s relative said, “They treat [person] with the utmost dignity and are ever so gentle and encouraging in their demeanour. Since [person] has been here they have improved so much and can do so much more for themselves.”

One relative stated in the 2014 annual satisfaction questionnaire, “I am so grateful to the staff at Deben View for always being ready to respond to a special request or an unexpected need. They are excellent.” Another comment taken from the survey from a person who used the service stated, “I think a great deal about my life and the big change of coming to this change of circumstance brought about my selling up my home and coming into residence here and came to the conclusion that; this place is full of loving kindness and my cup overfloweth. Thank you.”

The atmosphere within the service was welcoming, relaxed and calm. We spent time in the communal lounge and saw that 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 showed genuine 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, “They review my care arrangements with

me every so often and check if anything needs changing. I had an increase in visits when I came out of hospital a while back but have reduced that now as am on the mend and don’t need so much help. I talked to [senior carer] about what I needed and they did everything they could to accommodate this.” Another person told us, “I was incredibly impressed when [team leader] off their own back popped in to check on me before they started their shift. They heard I had been to hospital and been poorly. They wanted to make sure I was okay and if I was managing. That meant a lot. I had been worrying about if I was going to cope and we ended up having a chat and sorting things out.” Records showed that people and, where appropriate, their relatives had been involved in their care planning. 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.

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 plans tell me what I need to know but I still check with the person first to make sure nothing has changed. Sometimes people can do more one day and less another so it is important the care plan reflects this so you know when to prompt and encourage and when to step in. If we [care workers] spot a significant change then we report it and the senior or team leaders will do a review and make sure the care is correct. I like that my opinion counts, not all places will respect the carers view and listen and act if we spot something. That is not the case here. We work as a team.”

People’s care records identified their preferences, including how they wanted to be addressed and cared for. Five people told us how they were asked for their preferences, including visit times, and this had been accommodated.

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 closing curtains, shutting doors and using modesty towels when supporting people with personal care. 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's care and support was planned with their involvement. People were encouraged to maintain their independence and care workers were patient and respectful of people's need to take their time to achieve things for themselves. One care worker said, "I try to help people to do things on their own, it builds their confidence and self-esteem. I offer reassurance and encouragement where needed and don't rush them. This can be helping them with meal preparation or with personal care and getting them to do bits themselves."

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 would like it if we had some more activities like the carpet bowls as that was fun. As tenants we do seem to congregate at regular intervals during the day for a chat in the dining room and it would be good if there was more to do. We do have some cracking entertainment where people come in and sing and dance sometimes that is very good. Would just like a bit more." A relative told us, "[Person] is becoming less isolated and withdrawn since coming here. They have made friends and are joining in with the quizzes and activities and don't seem so lonely." Another relative told us how choices were respected, they said, "People can participate in things if you want. Never bossed about or put under pressure. Privacy is respected; don't have to join in with things like bingo. [Person] can do what they want and live their life as they see fit."

People received personalised care which was responsive to their needs. One person told us how they had used their call bell when they had fallen and the care workers had been quick to respond they said, "I couldn't believe I had fallen and was in a right state, but the carers came so quickly and took great care of me."

All the people and relatives we spoke with said that a care plan was kept in their flat, which identified the care that they had agreed to and expected. Three 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, "I never look at the folder, don't need to. All my carers know what they are doing and how I like things done."

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, a care worker explained how one person liked a particular glass to be used to administer their medicines and where they kept it. This was reflected in the person's care records.

Regular review meetings with people and their relatives, where appropriate, were held to discuss people's existing care arrangements, see if changes were required and check if people were satisfied with the care provided. One person said, "I appreciate them [management team] taking the time to check all is in order and to see if I need anything else or want to change anything. I haven't yet as perfectly happy with how things are." People's records reflected where changes had been made to accommodate a change in need or preferences. For example additional visits following a hospital stay.

Relatives told us they were kept informed of changes to people's needs and said they found the care workers to be, "Good communicators." People and their relatives said that they were comfortable discussing their experience of care and were actively encouraged to do this on a regular basis, through regular reviews and satisfaction surveys. One relative commented, "I'm very happy with the service and care provided. I have been able to provide feedback regularly and to raise any issues I have needed to with the care workers or management. I feel I am part of a relationship with the staff and that my views are valued and acted on."

People knew how to make a complaint and felt that they were listened to. One person commented, "If I have any problems I go to the office and speak with the manager or if they are not available whoever is in charge. Not a problem all the staff here are more than capable of sorting things out." Another person said, "I have never had to complain it has never gone that far. If I have a niggle or something is not quite right then I speak with one of the carers and we sort it out." Relatives told us they would go to the office and speak to the manager if they were not satisfied as the office was located in the same building.

The provider's complaints policy and procedure was made freely available in the service and explained how people

Is the service responsive?

could raise a complaint. There had been no formal complaints received about the service in the last 12 months. The management team told us how they took immediate action if people indicated when they were not happy with the care received which prevented the need for formal complaints. Records were kept which identified how

the service acted on people's concerns. Concerns were used to improve the service and to prevent similar issues happening, for example changing care workers visiting people, additional training and disciplinary action where required.

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, relatives and a visitor we spoke with 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. One person said, “I don’t feel I have to go to the manager if I have an issue. All the staff here are fantastic and able to assist you. I feel I am listened to and highly recommend this place.” One person’s relative said, “It is a really good place. I feel the staff go out of their way. It is the little things they do to make [person] feel special and that can determine what type of day they will have. If it starts off well with a cheery smile you have half a chance it will be a good day for [person]. The staff keep me involved and updated with what’s going on and I feel part of a team working with them, to do the best for [person]. I am listened to and nothing is too much trouble.”

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 and saw that feedback was positive. For example, one person said, “I am very happy here and all the support workers do their best and do an excellent job, I’m lucky to be here. The place is always clean and I feel safe here.”

All 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, “I like working here, we have a great team and we all work well together and support one another.”

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.

People received care and support from a competent and committed care worker team because the management encouraged them to learn and develop new skills and ideas. For example care workers told us how they had been supported to undertake professional qualifications and if they were interested in further training this was arranged.

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 personal care and to be independent. Care workers told us they felt comfortable voicing their opinions with one another to ensure best practice was followed.

Care workers understood how to report accidents, incidents and any safeguarding concerns. They liaised with relevant agencies where required to ensure risks to people were minimised. Actions were taken to learn from incidents, for example, when accidents had occurred risk assessments were reviewed to reduce the risks from happening again. Incidents including significant changes to people’s behaviours were monitored and analysed to check if there were any potential patterns or other considerations (for example medicines or known triggers) which might be a factor. Lessons learnt including how things could be done differently and improved, including what the impact would be to people was being developed to feed into an improvement plan for the service to ensure people were provided with safe and quality care.

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 provider’s quality assurance systems were currently being developed to identify and address shortfalls and to ensure the service continued to improve. This included managers being trained to identify the areas that needed prioritising, take appropriate action and to report on the progress made or to escalate if further support was required. An improvement plan for Deben View had

Is the service well-led?

highlighted areas they were prioritising to ensure people received a safe quality service. This included improvements to people's documentation to ensure consistency and reviewing the internal process for reporting notifications to CQC.