

## Orwell Housing Association Limited

# Jamie Cann House

### 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 ●

# Summary of findings

## Overall summary

Jamie Cann House provides personal care and support to people living in their own flats in a sheltered housing complex. On the day of our inspection on 1 September 2017 there were 32 people using the personal care service. This service was registered under a new provider in August 2016. This was their first inspection.

There was not a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. There was a new manager in post, their registered manager application was being processed by CQC at the time of our inspection.

There were systems in place designed to reduce the risks of people being abused, this included providing care workers with training and guidance. People's care records provided guidance to care workers about how the risks in people's daily living were minimised.

There were systems in place to calculate the numbers of care workers required to meet people's needs. The service had taken action to address care worker vacancies. Where people required assistance to take their medicines there were arrangements in place to provide this support safely.

People were cared for and supported by care workers who were trained and supported to meet their needs. The service was working within the principles of the Mental Capacity Act 2015. Where people required assistance with their dietary needs, there were systems in place to provide this support. People were supported to access health care professionals, where required, to maintain good health.

People told us that care workers treated them with respect. Care records guided care workers in how people's privacy, dignity and independence was promoted and respected. People 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. There was a complaints procedure in place. People's concerns and complaints were listened to and addressed.

There was an open and empowering culture in the service. People were asked for their views of the service and these were valued and acted on. There was a quality assurance system in place and shortfalls were addressed. As a result the quality of the service continued to improve.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

There were systems in place to reduce the risks to people and keep them safe from harm.

There were systems in place to calculate the numbers of care workers required to meet people's needs. Action was taken to address vacancies. Recruitment systems were in place to reduce the risks to people.

Where people needed support to take their medicines they were provided with this support safely.

### Is the service effective?

Good ●

The service was effective.

People were cared for by care workers who were trained and supported to meet their needs.

The service worked within the principles of the Mental Capacity Act 2015.

Where people required support with their dietary needs, this was provided. People had access to health professionals, where required.

### Is the service caring?

Good ●

The service was caring

People were treated with respect and kindness by their care workers.

People were consulted about the care and support they were provided with. People's comments were listened to and acted on.

### Is the service responsive?

Good ●

The service was responsive.

People's care was assessed, planned and delivered to meet their needs and preferences.

There was a complaints procedure in place and people's comments and concerns were addressed.

**Is the service well-led?**

**Good** ●

The service was well-led.

The service provided an open culture. People were asked for their views about the service.

There was a quality assurance system in place. Where shortfalls were identified plans were in place to address them. As a result the quality of the service continued to improve.

# Jamie Cann 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.

This unannounced inspection took place on 1 September 2017 and 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 held about the service, such as notifications and information sent to us from other stakeholders for example the local authority and members of the public.

Prior to our inspection we sent questionnaires to people using the service, people's relatives/friends and community professionals. These were to ask about their views of the service provided. We received completed questionnaires from 12 people, one from a relative and one from a community professional.

During our inspection we spoke with four people who used the service. We also spoke with the provider's care manager, the manager, two team leaders and the administrator. We looked at records in relation to four people's care. We also looked at records relating to the management of the service, three staff recruitment records, training, and systems for monitoring the quality of the service.

# Is the service safe?

## Our findings

People spoken with told us that they felt safe using the service. One person said, "I feel safe here." All of the questionnaires received from people using the service stated that they felt safe from abuse or harm from their care workers. The questionnaires from a relative and community professional also agreed that they felt that people were safe from abuse and harm.

There were systems in place designed to minimise the risks to people in relation to avoidable harm and abuse. Care workers received training in safeguarding people from abuse. The minutes from a staff meeting showed that care workers received a workshop on safeguarding. Prior to the meeting care workers had put their understanding of safeguarding onto a flip chart and their responses were discussed. Where concerns had been received the service had raised safeguarding referrals appropriately and acted on guidance to safeguard people. These had been used to improve the service, for example, disciplinary action. There was an ongoing complaint regarding a relative's concerns about the person's safety. This was in the process of being addressed by the service. The care manager and manager confirmed that they would keep us updated with the outcomes and actions taken, where required.

People's care records included risk assessments and guidance for care workers on how the risks were minimised. These included risk assessments associated with moving and handling and risks that may arise in people's own flats.

People we spoke with told us that the care workers visited them at the planned times and that they stayed for the agreed amount of time. Our questionnaire for people who used the service asked if their care workers arrived for their care visits on time. This question had been completed by 11 people and 55% agreed, 9% did not know and 36% disagreed. The questionnaire also asked if the care workers stayed for the agreed length of time. This was answered by 12 people and 75% agreed, 8% did not know and 17% disagreed. We asked if the care workers completed all of the tasks that they should do during each visit. Of the twelve responses, 83% agreed and 17% disagreed. One person said in their questionnaire, "There is a shortage of staff at this house, making care/showers etc. later than prearranged." Another commented, "On the Sunday that this form is being completed, there are a number of temporary care workers who are not as good as the normal staff."

The manager told us that they had taken action to manage missed and late visits to people. They had calculated the numbers of care workers required to ensure that people's care needs were met. It had been identified that there were vacant hours. Discussions with the manager, team leaders and records showed that the service was actively recruiting to vacant posts. In addition relief staff had been employed to cover any staff planned and unplanned vacancies. In the interim existing staff or agency staff were used to cover to ensure that all people's visits were completed. The rota had also been reviewed to ensure that care worker's 'routes' of planned visits could be completed and to take into account any changes in people's care visits.

Records showed that the service's recruitment procedures were robust and systems were in place to check that care workers were of good character and were suitable to care for the people who used the service.

Where people required assistance with their medicines they told us that they were satisfied with the arrangements. One person said, "I do my own meds [medicines]. They [care workers] just have to remind me to take them though, I would forget."

Systems were in place to provide people with their medicines safely, where required. Care workers were provided with training and had medicines competency observations. These checked that care workers were managing medicines safely. People's records provided guidance to care workers on the level of support each person required with their medicines. Medicines administration records (MAR) were appropriately completed which identified that people were supported with their medicines as prescribed. We saw records which demonstrated that the service took appropriate action to ensure that a person was safe when their relatives had provided medicines that were not prescribed. The staff had contacted the person's doctor to check that these medicines were safe to take, along with their other prescribed medicines.

Regular medicines audits were completed which showed that there were systems in place to identify any discrepancies quickly and take appropriate action to reduce any risks to people. Where shortfalls had happened, the service had learned from these and improved their practice to improve the service. For example, advising care workers to report if stocks for people were low and ordering of medicines, where required, and checks of audits to ensure they were completed appropriately.

## Is the service effective?

### Our findings

People told us that they felt the care workers had the skills and knowledge to meet their needs. All of the questionnaires received from people agreed that the care workers had the skills and knowledge to meet their needs.

There were systems in place to ensure that staff were trained and supported to meet the needs of people using the service. They were also provided with the opportunity to achieve qualifications relevant to their role. Training included an induction before care workers started working in the service and training such as moving and handling, dementia, health and safety, and safeguarding. Records showed that new care workers completed shadow shifts where they shadowed more experienced colleagues. The care manager, manager and team leaders told us that all staff working in the service were now being trained by the new provider, in addition to the training they had completed previously. This was to ensure that all staff received the up to date training that they needed to meet people's needs.

Staff meetings included 'mini workshops' where care workers were reminded of their responsibilities and their understanding of their role was checked. For example a recent meeting had a workshop on safeguarding. There was a planned workshop for the next team meeting in September 2017 on the safe management of medicines. This showed that care worker's knowledge was kept up to date.

Care workers were supported in their role and were provided with one to one supervision meetings. Records showed that in these meetings, care workers were provided with the opportunity to discuss the way that they were working and to receive feedback on their work practice. This showed that the systems in place provided care workers with the support and guidance that they needed to meet people's needs effectively and to identify any further training needs.

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.

Care workers were provided with training in MCA. The questionnaire received from a health professional agreed that the service's managers and staff understood their responsibilities under the MCA.

People's consent was sought before any care and treatment was provided and the care workers acted on their wishes. Care records included information about if people required assistance to make decisions about their care. Care records were signed by people to show that they had consented to their planned care and terms and conditions of using the service.

Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. Care records showed that, where required, people were supported to reduce the risks of them not



eating or drinking enough. Where concerns were identified, for example, with people maintaining a safe and healthy weight with people's permission health professionals were contacted for treatment and guidance.

People were supported to maintain good health and have access to healthcare services. The questionnaire received from a community professional agreed that the service's staff acted on any instructions or advice they provided. Records showed that where concerns in people's wellbeing were identified, health professionals were contacted with the consent of people. When treatment or feedback had been received this was reflected in people's care records to ensure that other professional's guidance and advice was followed to meet people's needs in a consistent manner.

## Is the service caring?

### Our findings

People had positive and caring relationships with the care workers who supported them. People told us that the care workers always treated them with respect and kindness. One person said, "All of the staff are very kind, it is a nice place to be." Another person commented, "I think I am well looked after, the carers are kind to me." All of the questionnaires received agreed that the care workers were caring and kind. All of the questionnaires from people agreed that their care workers always treated them with respect and dignity.

Care workers were polite and caring in their interactions with people. We saw care workers speaking with people in a respectful manner. They clearly shared good relationships.

People told us that they felt that their privacy was respected. This was evident in the secure storage of people's personal records. However, the manager told us that as a result of an ongoing concern there was a staff meeting to be held to remind staff about their responsibilities, which they had signed up to when they started working in the service regarding confidentiality. Records guided staff to make sure that they always respected people's privacy and dignity.

People's independence was promoted and respected. Our questionnaire asked people if they felt that the care they received helped them to be as independent as they could be, 92% agreed and 8% answered that they did not know. People's records identified the areas of their care that they could attend to independently and where they needed assistance.

People told us that they felt that their views and comments were listened to and acted on. One person said about the care workers, "They know me, understand me and listen to me, that is all you need isn't it?" Our questionnaire asked people if they were involved in decision making about their care, 83% agreed and 17% did not know. People's care records identified people's preferences, including what was important to them, how they wanted to be addressed and cared for. Records showed that people had been involved in their care planning. Reviews were undertaken regularly 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.

## Is the service responsive?

### Our findings

People received personalised care which was responsive to their needs. People told us that they were involved in decision making about their care and support and that their needs were met. We spoke with one person about whether they were happy in the service and if their needs were met. They said, "I am happy here, I get what I need, I like it." Another person commented, "I have got a care plan, they [care workers] do what they need to, I am quite happy."

The care plans were in the process of being reviewed and updated onto the new provider's care planning documentation. There was a plan in place for the completion of this. Team leaders, who were working on updating the records, told us that the care plans were more person centred and detailed. The care plans we reviewed provided care workers with guidance about the care and support that people required and preferred to meet their needs. These included people's diverse needs, such as how they communicated and mobilised and their specific conditions. Records showed that care reviews were undertaken to ensure that people's changing needs and preferences were identified and addressed.

People knew how to make a complaint and felt that they were listened to. The questionnaires received agreed that complaints were responded to. One person stated, "I have not at any time needed to complain about any service I receive."

There was a complaints procedure in place which advised people and others about how their concerns and complaints would be addressed. Records of complaints showed that they were being addressed and responded to. There was one complaint which was ongoing. Discussions with the care manager and manager told us about the actions that they were taking, including meeting with the complainant, to seek a resolution. Records confirmed what we had been told.

## Is the service well-led?

### Our findings

This service had been registered with the Care Quality Commission (CQC) under this provider in August 2016. Prior to this the service was registered under a different provider. In addition there was a new manager in post and their registered manager application was being processed by CQC at the time of our inspection. The staff we spoke with told us that the changes made improved the service. One staff member said, "Tenants [people] are happy, we get good feedback. We are having monthly meetings. It is very organised."

The service provided an open and empowering culture. People were complimentary about the service provided and the manager. One person told us, "This is the boss' office, [registered manager] is very nice. I can come and talk to [registered manager] in here when I want to." One person stated in their questionnaire, "We have been told by other families that this [service] is the best in Ipswich, Suffolk and the residents all love it here." A relative, in their questionnaire said, "It is [person] and myself who honestly feel that Jamie Cann House is probably the 'gold standard' of very sheltered accommodation." A community professional stated in their questionnaire, "I carry out an advice visit twice a year in this setting with one/two staff members. I usually meet a couple of tenants in their home as part of this visit. To date I have not had any concerns regarding the service as part of my role and the staff are receptive to any feedback and any advice given."

People were asked for their views of the service in satisfaction questionnaires. We saw the results of recent questionnaires completed by people and relatives. Where people had made comments these were included in an action plan to improve their experience of the service. For example, the staff rota and planned routes for visits had been reviewed to ensure that people received their visits when they wanted them and to take into account any changes, such as extra or longer visits. People could also share their views of the service in tenants meetings. The minutes of these demonstrated that people were kept up to date with any changes in the service.

There were quality assurance systems in place which enabled the care manager and manager to identify and address shortfalls. These included audits and checks on medicines management and care records. Where improvements were identified there was an action plan in place with timescales for when they were planned to complete. These were kept under review and we saw records which showed the progress made on improvements, for example, when care reviews had taken place.

Records showed that care workers were observed in their usual work practice to check that they were working to the required standard and providing people with a good quality service. The service had a computerised system in place which assisted the service's management in monitoring that checks, supervision and training for care workers were up to date.