

# Orwell Housing Association Limited

## Savile Court

### Inspection report

Savile Court  
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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

Savile Court provides care and support to people living in two 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. Savile Court is also a domiciliary care agency. It provides personal care to people living in their own houses and flats.

At the time of this announced inspection of 22 and 27 November 2017 there were 12 people who used the service. Ten people were living in 'supported living' settings and two people received domiciliary care in their own homes. The provider was given up to 48 hours' notice because it is a small service and we wanted to be certain the registered manager and key staff would be available on the day of our inspection. We also wanted to give them sufficient time to make arrangements with people so that we could visit them in their homes to find out their experience of the service. This service was registered with CQC on 10 June 2011.

At the last inspection of 30 November 2015 the service was rated Good. At this inspection we found that the service remained Good.

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. They were supported by a team leader who was in charge of the day to day running of the service.

The service continued to provide a safe service to people. This included systems in place intended to minimise the risks to people, including from abuse, mobility, nutrition and with their medicines. Support workers understood their roles and responsibilities in keeping people safe. They were available when people needed assistance and had been recruited safely.

People and their relatives were complimentary about the care provided and the approach of the registered manager and support workers. People told us that they felt safe and well cared for. Support workers had developed good relationships with people. People were able to express their views and support workers and management listened to what they said and took action to ensure their decisions were acted on. Support workers consistently protected people's privacy and dignity.

People were supported to eat and drink enough to maintain a balanced diet. They were also supported to maintain good health and access healthcare services. Systems were in place to receive, record, store and administer medicines safely. Where people required assistance to take their medicines there were arrangements in place to provide this support safely.

People received care that was personalised and responsive to their needs. People's care records were

detailed and reflected a holistic approach. They consistently demonstrated how people were actively involved in making decisions about their ongoing care and support. This ensured they received care and support which was planned and delivered to meet their specific needs in accordance with their wishes

People were supported by support workers who were trained and supported to meet their needs. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The service listened to people's experiences, concerns and complaints and took action where needed. People, relatives and staff told us the registered manager was accessible, supportive and had good leadership skills. The service had a quality assurance system and shortfalls were identified and 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Savile Court

## 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 checked 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 announced comprehensive inspection was carried out on 23 and 27 November 2017 by one CQC inspector who visited the office location. In addition a CQC member of staff who was a report writing coach observed the inspection process on 23 November 2017. The provider was given up to 48 hours' notice because it is a small service and we wanted to be certain the registered manager and key staff would be available on the day of our inspection. We also wanted to give them sufficient time to make arrangements with people so that we could visit them in their homes to find out their experience of the service.

Before the 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 contacted the local authority contracts and provider support teams for feedback about the service. We received no information of concern.

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 reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

With their permission we visited three people who used the service and spoke with five relatives. We observed the interactions between staff and people. We spoke with the registered manager, deputy manager and three members of staff. We received feedback from two health and social care professionals.

To help us assess how people's care needs were being met, we reviewed four people's care records. 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

At our last inspection of 30 November 2015 the service was rated Good. At this inspection 23 and 27 November 2017, people continued to be protected from avoidable harm and abuse. They received care from support workers who understood how to recognise and report abuse. Staffing numbers remained consistent to meet people's needs and the rating continued to be Good.

The provider had maintained measures to protect people from harm and abuse. Support workers knew how to keep people safe and they were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. They were aware of the provider's safeguarding and 'whistle-blowing' (reporting of bad practice) policies. When concerns were raised the management team notified the local safeguarding authority in line with their policies and procedures and these were fully investigated. One support worker said, "I would not hesitate to report anything and have done so when I have had concerns. (Management team) are quick to act, I have every confidence in them but I know how to whistle blow if I had to." Another support worker commented, "I have reported concerns; dealt with straight away by the manager."

People told us that they felt safe. One person said, "I feel very safe, if I was upset I would tell [registered manager] or [key worker]. I can tell them anything." Another person told us, "I like living here it is my home. I am happy and safe here. I do what I want to do here. It is a nice quiet place to live." A third person said, "I feel safe. Not frightened living here. This is my home I like it." One person's relative commented, "I sleep safely at night with total peace of mind that (person) is safe living in Savile Court. (Person is) well looked after especially when there is a crisis (emergency affecting their health and well-being). Risks are managed and we as a family are kept informed. We are involved in ongoing decisions about what is going on. I couldn't want for better." Another relative commented, "(Person) is at risk of so many things yet the staff get the balance of respecting choices and not limiting a person in trying to keep them safe."

Risks to people's safety continued to be managed appropriately. Support workers and the management team, were aware of people's needs and how to meet them. People's care records included detailed risk assessments which identified how risks were minimised, this included risks associated with mobility, nutrition, accessing the community, medicines and being safe in their homes. One person said the support workers, "Check I am all right. Make sure I have my coat on if I go out. Sometimes I forget. (They) keep an eye on me, stop me getting cold."

Systems were in place to record and investigate incidents, accidents and near misses in the service. The registered manager reviewed the outcomes to identify lessons learnt, themes and patterns, taking steps to reduce the risk and likelihood of further reoccurrences.

People who were vulnerable as a result of specific medical conditions such as diabetes and epilepsy had clear plans in place guiding support workers as to the appropriate actions to take to safeguard the person concerned. For example, there were examples of where healthcare professionals had been involved in the development and review of care arrangements. Where appropriate there were detailed care plans for

support workers to follow where people may display behaviours that may be challenging. People's own words about how they wanted to be supported during a crisis were highlighted in a different colour and incorporated into the strategies in place to keep them safe and manage the risk. This helped to ensure that people were enabled to live their lives as they wished whilst being supported safely and consistently.

Within the supported living buildings people and relatives told us there were sufficient support workers to meet their needs. One person told us, "I know all my support workers and when they are coming." A relative commented, "There is good continuity of care with an established staff team." Another relative said, "There is a settled staff team that totally understand and get (person's) needs. Routine is so important to (person) any change or a new face can be so unsettling. The management team know this and work hard to ensure there a regular staff team in place to support (person) and give them the stability they need." We saw that support workers were available when people needed them and they responded to people's requests for assistance promptly. The staffing level continued to be appropriate to ensure that there were enough staff to meet people's needs safely. Support workers told us that they felt that staffing levels were sufficient to meet people's needs. Feedback received about the domiciliary service provided by Savile Court indicated there had been no instances of missed visits and the support workers arrived on time and stayed the agreed length of time.

The service continued to maintain robust recruitment procedures to check that prospective care workers were of good character and suitable to work in the service. Support workers employed at the service told us they had relevant pre-employment checks before they commenced work to check their suitability to work with people and had completed a thorough induction programme once in post. This included working alongside experienced colleagues, reading information about people living in the service, including how identified risks were safely managed. Records we looked at confirmed this.

Medicines were safely managed. People who required support with their medicines told us they received them as prescribed. One person said the support workers, "Help me with my pills. Get me some water. They write it down what I had." Another person commented, "They (support workers) get it (medicines) ready for me and write it in my file what I had and when." Support workers had undergone regular training with their competencies checked. People's records included the support that each individual required with their medicines and what time their medicines should be given and if it was to be given with food. This helped to ensure people received them when they needed them. Records were comprehensive, well-kept and showed that medicines were given to people when they needed them. Systems to reduce medication errors such as regular audits and checks were in place to allow the management team to quickly pick up any issues and take action to address them.

Support workers were provided with training in infection control and food hygiene and understood their responsibilities relating to these subjects. There were systems in place to reduce the risks of cross infection including providing staff with personal protection equipment, such as disposable gloves and aprons. Support workers confirmed that these were available to them in the office and they could collect them when needed.

## Is the service effective?

### Our findings

At our last inspection of 30 November 2015 the service was rated Good. At this inspection 23 and 27 November 2017, the service continued to provide support workers with the training, ongoing support and the opportunity to obtain qualifications in care to meet people's needs effectively. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be Good.

People's care needs were assessed, planned for and delivered to achieve positive outcomes. A holistic approach took account of their physical, mental and social needs. The service worked with other professionals involved in people's care to ensure that their individual needs were consistently met. For example, working with another care agency where one person had an established relationship. This person's records showed that a clear structure was in place for what each service would provide to ensure nothing was missed and the person consistently received effective care and support.

Support workers told us that they were happy with the training and support they received. This included the provider's mandatory training. That is training important for support workers to have, moving and handling, first aid and medication training for example. Also, support workers received additional training associated with people's specific and diverse needs such as epilepsy, autism and diabetes awareness. The registered manager told us they were planning to provide dementia and positive behaviour training to support workers in the upcoming year. One support worker shared with us, "I have been encouraged to professionally develop and am undertaking a qualification in care. I enjoy the training and found it relevant to helping me support the needs of the people I care for." Records and discussions with support workers and management showed that staff continued to receive supervision, competency observations and appraisal meetings. These provided all staff with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had.

Where required the service continued to support people to maintain a healthy diet. Records demonstrated that people were provided with the support they needed in this area. People's records identified the support that they required including concerns that support workers should be aware of relating to their dietary needs and how to manage this. One person told us, "They (support workers) help me to make a hot drink and to get my dinner ready." A relative told us, "(Person) needs prompting and encouragement to maintain daily living skills. It is a skill the staff have. . . . . to strike that balance of including (person) and not excluding (them). (Support workers) understand that (person) can't do certain things like put their weekly food shopping away but can be involved in the decisions about where things go. (Person) might not be able to do all aspects of food preparation but can do some parts of the task. Staff are good at being practical and getting (person) involved by breaking down the tasks."

People continued to be supported to maintain good health and had access to health professionals where required. Records demonstrated that the support workers were proactive in obtaining advice or support from health professionals such as a doctor when they had concerns about a person's wellbeing. One relative told us, "Staff are quick to act if they spot a change and they are worried. They have called out the doctor and on occasions accompanied (person) to the hospital so they are not alone and scared. Any changes or



concerns they let us know straight away." Another relative said, "Been involved in reviews especially when the GP is involved. They (support workers) have arranged for (person) to see the doctor and chiroprapist at home as travelling can be difficult and tiring, (person) much prefers this."

The service worked effectively with professionals from other care settings to ensure people's needs were met consistently and effectively. For example, in the event of a person being admitted to hospital, arrangements were in place to support coordinated care. This included a support worker or member of management travelling with the person to reassure them and to advocate on their behalf where needed. As part of the transfer process they brought with them key documentation about the person and how to meet their needs. This was made available to the professionals involved in the person's care, support and treatment plans to ensure their needs were effectively and consistently met. A relative told us how the service had put into place a contingency plan to support a person to be admitted to hospital and this had helped to manage the person's anxiety. They said, "The support measures worked. There was a clear structure which everyone followed. Effective communication and information sharing. (Person) was calm and settled. There were clear plans for everyone to follow."

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 told us that the support workers asked for their consent before providing any care. One person said their support workers, "Listen to me. Don't do something I don't like." Another person said, "If I don't want (personal care), I tell them (support workers) and they don't do it. We agree to try again later." People's care records continued to identify their capacity to make decisions. People had signed their care records to show that they consented to the care they were being provided with. Support workers had been trained in the MCA and continued to demonstrate they understood this and how it applied to the people they supported.

## Is the service caring?

### Our findings

At our last inspection of 30 November 2015 the service was rated Good. At this inspection 23 and 27 November 2017, people told us they were satisfied and happy using the service, they continued to be complimentary of the support workers approach and felt cared for. The rating continues to be Good.

People told us that their support workers consistently treated them with kindness and respect. One person said, "They are all lovely carers, they are kind and nice to me." Another person commented on the caring approach of their support workers and the positive impact it had on them, "I am very happy here. It is my home. I don't want to move. I like them (support workers) all very much. They help me to be independent. I like to keep things nice. It's my home and I want it (kept) nice. They help me to Hoover and wash up and to look after myself with (personal care). Makes me happy." A third person said, "I love it here. Everyone is nice to me. They (support workers) are kind and help me to do things."

Relatives shared with us their positive experiences of how people who used the service were well cared for. One relative said, "All the staff are kind and accommodating. Know what is going on. What (person) needs. How they are, what they have been up to that day, whenever we call up and ask them something they always know; have finger on the pulse." They continued, "The environment is safe, staff look after (person) really well. Established staffing team, know (person's) needs which helps to provide good care." Another relative commented, "Look after (person) well; better than I could." A third relative shared with us, "Staff are wonderful, and couldn't want for better. Sleep at night knowing (person) is well cared for."

People continued to be relaxed in the presence of their support workers and with the management team. Support workers were caring and respectful in their interactions and we saw people laughing and smiling with them. Staff used effective communication skills to offer people choices. This included consideration to the language used and the amount of information given to enable people to understand and process information. This was confirmed by one person who said, "The staff help me make choices about what is important to me. They don't muddle me up."

People were encouraged by support workers to be actively involved in expressing their views and making decisions about their care and support needs. They told us the support workers listened and acted on what they said. One person commented, "They (support workers) talk to me, very good at listening. We have a good old laugh. They don't push me; respect your choice." Accessible information was made available to people to assist them in making decisions about their care. This included access to independent advocacy services.

People's care records clearly demonstrated how people continued to make decisions about their ongoing care arrangements. Their views were listened to and incorporated into the planning and delivery of their care. In two people's care records we saw that their own words had been highlighted in a different colour to promote their personal choices. This included their preferences for how they wanted to be treated and what was important to them. One person told us that it was important to them to be supported to take their prescribed medication to maintain their health. We saw that this was reflected in their care records with

their own words highlighting the reason why in the 'what is important to me' section stating 'my tablets (name of doctor) said they make me feel well.'

People told us they were encouraged to be independent. One person said, "They (support workers) help me to do things myself. I like that." A support worker told us, "I like working with (people), getting to know them. Encouraging them to get out and about. Supporting them to do things for themselves, little things that can make all the difference. Give them back the control to make the choices they want which affect their everyday life." One relative described the positive impact of this enabling approach, "Before (person) came here they did very little. Now they are more active than me; always out and about doing things. They are much more confident to try things."

People's right to privacy and dignity was respected and promoted. Support workers continued to speak about and to people in a compassionate manner. They understood why it was important to respect people's dignity, privacy and choices. One person told us the support workers, "Always knock on my door, call out before coming in, respect my privacy and don't enter unless I say it is okay."

## Is the service responsive?

### Our findings

At our last inspection of 30 November 2015 the service was rated Good. At this inspection 23 and 27 November 2017, we found support workers continued to be responsive to people's needs and concerns as they were during the previous inspection. The rating remains Good.

People's care records were comprehensive, regularly reviewed and accurately reflected people's needs. They covered all aspects of an individual's health, personal care needs, risks to their health and safety, and personal preferences. There were clear instructions of where the person needed assistance and when to encourage their independence. There were also prompts throughout for the support workers to promote and respect people's dignity.

The detailed care plans included people's daily routines providing support workers with the information they needed to meet individual needs in line with their wishes reflecting where appropriate the person's own words. For example, one person's care records stated 'sometimes things get stuck in my head'. The accompanying guidance reflected how the person wanted to be treated when they may become distressed and display behaviours that may challenge. This included prompts for support workers to be patient and reassure the person, give them time to process their thoughts and a reminder to use the person's own words to help calm them 'say everything's all right.' A support worker told us, "The care plans have all been updated. It was a big piece of work. But they are great. They are so person centred and reflect people's needs. (People) were supported to be involved. It was meaningful; took a long time but we sat together and talked it through, what they wanted to include and used their own words to describe their care choices. One (person) even decorated the cover of their care plan they were that pleased with it."

People told us that they were actively involved in decision making through regular care reviews to ensure their needs were fully met. One person shared with us how they had contributed towards their ongoing care arrangements, "I meet with (key worker) and we go through my folder (care records). Make sure everything is okay. I signed it." Another person described how they had been asked if they were satisfied with their care and support and told us they were, "Very happy. Made no changes."

Relatives involved in the ongoing development of people's care arrangements shared positive examples of working with the service. One relative said about the care plan reviews, "I have been involved in several reviews. I am kept updated and informed of what's going on. I have made changes where needed and feel I am part of the process. We are all a team." Another relative commented, "Things have improved. I am quite happy with the progress (person) is making. There is more structure and support, understanding of (person's) needs from all the professionals involved and this is looked at and discussed with me regularly." A third relative said, "(Person) is non-verbal; staff are well trained to respond, picking up on signals and expressions and mention anything to me that's relevant."

People's views were actively encouraged through care reviews and annual questionnaires. One person said, "I was asked what I thought of the service. Told them I was very happy." Another person said, "The staff are nice. I told them that. No problems." The registered manager shared with us the outcomes from the survey. We saw that the service had scored highly on people being given the opportunity to make their own choices

and that they got the care they needed.

A complaints process was in place that was accessible to people who used the service. At the time of our inspection no complaints had been received. People and relatives told us that they had not needed to complain as any comments or concerns they made were acted on straight away. They said they were confident that if they made a complaint it would be dealt with properly. One person told us, "I have no problems. If I was upset I would tell (management)." Another person said, "I would go to (registered manager) if something was wrong." A relative described how the service had acted on feedback, "We did have a problem with one support worker and told (registered manager) and it was immediately resolved. Very reassuring."

Where people were at the end of their life the service provided the care and support that they wanted and where appropriate to their families. People's wishes, such as if they wanted to be resuscitated, were included in their care records and these were kept under review. The registered manager advised us they were developing people's documentation in line with best practice around advanced care planning.

## Is the service well-led?

### Our findings

At our last inspection of 30 November 2015 the service was rated Good. At this inspection 23 and 27 November 2017, feedback from people, relatives, support workers and professional stakeholders was positive about the management arrangements in the service. We found the management team were proactive and took action when errors or improvements were identified. The registered manager was able to demonstrate how lessons were learned and how they helped to ensure that the service continually improved. Therefore the rating continues to be Good.

People and relatives were complimentary about the approach of the management team. One person said, "The deputy or manager is who I go to if I am upset. They listen to me and sort things out for me." A relative commented, "I think the service is well led. The registered manager is approachable and makes time for people. Overall it is a positive experience. No negative concerns to report. I am happy and satisfied with the arrangements in place." Another relative commented, "The manager is available if you need to speak to them. I have not had to formally raise a concern but have spoken informally about some issues and it was dealt with really well. I find them (management team) very effective; they listen and act decisively." A third relative said, "I am part of the process with the staff and management to resolve any issues. We have to work together. I would recommend the service; they support people to have a quality life."

The management team promoted an open culture where support workers told us they felt respected, listened to and encouraged to professionally develop. A support worker said, "Whenever I have asked for training they (management) have sorted it. Good place to work." Another support worker said, "I feel appreciated and very much part of the team. Views are respected and where appropriate acted on. I feel supported; very much so. Any problems you can go to the management whether it is work or personal and they will support and look after you. I would recommend working here."

Support workers were provided with the opportunity to comment on the service, including in meetings. The minutes of meetings showed that support workers suggestions, for example, how they supported people, were valued and listened to. The minutes showed that support workers were reminded of their roles and responsibilities and kept updated with any changes in the care industry.

Where comments from people were received the service took timely action to address them. This included requests to change their support worker, times of visits and amendments to planned healthcare appointments. One relative said, "Not a problem if a change is needed. I know (person) wanted to change their support worker but did not want to cause any trouble. It was fine we spoke to (registered manager) and (they) sorted it straight away. No bother, no fuss was really good." The registered manager advised us that as part of ongoing development of the service they planned to implement formal systems to effectively and consistently capture the way people's feedback including comments and concerns were acted on and used to enhance the service.

Systems were in place which showed that the service continued to improve. The management team continued to carry out a regular programme of audits to assess the quality of the service and identify issues.

These included audits on medicines records, incidents and accidents and care records. We saw that audits and checks supported the management in identifying shortfalls which needed to be addressed. Where shortfalls were identified, records demonstrated that these were acted upon, and action plans were in place. The registered manager shared with us their development plan which reflected the priorities and continual progress of the service. This included implementing advance care planning documentation, exploring how people who used the service could be involved in recruitment and quality assurance processes.

The management team worked with other organisations to ensure people received a consistent service. This included those who commissioned the service, safeguarding and other professionals involved in people's care. Feedback from professionals cited effective working relationships with the service. One professional told us, "There are good systems of communication, appropriate referrals are made, and advice is acted on. No concerns." Another professional commented, "We have not had any bad experiences. Not concerned with any issues either."