

Orwell Housing Association Limited

Emily Bray House

Inspection report

300 Woodbridge Road
Ipswich
IP4 4BA
Tel: 01473 720610
Website: www.orwell-housing.co.uk

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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

Emily Bray House provides personal care to people living in their own flats within a very sheltered accommodation scheme. When we inspected on 29 October 2015 there were 32 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.

There was no registered manager at Emily Bray House. 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. Since our last inspection a manager had been appointed by the provider to run the service and was in the process of registering with the CQC.

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

Systems were in place which safeguarded the people who used the service from the potential risk of abuse.

Summary of findings

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.

People were treated with kindness by the care workers. We observed care workers respect people's privacy and dignity and interact with them in a caring and compassionate manner. 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 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.

People were protected from harm. Staff received training and understood their roles in recognising and reporting any signs of abuse. The service acted appropriately to ensure people were protected.

There were sufficient numbers of skilled and experienced staff to meet the needs of people who used the service.

People received their medicines safely.

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.

Care workers knew people who used the service well, respected their preferences and treated them with dignity and respect. People's independence, privacy and dignity was promoted and respected.

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.

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.

Good



Summary of findings

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.

Emily Bray 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 inspection took place on 29 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 eighteen people who used the service; ten people in their flats and eight people in the communal lounge. We also spoke with two people's relatives. We received feedback about the service from four health and social care professionals.

We spoke with the manager, the provider's regional head of service's manager and four care workers. We looked at records in relation to ten 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, "All the staff here work hard to look after you, make sure your secure, I feel as safe as houses here." Another person said, "I feel very safe here, it is a good place to live where you are free to speak up without worrying about reprisals or getting told off." A third person told us, "I feel very safe with the security system here. No one is getting in unless they are meant to be here."

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

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

Regular reviews of care were carried out and involved people who used the service and their representatives, where appropriate. This ensured that people's risk

assessments were current, reflected their individual needs and they received safe care. A relative told us, "The care staff keep me informed of what is going on, tell me of any changes and what actions they have taken to help [person]. Great emphasis is placed on people's safety from the care that is provided, to the tests they carry out on the building. They regularly test the fire alarms and emergency lighting to make sure they work and I have seen the staff carry out fire drills."

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, "On the whole my [care worker] is usually on time and hardly ever, really late coming to me. When there is a problem then one of the office staff will ring to let me know they are on the drag but someone will be coming. Never not turned up." Another person said, "I have regular carers come and never had a stranger turn up. Mostly they are on time, stay as long as they should and I don't feel rushed."

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. This showed that the service was flexible and took account of people's preferences. The service had an established staffing team in place to maintain a consistent service.

Discussions with the care workers and the 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. One person told us, "It was unsettled for a while, no manager and some staff left. But things are on the up, there is a new manager now who is very keen and approachable and communication has greatly improved. Always see them about the place and they have brought in some more staff and things are settling down." 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 when they should, gets me a drink so I can take my tablets and checks I am not in any pain. If I am they get me something for it. Couldn't manage without them." Another person told us, "It is a godsend the way the carers help me with my medication. It stops me worrying what I have to take and when. They remind me what I need to take what it is for and write it all down what I have had before they go." We saw that medicines were managed safely and were provided to people in a polite and safe manner by care workers.

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, “The carers are very good, competent; know what they are doing and this puts me at ease.” A relative told us of their experience, “The carers are professional and well trained. They keep people safe and do things properly, no cutting corners to finish quicker. They work hard and you don’t have to keep repeating yourself as they listen and do as you ask. This means a lot to [person who used service] as having to tell someone again and again how you want things done becomes frustrating.”

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.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

We found that 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, “I am always asked before any care is given and they check what needs doing. Some days I need more help and other days I can do more. I like the carers to check with me first and not to assume. If I say no to anything this is accepted.” 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 their medicines and this had been respected. The care worker was concerned and reported this to their line manager to make them aware of the potential risks. This triggered a care review with the person and their family to explore how care workers could 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] come and prepare my meals and get me something to drink. They know what I like especially how I take my tea. They sort my tablets out and give them to me for me to take and once they have finished they write everything down in my folder [care

Is the service effective?

plan].” Care records showed that, where required, people were supported to reduce the risks of them not eating or drinking enough. Where concerns were identified action had been taken, for example informing relatives or referrals to health professionals.

People had access to health care services and received ongoing health care support where required. One person’s said, “When I had a fall the carers were ever so good, they came quickly when I pressed my call bell. They checked me over and called the ambulance to make sure nothing was

broken. I felt very silly at the time but the carers were lovely and made me feel better. They spoke to my family to let them know what was happening.” 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 wonderful. They come twice a day and are very good at what they do. They make me comfortable even during [personal care] and are very thorough and professional. Couldn’t ask for better. I enjoy their company.” Another person commented about the care workers, “I think they are marvellous. Very kind and caring people. I get on really well with them all. They stop me worrying about how I will manage. They help me ever so, especially with things like my medication; what I need to take and when. So much better now that they help me. I am much more independent and able to cope and all with their support. They are such angels.”

Feedback from the 2014 annual satisfaction questionnaire about the care provided was positive. One person had commented, “I am satisfied with most things and with the staff at Emily Bray House.”

The atmosphere within the service was welcoming, relaxed and calm. We spent time in the communal lounge where some people had asked to speak with us. We 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, “I have meetings every so often to check that everything in place for me is working well. Sometimes this is with the staff and my family and sometimes other people [health and social care professionals] come. When I wasn’t well I had more visits and my carers stayed longer and also checked in on me. That was good; put my family’s mind at rest and reassured me as well. It helped me get back on my feet again. I am much better now so I have

fewer visits. There [care workers] help and encouragement has got me back to being myself again.” Another person told us, “It is all in the little details why the care staff are so good. They remember your little ways for how you like things done; you don’t have to keep reminding them. They make people welcome and remember personal things such as your family and visitor’s names which is nice, shows they take an interest and care about you.” 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 are getting better. We are removing the surplus information which makes it easier to find what you need and quickly. I find the care plans helpful if I have been off work and need to know if there have been changes. I still check with the person first but the care plans are usually accurate.”

People’s care records identified their preferences, including how they wanted to be addressed and cared for. All the people we spoke with confirmed they were asked for their preferences, including visit times, and wherever possible this had been accommodated. One person said, “I think the staff here are pretty accommodating and do their best to do right by us. I asked for my morning visit to be pushed back and this was no problem at all.”

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. One person told us, “When I first came here I needed help with everything; could do very little myself. I was very frightened even to try. The carers here are kind and patient and with their help I am much more independent and can manage to do most things myself but I know they are on hand if I run into any difficulty.”

Is the service responsive?

Our findings

People received consistent, personalised care and support that met their needs. They were encouraged to maintain their independence by care workers who were patient and respectful of people's need to take their time to achieve things for themselves. One person told us, "The carers encourage me to do things for myself and don't mind waiting while I do it but will step in if needed."

People received personalised care which was responsive to their needs. Two people told us how they had used their call bell when they had fallen and the care workers had been quick to respond one person said, "They were so quick, checked me over, made sure I was alright and called the ambulance just to be sure. They even waited with me till the ambulance came." Another person said, "I slipped and fell, silly really wasn't paying attention but I couldn't get up. I was just stuck there. The carers were brilliant they came; made sure I was fine and helped me up. I was fine; just my dignity that was bruised."

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 enjoy the entertainment that is arranged would like some more of that. Some of us meet up and play cards and dominoes together." Another person said, "I don't really want to get involved it is not my things all the activities they do. No one forces you to participate you can say no. I have joined them for the fish and chips meal they do once a week that's a really good laugh."

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. Eight of the 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, "This is the first time I have looked at this. Never needed to before. All the information is correct and my carers know exactly what they are doing and how I like things done. No complaints whatsoever."

People's care records included care plans which guided care workers in the care that people required and preferred to meet their needs. These included people's diverse needs, such as how they communicated and mobilised. People's specific routines and preferences were identified in the records so care workers were aware of how to support them. For example, one person's care records explained the order that they preferred their body to be washed and the colours of flannels that they used for each part.

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

People knew how to make a complaint and felt that they were listened to. One person commented, "If I have any problems I speak to the senior staff or the manager and they do something about it." Another person said, "I have been here a long time and have never had any issues but if I did I would speak with my carers." A third person said, "The service was unsettled before and went through a difficult patch but we have come through it. A manager is here now and that has helped to settle things down. Communication has vastly improved and I now know where to go if I have a worry. Before I used to get my family to speak for me but the new manager is lovely and always available if you need a quick word."

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 which prevented the need for formal complaints. Records seen 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 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 and relatives 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, “All the staff here are fantastic and can’t do enough to help you. If you have a concern they are all more than capable of helping you. The manager operates an open door policy and is always available if you need them.” One person’s relative said, “It is a nice caring place. The manager and the carers all work very hard to be flexible and accommodating and it is much appreciated the effort they go to.”

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.

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 enjoy my job and not many people can say that. We have a great team, who work hard and put people first. The new manager has given the place a lift and taken the pressure off us so we can concentrate on providing quality care.”

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 their medicines and mobility encouraging them to be independent. Care workers told us they felt comfortable voicing their opinions with one another to ensure best practice was followed. One member of staff said, “The new manager is keen for us all to share our knowledge and experiences so we can all learn what works best for people.”

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

Is the service well-led?

required. An improvement plan for Emily Bray House had highlighted areas they were prioritising to ensure people received a safe quality service. This included improvements to people's documentation to ensure consistency,

reviewing the internal process for reporting notifications to CQC and developing the complaints process to record the informal concerns and the actions taken to show that people's feedback was valued and acted on.